



West Virginia Department of Health and Human Resources



Bureau for Medical Services

Managed Care Programs

Mountain Health Trust

Mountain Health Promise

2022 External Quality Review

Annual Technical Report

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Qlarant 

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West Virginia Managed Care Programs

2022 Annual Technical Report

Executive Summary

Introduction

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

- Aetna Better Health of West Virginia (ABHWV)
- The Health Plan of West Virginia (THP)
- UniCare Health Plan of West Virginia (UHP)

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

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

- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)
- Compliance Review, also referenced as Systems Performance Review (SPR)
- Network Adequacy Validation (NAV)
- Encounter Data Validation (EDV)
- Grievance, Appeal, and Denial (GAD) Focused Study

Qlarant conducted EQR activities throughout 2022 and evaluated MCP compliance and performance for measurement years (MYs) 2021 and 2022, as applicable. Qlarant followed Centers for Medicare and Medicaid Services (CMS) EQR Protocols to conduct activities.¹ This report summarizes results from all EQR activities and includes conclusions drawn regarding the quality, accessibility, and timeliness of care furnished by the MCPs.

¹ [CMS EQR Protocols](#)

Key Findings

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

Performance Improvement Project Validation. The MCPs conducted three PIPs each and reported MY 2021 results, as applicable. While the MHT MCPs continued to encounter COVID-19 public health emergency barriers in the state-mandated Annual Dental Visits PIP, they managed to improve Medicaid performance over this last year. Validation scores ranged from 81-100 percent. All three MHT MCPs demonstrated statistically significant and sustained improvement in the state-mandated Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP and achieved validation scores of 100 percent. Each MHT MCP's third PIP topic was self-selected and the MCPs are at various stages of development with their projects. All MHT MCPs improved performance in at least one Medicaid PIP measure in their self-selected PIPs. Validation scores ranged from 95-100 percent. The MHT MCPs reported baseline CHIP rates for PIPs. MHP ABHWV submitted baseline PIPs for both state-mandated projects, Annual Dental Visits and Care for Adolescents. MHP ABHWV submitted first remeasurement results for the self-selected topic, Reducing Out-of-State Placement for Children in Foster Care; the MCP demonstrated improvement in the PIP measure. MHP ABHWV's PIP submissions received validation scores ranging from 95-100 percent.

Performance Measure Validation. Information Systems Capability Assessments determined all MHT and MHP MCPs had appropriate systems in place to capture and process data required for reporting. Validation activities confirmed confidence in MCP capabilities in calculating accurate measures. All MCPs received a rating of 100 percent. MY 2021 performance measure results were assessed as "reportable."

Systems Performance Review. Qlarant evaluated MY 2021 MHT and MHP MCP compliance with the following Code of Federal Regulations standards: Quality Assessment and Performance Improvement Program and Grievance and Appeal System. MHT MCP scores ranged from 91-100 percent. THP and UHP were required to develop and implement corrective action plans (CAPs) to address noncompliant elements and components of the standards, which all related to the Grievance and Appeal System Standard. The MCPs successfully implemented all CAPs and demonstrated compliance. MHP ABHWV scored 100 percent in the standards reviewed.

Network Adequacy Validation. Surveyors, assessing MY 2022 24/7 access to care, were successful in contacting provider offices after regular business hours 83-87 percent of the time for the MHT MCPs. The successful contact rate for MHP ABHWV was 85 percent. Unsuccessful contact was most frequently due to the phone number not reaching the intended provider. For successful provider contacts, all MHT and MHP MCPs demonstrated 100 percent compliance with directing members to care. A quarter 4 resurvey of providers not accessible during quarters 1-3, resulted in successful contact for 50-80 percent for the MHT MCPs and 78 percent for MHP ABHWV. Of the successfully contacted providers, all MCPs achieved 100 percent compliance with the 24/7 access requirement.

Encounter Data Validation. All MCPs provided evidence of having the capability to produce accurate and complete encounter data. For claims paid during MY 2021, analysts found MCP claims volume was reasonable, most claims were submitted timely, data was complete and included valid values, and diagnosis and procedure codes were appropriate based on member demographics. A medical record

review concluded documentation supported encounter data in most instances. The MHT MCPs achieved encounter data accuracy ratings of 95-96 percent. MHP ABHWV's accuracy rating was 70 percent; this poor performance was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.

Grievance, Denial, and Appeal Focused Study. An assessment of state fiscal year (SFY) 2022 MCP grievances, appeals, and denials was completed and concluded all MHT and MHP MCPs achieved 100 percent compliance in processing grievances and denials. Compliance for processing and handling appeals ranged from 90-92 percent for the MHT MCPs and 96 percent for MHP ABHWV.

Conclusion

WV's MCPs continue to demonstrate their commitment to quality improvement. They are largely compliant with federal and state managed care requirements. When deficiencies are identified, the MCPs respond quickly with corrective actions. The MCPs demonstrated improvement in the quality and effectiveness of their PIP interventions. The MCPs performed better, on average, when compared to than national average benchmarks in Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures, as reported in Appendix A1 and A2.^{2, 3} MCP performance continues to trend in a positive direction and provides evidence of improved quality, accessibility, and timeliness of health care. The State should continue to monitor performance and adjust goals to encourage the positive trend in performance in their managed care programs.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

³ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

West Virginia Managed Care Programs

2022 External Quality Review

Annual Technical Report

Introduction

Background

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

Mountain Health Trust.⁴ This managed care program, administered by West Virginia's DHHR's Bureau for Medical Services (BMS) and West Virginia's Children's Health Insurance Program (WVCHIP) Board of Directors, operates under a 1915(b) waiver and provides physical and behavioral health services to Medicaid and CHIP beneficiaries. The MHT program has provided Medicaid services since 1996 and added CHIP services on January 1, 2021. The program emphasizes effective organization, financing, and delivery of health care services and aims to improve quality and access to coordinated services for qualifying beneficiaries through three managed care plans (MCPs). These plans, serving more than 502,000 members, include:⁵

- Aetna Better Health of West Virginia (ABHWV)
- The Health Plan of West Virginia (THP)
- UniCare Health Plan of West Virginia (UHP)

Mountain Health Promise.⁶ This specialized Medicaid managed care program provides comprehensive physical and behavioral health care, children's residential care, and socially necessary services to select beneficiaries who are in foster care or receive adoption assistance, and children eligible for serious emotional disorder home and community based services. The program, administered by BMS and operating under 1915(b) and 1915(c) waivers, has been providing services since March 1, 2020. MHP aims to reduce fragmentation and deliver services and supports in a seamless, integrated, and cost-effective manner. ABHWV is the single MCP providing these services to approximately 30,000 members.⁷

The MCPs have experienced an increase in enrollment since the COVID-19 public health emergency developed. Multiple policy changes, including permitting individuals who were eligible in March 2020 to

⁴ [Mountain Health Trust](#)

⁵ *West Virginia Medicaid Managed Care and Fee for Service Monthly Report 2022 – December 2022 statistics for MHT Managed Care, Managed Care Reports (wv.gov)*

⁶ [Mountain Health Promise](#)

⁷ *West Virginia Medicaid Managed Care and Fee for Service Monthly Report 2022 – December 2022 statistics for MHP Managed Care, Managed Care Reports (wv.gov)*

remain covered, even if ineligible, help prevent gaps in care. Expiration of the continuous enrollment condition is set to expire on March 31, 2023.⁸

BMS and WVCHIP collaboratively strive to ensure the delivery of high quality, accessible care for managed care program members. The *West Virginia Managed Care Quality Strategy* identifies five managed care program goals.⁹

Goal 1. Promoting a health care delivery system that consistently offers: timely access to health care; high clinical quality, including use of evidence-based models of treatment; care at the appropriate time to deter avoidable use of emergency and acute care; and children and adolescents' access to primary care according to the periodicity schedule.

Goal 2. Offering tools and supports that empower individuals to self-manage their health, whole-person and whole-household wellness and use of health care services.

Goal 3. Promoting effective communication and team-based care to better coordinate care across the full continuum of health care.

Goal 4. Reducing the incidence of targeted conditions that negatively impact health and quality of life.

Goal 5. Strengthening State oversight of programs to maximize partnership with contracted MCPs as committed partners to driving health impacts and acting as good stewards of resources.

The State uses a three-pronged approach to meet goals.

Monitoring. BMS and WVCHIP monitor MCP compliance with managed care quality standards.

Assessment. BMS and WVCHIP analyze a variety of health care data to measure performance and identify areas for improvement.

Improvement. BMS, WVCHIP, and MCPs implement interventions targeting priority areas to maximize the benefit to managed care program members.

The State requires MCPs to attain and maintain National Committee for Quality Assurance (NCQA) accreditation. The accreditation signifies a plan's commitment to quality improvement. NCQA evaluates health care quality provided by plans to their members. The accreditation encompasses an audit of NCQA standards, Healthcare Effectiveness Data and Information Set (HEDIS®), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®).^{10, 11}

Table 1 provides MCP NCQA accreditation status and other descriptive information.¹²

Table 1. MCP NCQA Accreditation Status

MCP	NCQA Health Plan Accreditation	NCQA Health Plan Rating	Other NCQA Accreditations, Certifications, and Distinctions	Next NCQA Review Date
ABHWV	Accredited	4.0 out of 5 Stars	Electronic Clinical Data	6/24/25
THP	Accredited	3.5 out of 5 Stars	None	9/17/24

⁸ [Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023](#)

⁹ [West Virginia Managed Care Quality Strategy \(wv.gov\)](#)

¹⁰ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

¹² <https://reportcards.ncqa.org/health-plans>, status: December 15, 2022.

MCP	NCQA Health Plan Accreditation	NCQA Health Plan Rating	Other NCQA Accreditations, Certifications, and Distinctions	Next NCQA Review Date
UHP	Accredited	3.5 out of 5 Stars	Health Equity Accreditation, Multicultural Health Care	5/28/24

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

Electronic Clinical Data Distinction. This distinction recognizes organizations that have an accepted rate for a non-publicly reported measure that leverages electronic clinical data and was originally introduced for the HEDIS Electronic Clinical Data System Reporting Standard.

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

Purpose

The Code of Federal Regulations (42 CFR §438.350) requires the State to contract with an external quality review organization (EQRO) to conduct annual, independent reviews of WV's managed care programs. To meet these requirements, BMS contracts with Qlarant. As the EQRO, Qlarant evaluates each West Virginia MCP's compliance with federal and WV-specific requirements in a manner consistent with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) Protocols. During 2022, Qlarant conducted the following EQR activities:

- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)
- Compliance Review, also referenced as Systems Performance Review (SPR)
- Network Adequacy Validation (NAV)
- Encounter Data Validation (EDV)
- Grievance, Denial, and Appeal (GAD) Focused Study

In addition to completing EQR activities, 42 CFR §438.364(a) requires the EQRO to produce a detailed technical report describing the manner in which data from all activities conducted were aggregated and analyzed, and conclusions drawn as to the quality, accessibility, and timeliness of care furnished by the MCPs. This Annual Technical Report (ATR) summarizes Qlarant's EQR findings based on MCP audits conducted during 2022. The report describes objectives, methodologies, results, and conclusions for each EQR activity. Qlarant identifies MCP strengths and weaknesses relating to quality, access, and timeliness of care provided to managed care members. The report also includes recommendations for improvement for the MCPs and the State, which if acted upon, may positively impact member outcomes and experiences.

Performance Improvement Projects

Objective

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

Methodology

BMS and WVCHIP required the MCPs to report three PIPs during 2022. Two PIPs were state-mandated initiatives and one was MCP-selected, which required BMS and EQRO approval.

Description of Data Obtained. The MCPs documented measurement year (MY) 2021 PIP-related activities, improvement strategies, and results in their 2022 reports. Using Qlarant-developed reporting templates and worksheets, they submitted a separate report for each PIP topic to Qlarant in July 2022. The reports included validated performance measure results, a data and barrier analysis, and identified PIP follow-up activities. Qlarant provided technical assistance to the MCPs, as requested.

Technical Methods of Data Collection and Analysis. Qlarant assessed a narrative report and calculations worksheet for each PIP report. Validation activities were completed in a manner consistent with the *CMS EQR Protocol 1 – Validation of Performance Improvement Projects*.¹³ PIP validation includes the following nine steps:

1. **Review the selected PIP topic.** Qlarant determines if the PIP topic targets an opportunity for improvement and is relevant to the MCP's population.
2. **Review the PIP aim statement.** Qlarant evaluates the adequacy of the PIP aim statement, which should frame the project and define the improvement strategy, population, and time period.
3. **Review the identified PIP population.** Qlarant determines whether the MCP identifies the PIP population in relation to the aim statement.
4. **Review the sampling method.** If the MCP studied a sample of the population, rather than the entire population, Qlarant assesses the appropriateness of the MCP's sampling technique.
5. **Review the selected PIP variables and performance measures.** Qlarant assesses whether the selected PIP variables are appropriate for measuring and tracking improvement. Performance measures should be objective and measurable, clearly defined, based on current clinical knowledge or research, and focused on member outcomes.
6. **Review the data collection procedures.** Qlarant evaluates the validity and reliability of MCP procedures used to collect the data informing PIP measurements.
7. **Review data analysis and interpretation of PIP results.** Qlarant assesses the quality of data analysis and interpretation of PIP results. The review determines whether appropriate techniques were used, and if the MCP analysis and interpretation were accurate.

¹³ [CMS EQR Protocols](#)

8. **Assess the improvement strategies (interventions).** Qlarant assesses the appropriateness of interventions for achieving improvement. The effectiveness of an improvement strategy is determined by measuring changes in performance according to the PIP’s predefined measures. Data should be evaluated on a regular basis, and subsequently, interventions should be adapted based on what is learned.
9. **Assess the likelihood that significant and sustained improvement occurred.** Qlarant evaluates improvement by validating statistical significance testing results and evaluating improvement compared to baseline performance.

Qlarant PIP reviewers evaluated each element of PIP development and reporting by answering a series of applicable questions for each step, consistent with CMS protocol worksheets and requirements. Steps 7-9, critical to PIP success, had the most impact on the validation score. Reviewers sought additional information and/or corrections from MCPs, when needed, during the evaluation. Qlarant determined a validation rating, or level of confidence, for each PIP based on the total validation score.¹⁴ Table 2 includes validation ratings.

Table 2. Validation Ratings

Score	Level of Confidence
90% - 100%	High confidence in MCP compliance
75% - 89%	Moderate confidence in MCP compliance
60% - 74%	Low confidence in MCP compliance
<59%	No confidence in MCP compliance

Results

PIP validation results for 2022 MCP-reported PIPs, including MY 2021 activities and performance measure (PM) rates, are included in this report. Table 3 highlights key elements of the two state-mandated PIPs for the MHT program: (1) Annual Dental Visits and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence.

Table 3. MHT State-Mandated PIPs

PIPs	State Mandated	State Mandated
Program	MHT	MHT
Topic	Annual Dental Visits	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence

¹⁴ Validation rating refers to the overall confidence that an MCP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement (CMS EQR Protocol 1 – Validation of Performance Improvement Projects).

PIPs	State Mandated	State Mandated
Performance Measure(s), Measure Steward, & Population	<p>PM 1: Annual Dental Visits for 2-3 Year Olds Measure steward: NCQA Population: Children 2-3 years of age</p> <p>PM 2: Percentage of Eligibles that Received Preventive Dental Services Measure steward: CMS Population: Children, adolescents, and adults 1-20 years of age</p>	<p>PM 1: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence – 30 Day Follow-Up (Total) Measure steward: NCQA Population: Adolescents and adults 13 years of age and older with a principal diagnosis of alcohol or other drug abuse or dependence</p>
Aim	Will implementation of targeted member/provider/MCP interventions improve rates of annual dental visits for members 2-3 years old and eligibles receiving preventive dental services for members 1-20 years old each measurement year?	Will implementation of targeted member/provider/MCP interventions improve the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (30 Day Follow-Up) rate for members 13 years of age and older with a principal diagnosis of alcohol or other drug abuse or dependence each measurement year?
Phase	Medicaid: 4 th Remeasurement CHIP: Baseline	Medicaid: 2 nd Remeasurement CHIP: Not Applicable

Table 4 provides an overview of each MHT MCP-selected PIP.

Table 4. MHT MCP-Selected PIPs

PIPs	ABHWV	THP	UHP
Program	MHT	MHT	MHT
Topic	Care for Adolescents	Promoting Health and Wellness in Children and Adolescents	Immunizations for Adolescents
Performance Measure(s), Measure Steward, & Population	<p>PM 1: Immunizations for Adolescents - Combination 2 Measure steward: NCQA Population: Adolescents 13 years of age</p> <p>PMs 2 and 3: Child and Adolescent Well-Care Visits -</p> <ul style="list-style-type: none"> 12-17 Year Olds 18-21 Year Olds <p>Measure steward: NCQA Population: Adolescents and adults 12-21 years of age</p>	<p>PM 1: Child and Adolescent Well-Care Visits - Total Measure steward: NCQA Population: Children, adolescents, and adults 3-21 years of age</p> <p>PMs 2 and 3: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents –</p> <ul style="list-style-type: none"> Body Mass Index (BMI) Percentile Documentation Counseling for Nutrition <p>Measure steward: NCQA Population: Children and adolescents 3-17 years of age</p>	<p>PMs 1 and 2: Immunizations for Adolescents -</p> <ul style="list-style-type: none"> Combination 2 Human Papillomavirus (HPV) <p>Measure steward: NCQA Population: Adolescents 13 years of age</p>

PIPs	ABHWV	THP	UHP
Aim	Will the implementation of member, provider, and MCP interventions increase the rates of adolescent care, including well visits and immunizations received amongst members ages 9-21 enrolled with Aetna Better Health of West Virginia Mountain Health Trust, by the end of MY 2022?	Will member, provider, and MCP interventions focusing on improving children and adolescents’ well-being increase rates for the Child and Adolescent Well Care Visits measure and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents BMI and Counseling for Nutrition measures by 10 percentage points over the life of the PIP?	Will implementation of member, provider, and MCP interventions increase rates for Immunizations for Adolescents Combination 2 and HPV over the life of the PIP?
Phase	Medicaid: 1 st Remeasurement CHIP: Baseline	Medicaid: PM 1 - 1 st Remeasurement PMs 2 & 3 - 3 rd Remeasurement CHIP: PMs 1-3 – Baseline	Medicaid: 1 st Remeasurement CHIP: Baseline

Table 5 highlights the MHP PIPs, including two state-mandated PIPs and one selected by ABHWV.

Table 5. MHP State and MCP-Selected PIPs

PIPs	State Mandated	State Mandated	MCP Selected
Program	MHP	MHP	MHP
Topic	Annual Dental Visits	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Performance Measure(s), Measure Steward, & Population	<p>PM 1: Annual Dental Visits for 2-3 Year Olds Measure steward: NCQA Population: Children 2-3 years of age</p> <p>PM 2: Percentage of Eligibles that Received Preventive Dental Services Measure steward: CMS Population: Children, adolescents, and adults 1-20 years of age</p>	<p>PM 1: Immunizations for Adolescents (Combination 2) Measure steward: NCQA Population: Adolescents 13 years of age</p> <p>PM 2 and 3: Child and Adolescent Well-Care Visits – 12-17 Year Olds and 18-21 Year Olds Measure steward: NCQA Population: Adolescents and adults 12-21 years of age</p>	<p>PM 1: Reducing Out-of-State Placement for Children in Foster Care Measure steward: Homegrown measure Population: Child and adolescent members in foster care</p>

PIPs	State Mandated	State Mandated	MCP Selected
Aim	Will the implementation of collaborative member, provider, and MCP interventions improve Annual Dental Visit rates among children ages 2-3 and Preventive Dental Services rates among children 1-20 enrolled in the Aetna Better Health of West Virginia Mountain Health Promise program, by the end of MY 2023?	Will the implementation of member, provider, and MCP interventions increase the rates of adolescent care, including well visits and immunizations received amongst members ages 9-21 with Aetna Better Health of West Virginia Mountain Health Promise, by the end of MY 2023?	Will implementation of member, provider, and MCP interventions decrease the rate of Out-of-State Placement for MHP members by the end of MY 2022?
Phase	Baseline	Baseline	1 st Remeasurement

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

MHT Annual Dental Visits PIP

ABHWV Interventions

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

- **Member incentive.** Provided members with a \$25 gift card for completing a dental visit.
- **Gaps in care reports.** Issued monthly gaps in care reports to large provider organizations, which identified members in need of an annual dental visit.
- **Member outreach.** Provided targeted outreach to members without evidence of a dentist or dental visit to address barriers and get members into dental care.
- **Provider incentive.** Incentivized dental providers through value-based arrangements to provide dental care to members 2-3 years of age.
- **Children's wellness club.** Offered exclusive opportunities to members 13 years of age and under to earn prizes by participating in a variety of wellness activities, including oral health and dental care.

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

ABHWV PIP Measure Results

Table 6 displays ABHWV's Annual Dental Visits PIP measure results and level of improvement. The COVID-19 public health emergency continued to adversely influence members obtaining dental care and likely affected MY 2021 performance for the dental PIP. ABHWV reported limited dental office staffing influenced appointment availability.

Table 6. ABHWV Annual Dental Visits PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Annual Dental Visits for 2-3 Year Olds	MY 2017 37.73%	MY 2021 36.37%^	No	∅
Percentage of Eligibles that Received Preventive Dental Services	MY 2017 48.85%	MY 2021 44.88%^	No	∅
CHIP[^]				
Annual Dental Visits for 2-3 Year Olds	MY 2021 40.79%^	Not Applicable	Not Applicable	Not Applicable
Percentage of Eligibles that Received Preventive Dental Services	MY 2021 52.68%^	Not Applicable	Not Applicable	Not Applicable

[^] Performance was likely influenced by the COVID-19 public health emergency.

∅ - There was no improvement. Statistically significant improvement cannot be assessed.

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

THP Interventions

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

- **Member incentive.** Provided members with a \$25 gift card for a completed preventive dental service.
- **Pay-for-performance incentive.** Implemented a pay-for-performance program with federally qualified health centers and rural health clinics.
- The program includes an incentive payment to providers who code claims appropriately for preventive dental services.
- **Social media educational posts.** Encouraged members to schedule a dental visit and report barriers to care via social media posts.
- **Provider gaps in care reports.** Distributed gaps in care reports to primary care providers (PCPs) with the intention the PCPs educate members who are in need of a dental visit.
- **Member education.** Mailed dental care awareness and education postcards to members during their birthday month.

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

THP PIP Measure Results

Table 7 includes THP's Annual Dental Visits PIP measure results and level of improvement.

Table 7. THP Annual Dental Visits PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Annual Dental Visits for 2-3 Year Olds	MY 2017 27.40%	MY 2021 31.24%^	Yes	Yes
Percentage of Eligibles that Received Preventive Dental Services	MY 2017 34.89%	MY 2021 42.92%^	Yes	Yes
CHIP[^]				
Annual Dental Visits for 2-3 Year Olds	MY 2021 35.32%^	Not Applicable	Not Applicable	Not Applicable
Percentage of Eligibles that Received Preventive Dental Services	MY 2021 49.61%^	Not Applicable	Not Applicable	Not Applicable

[^] Performance was likely influenced by the COVID-19 public health emergency.

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

UHP Interventions

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

- **Text Message Reminders.** Texted messages to remind members to complete dental visits, stressed the importance of dental care in children, and reassured members of dental office safety precautions during the pandemic.
- **Member Incentive.** Provided a \$20 incentive reward for members 0-20 years who completed an annual dental exam.
- **Gap in Care Reports.** Provided PCPs with a list of assigned members who were due for an annual dental visit, who provided outreach and referrals.
- **Provider Incentive Program.** Continued a PCP shared savings agreement with a provider group and included the Annual Dental Visits for 2-3 Year Olds measure in the program and set a quality threshold requiring improvement.
- **Member Outreach.** Contacted members to educate them on the importance of preventive services/oral health.

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

UHP PIP Measure Results

Table 8 reports UHP's Annual Dental Visits PIP measure results and level of improvement.

Table 8. UHP Annual Dental Visits PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Annual Dental Visits for 2-3 Year Olds	MY 2017 39.87%	MY 2021 35.18%^	No	∅
Percentage of Eligibles that Received Preventive Dental Services	MY 2017 51.33%	MY 2021 44.82%^	No	∅
CHIP[^]				
Annual Dental Visits for 2-3 Year Olds	MY 2021 40.79%^	Not Applicable	Not Applicable	Not Applicable
Percentage of Eligibles that Received Preventive Dental Services	MY 2021 49.20%^	Not Applicable	Not Applicable	Not Applicable

[^] Performance was likely influenced by the COVID-19 public health emergency.

∅ - There was no improvement. Statistically significant improvement cannot be assessed.

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

MHT MCP Annual Dental Visits PIP Weighted Average Measure Results

Table 9 details MHT MCP Annual Dental Visits PIP measure weighted averages for MYs 2017-2021.

Table 9. MHT MCP Weighted Averages - Annual Dental Visits PIP

Performance Measure	MY	Eligible Population or Denominator	Numerator	MHT MCP Weighted Average
Medicaid				
Annual Dental Visits for 2-3 Year Olds	2017	15,210	5,444	35.79%*
	2018	14,190	5,428	38.25%*
	2019	11,057	4,429	40.06%
	2020	15,232	5,266	34.57%^
	2021	17,545	6,068	34.59%^
Percentage of Eligibles that Received Preventive Dental Services	2017	201,428	91,663	45.51%*
	2018	194,497	93,065	47.85%*
	2019	183,083	86,672	47.34%
	2020	176,797	73,757	41.72%^
	2021	178,813	79,396	44.40%^
CHIP[^]				
Annual Dental Visits for 2-3 Year Olds	2021	1,007	396	39.32%^
Percentage of Eligibles that Received Preventive Dental Services	2021	19,914	10,043	50.43%^

* West Virginia MHT weighted average includes a fourth MCP, West Virginia Family Health (WVFH). BMS ended its contract with WVFH on 6/30/2019.

[^] Performance was likely influenced by the COVID-19 public health emergency.

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Figure 1 displays annual individual MHT MCP Medicaid rates and MCP weighted averages for the Annual Dental Visits for 2-3 Year Olds measure for MYs 2017-2021.

Figure 1. Annual Dental Visits for 2-3 Year Olds (Medicaid)

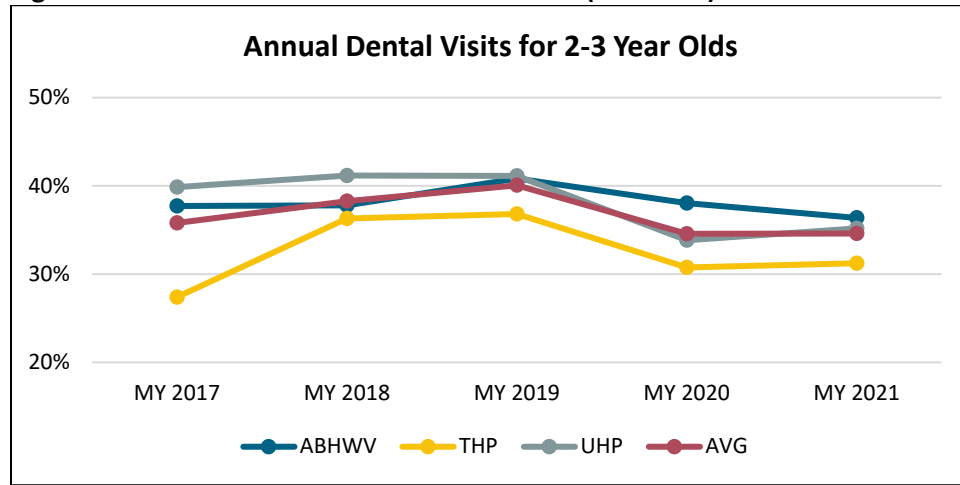


Figure 2 displays individual MHT MCP CHIP rates and the MCP weighted average for the Annual Dental Visits for 2-3 Year Olds measure for MY 2021, the first year of CHIP reporting.

Figure 2. Annual Dental Visits for 2-3 Year Olds (CHIP)

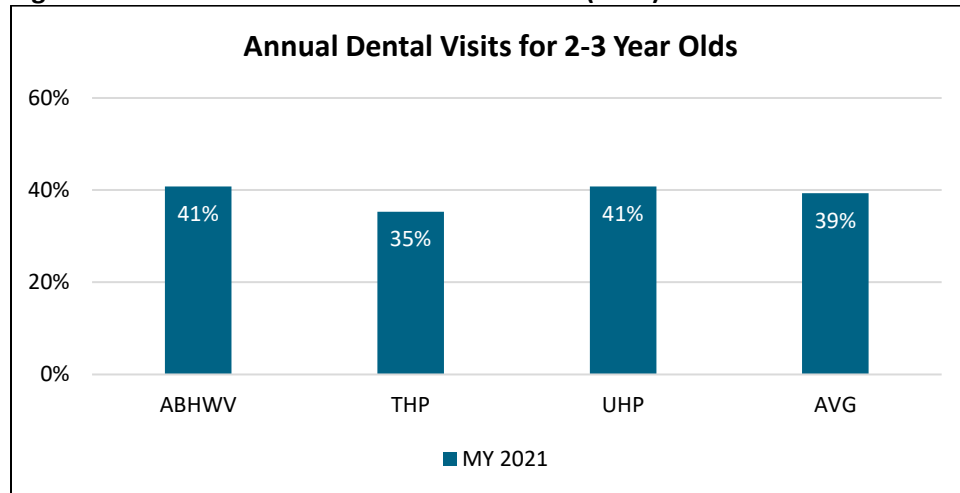


Figure 3 displays annual individual MHT MCP Medicaid rates and MCP weighted averages (also shown as AVG) for the Percentage of Eligibles that Received Preventive Dental Services measure for MYs 2017-2021.

Figure 3. Percentage of Eligibles that Received Preventive Dental Services (Medicaid)

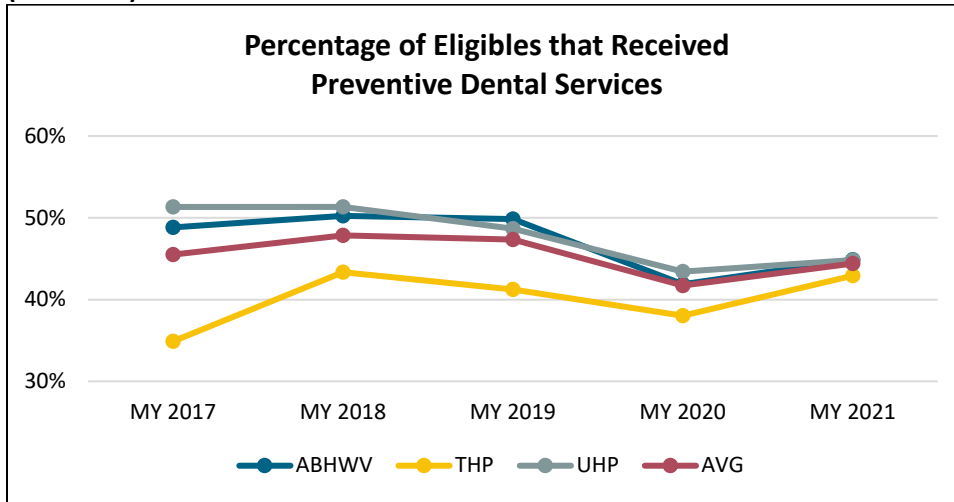
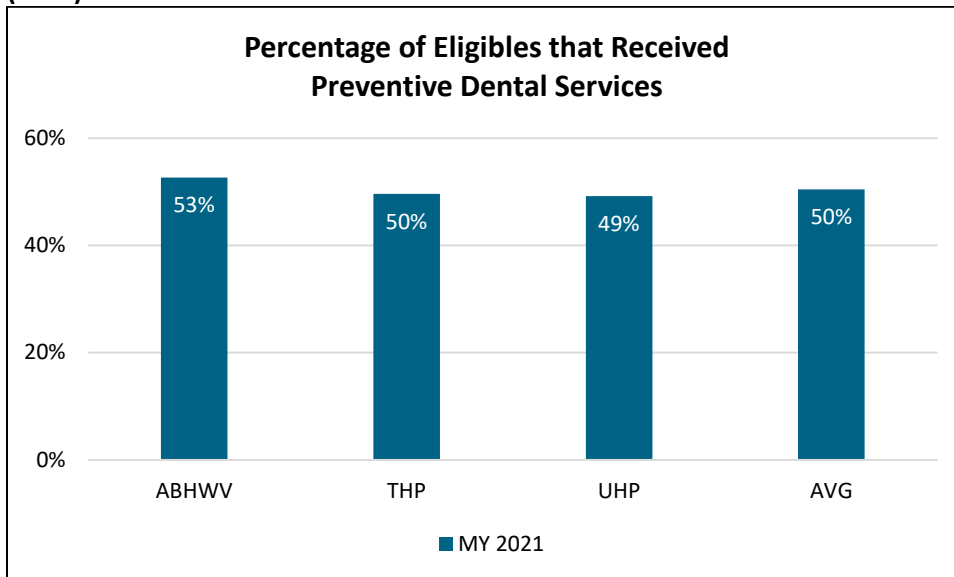


Figure 4 displays individual MHT MCP CHIP rates and the MCP weighted average for the Percentage of Eligibles that Received Preventive Dental Services measure for MY 2021.

Figure 4. Percentage of Eligibles that Received Preventive Dental Services (CHIP)



MHT MCP Annual Dental Visits PIP Validation Results

Table 10 includes MCP results for each PIP validation step for the 2022 Annual Dental Visits PIP.

Table 10. MHT MCP PIP Validation Step Results - Annual Dental Visits PIP

PIP Validation Step	ABHWV	THP	UHP
Topic	Met	Met	Met
Aim Statement	Met	Met	Met
Population	Met	Met	Met
Sampling Method	Not Applicable	Not Applicable	Not Applicable
Variables and Performance Measures	Met	Met	Met
Data Collection Procedures	Met	Met	Met
Data Analysis and Interpretation of Results	Met	Met	Met
Improvement Strategies	Met	Met	Met
Significant and Sustained Improvement	Partially Met	Met	Partially Met

Table 11 includes 2022 overall validation scores for each MCP's Annual Dental Visits PIP.

Table 11. MHT MCP Validation Scores - Annual Dental Visits PIP

2022 PIPs (MY 2021)	ABHWV	THP	UHP	MHT MCP AVG
Validation Score	81%	100%	81%	87%
Confidence Level	Moderate	High	Moderate	Moderate

MHT Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP

ABHWV Interventions

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

- **Embedded Case Managers.** Placed case managers in behavioral health facilities, hospitals, and provider offices to schedule follow-up care for members.
- **Telehealth Expansion.** Expanded mental/behavioral health telemedicine coverage for members to enhance access.
- **Peer Support Specialist.** Included a peer support specialist on the Behavioral Health Case Management team to work with members who have substance use challenges by providing education and support.
- **Case Management Reports.** Conducted outreach using reports that included alerts for polypharmacy utilization, multiple prescribers, substance use disorder diagnosis, and high emergency department utilization in an attempt to enroll members in case management.
- **Predictive modeling program.** Used a predictive modeling program to identify members for outreach for substance use disorder case management.

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

ABHWV PIP Measure Results

Table 12 displays ABHWV's Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP measure results and level of improvement. Only Medicaid results are reported for this measure.

Table 12. ABHWV Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP Measure Results

Performance Measure	Baseline Year MY 2019	Last Measurement Year MY 2021	Improvement	Statistically Significant Improvement
Medicaid				
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day Follow-Up (Total)	42.26%	51.09%^	Yes	Yes

^ Performance was likely influenced by the COVID-19 public health emergency.

THP Interventions

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

- **Telehealth services.** Covered telehealth and teledoc visits to enhance access during the COVID-19 public health emergency.
- **Substance use disorder education.** Emailed members regarding mental health awareness and provided links to resources that address substance use disorders and barriers such as transportation, costs, and stigma.
- **Referrals to Care Navigation.** Identified members with substance use during health risk assessments and referred them to case management nurses and navigation teams for engagement.
- **Utilization notifications.** Received member event notifications pertaining to admissions, discharges, transfers, and emergency department utilization. Notices were provided to case managers for follow-up.
- **Health library resource.** Maintained a health library on the MCP website that linked members to educational materials and resources regarding alcohol and substance use disorders. The website outlines available services including complex case management and care navigation nurses, and assistance in accessing care and treatment for alcohol and substance use disorders.

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

THP PIP Measure Results

Table 13 reports THP's Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP measure results and level of improvement. Only Medicaid results are reported for this measure.

Table 13. THP Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP Measure Results

Performance Measure	Baseline Year MY 2019	Last Measurement Year MY 2021	Improvement	Statistically Significant Improvement
Medicaid				
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day Follow-Up (Total)	41.04%	53.09%^	Yes	Yes

^ Performance was likely influenced by the COVID-19 public health emergency.

UHP Interventions

UHP completed member, provider, and MCP interventions, some of which include:

- **Telemedicine program.** Provided on-demand access to a medication-assisted treatment program. PCPs can refer members for an assessment for substance use disorder treatment or members can be connected, on-demand, with a provider prior to leaving the emergency department.
- **Comprehensive Health Enhancement Support System (CHESS).** Communicated availability of CHESS application, which encompasses personalized recovery resources, promotes positive behavior change, and provides 24/7 support to prevent relapse.
- **Provider quality incentive program.** Incentivized providers to close the gaps in performance in the Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence measure. Providers received financial rewards for following up with members within seven days of an emergency department visit.
- **Provider education.** Reached out to and educated providers on the Follow Up-After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence measure specifications, timeline adherence, coding guidelines, and importance of care coordination.
- **Case management referrals.** Monitored daily emergency department visits and made case management referrals for members with the goal of engaging members in treatment, assisting with scheduling follow-up appointments, and arranging transportation.

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

UHP PIP Measure Results

Table 14 includes UHP's Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP measure results and level of improvement. Only Medicaid results are reported for this measure.

Table 14. UHP Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP Measure Results

Performance Measure	Baseline Year MY 2019	Last Measurement Year MY 2021	Improvement	Statistically Significant Improvement
Medicaid				
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day Follow-Up (Total)	42.32%	53.68%^	Yes	Yes

^ Performance was likely influenced by the COVID-19 public health emergency.

MHT MCP Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP Weighted Average Measure Results

Table 15 includes the MHT MCP Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP measure weighted averages for MYs 2019-2021.

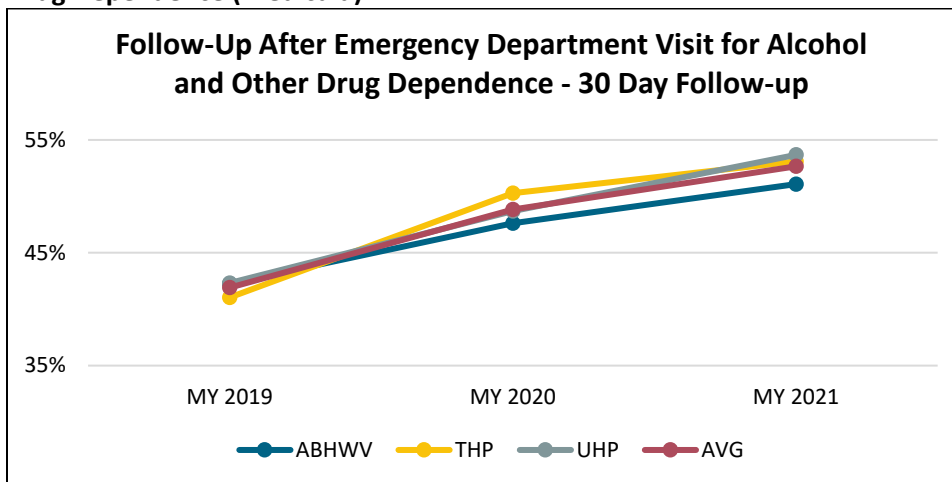
Table 15. MHT MCP Weighted Average - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP

Performance Measure	MY	Eligible Population or Denominator	Numerator	MHT MCP Weighted Average
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30 Day Follow-Up (Total)	2019	3,498	1,466	41.91%
	2020	4,033	1,970	48.85%^
	2021	4,998	2,632	52.66%^

^ Performance was likely influenced by the COVID-19 public health emergency.

Figure 5 displays annual individual MHT MCP Medicaid rates and weighted averages for the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence measure for MYs 2019-2021.

Figure 5. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (Medicaid)



MHT MCP Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP Validation Results

Table 16 includes MCP results for each PIP validation step for the 2022 Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP.

Table 16. MHT MCP PIP Validation Step Results - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP

PIP Validation Step	ABHWV	THP	UHP
Topic	Met	Met	Met
Aim Statement	Met	Met	Met
Population	Met	Met	Met
Sampling Method	Not Applicable	Not Applicable	Not Applicable
Variables and Performance Measures	Met	Met	Met
Data Collection Procedures	Met	Met	Met
Data Analysis and Interpretation of Results	Met	Met	Met
Improvement Strategies	Met	Met	Met
Significant and Sustained Improvement	Met	Met	Met

Table 17 includes 2022 overall validation scores for each MCP's Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP.

Table 17. MHT MCP Validation Scores - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP

2022 PIPs (MY 2021)	ABHWV	THP	UHP	MHT MCP AVG
Validation Score	100%	100%	100%	100%
Confidence Level	High	High	High	High

MHT MCP-Selected PIPs

ABHWV Care for Adolescents PIP Interventions

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

- **Member incentives.** Awarded members 12-18 years of age a \$25 gift card for completing an annual well-child visit. Members also received a \$25 gift card for completing adolescent immunizations by their 13th birthday.
- **Targeted outreach.** Contacted members enrolled in case management to encourage well-child visits and offered assistance in scheduling appointments.
- **Gaps in care reports.** Provided monthly gaps in care reports to large provider organizations that identified members in need of adolescent immunizations.

- **Provider incentive.** Incentivized providers with \$25 for completing and closing their gaps in well-child visits.
- **HEDIS provider toolkit.** Provided provider office staff with HEDIS measure education, including well-child and immunization-related measures, medical record documentation tips, and coding requirements.

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

ABHVV Care for Adolescents PIP Measure Results

Table 18 displays ABHVV's Care for Adolescents PIP measure results and level of improvement.

Table 18. ABHVV Care for Adolescents PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Immunizations for Adolescents - Combination 2	MY 2020 27.67%^	MY 2021 24.21%^	No	∅
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2020 49.03%^	MY 2021 52.22%^	Yes	Yes
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2020 27.13%^	MY 2021 26.20%^	No	∅
CHIP[^]				
Immunizations for Adolescents - Combination 2	MY 2021 7.89%^	NA	NA	NA
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2021 50.39%^	NA	NA	NA
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2021 37.81%^	NA	NA	NA

[^] Performance was likely influenced by the COVID-19 public health emergency.

NA - Not Applicable - Only baseline results are available.

∅ - There was no improvement. Statistically significant improvement cannot be assessed.

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Table 19 includes ABHVV's Care for Adolescents PIP measure rates for MYs 2020-2021.

Table 19. ABHWV Care for Adolescents PIP Measure Annual Rates

Performance Measure	MY	Eligible Population or Denominator	Numerator	Rate
Medicaid				
Immunizations for Adolescents - Combination 2	2020	2,161	598	27.67%^
	2021	2,627	636	24.21%^
Child and Adolescent Well-Care Visits – 12-17 Year Olds	2020	13,594	6,665	49.03%^
	2021	15,250	7,964	52.22%^
Child and Adolescent Well-Care Visits – 18-21 Year Olds	2020	5,268	1,429	27.13%^
	2021	7,337	1,922	26.20%^
CHIP[▲]				
Immunizations for Adolescents - Combination 2	2021	38	3	7.89%^
Child and Adolescent Well-Care Visits – 12-17 Year Olds	2021	1,818	916	50.39%^
Child and Adolescent Well-Care Visits – 18-21 Year Olds	2021	320	121	37.81%^

[^] Performance was likely influenced by the COVID-19 public health emergency.

[▲] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Figure 6 illustrates ABHWV’s annual Medicaid rates for the Care for Adolescents PIP measures for MYs 2020-2021.

Figure 6. ABHWV Care for Adolescents PIP Measure Annual Rates (Medicaid)

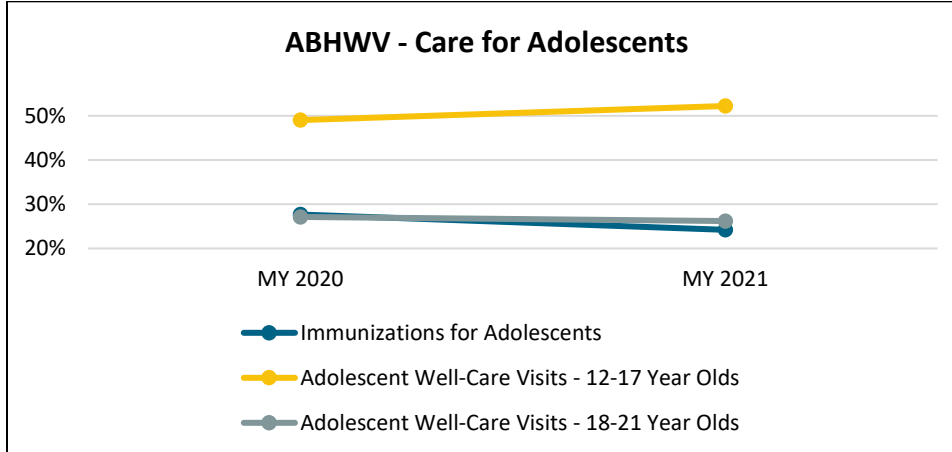
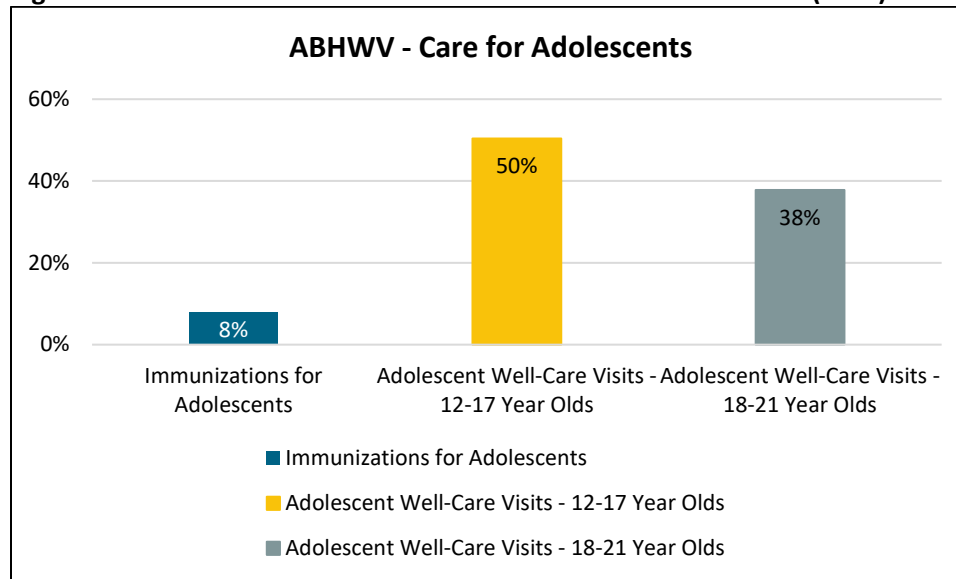


Figure 7 presents ABHWV’s baseline CHIP rates for the Care for Adolescents PIP measures for MY 2021.

Figure 7. ABHWV Care for Adolescents PIP Measure Annual Rates (CHIP)

THP Promoting Health and Wellness in Children and Adolescents PIP Interventions

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

- **Member Education.** Contacted member parents/guardians via telephone or postcard and educated them on the importance of well-care visits, COVID-19 safety protocols, and the availability of telehealth services. A text messaging campaign also inquired about member barriers to care, which will inform future interventions.
- **Member incentive.** Provided members who completed an adolescent well-care visit a \$25 gift card.
- **Provider gaps in care reports.** Identified members in need of an annual well-care visit and distributed gaps in care reports to PCPs, federally qualified health centers, and rural health clinics.
- **Alternate Payment Model Agreement.** Continued an alternate payment agreement with selected providers, which included well-care visits as a targeted area for improvement.
- **Transportation notice.** Informed members/parents/guardians of the availability of transportation to care during welcome calls.

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

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

Table 20 reports THP's Promoting Health and Wellness in Children and Adolescents PIP measure results and level of improvement.

Table 20. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Results

Performance Measure	Baseline Year ^o	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Child and Adolescent Well-Care Visits – Total	MY 2020 44.42%^	MY 2021 47.19%^	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation	MY 2018 77.62%	MY 2021 81.27%^	Yes	No
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	MY 2018 67.88%	MY 2021 72.75%^	Yes	No
CHIP[^]				
Child and Adolescent Well-Care Visits – Total	MY 2021 58.80%^	NA	NA	NA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation	MY 2021 81.27%^	NA	NA	NA
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	MY 2021 75.91%^	NA	NA	NA

^oThe Child and Adolescent Well-Care Visits measure has a different baseline year compared to the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measures, for Medicaid, as it was added to the PIP after implementation.

[^] Performance was likely influenced by the COVID-19 public health emergency.

NA - Not Applicable - Only baseline results are available.

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Table 21 includes THP's annual Promoting Health and Wellness in Children and Adolescents PIP measure rates for MYs 2020-2021.

Table 21. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Annual Rates

Performance Measure	MY	Eligible Population or Denominator [~]	Numerator	Rate
Medicaid				
Child and Adolescent Well-Care Visits – Total	2020	27,539	12,232	44.42%^
	2021	33,420	15,770	47.19%^
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index (BMI) Percentile Documentation	2018	411	319	77.62%
	2019	411	335	81.51%
	2020	411	331	80.54%^
	2021	411	334	81.27%^
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	2018	411	279	67.88%
	2019	411	276	67.15%
	2020	411	285	69.34%^
	2021	411	299	72.75%^
CHIP[^]				
Child and Adolescent Well-Care Visits – Total	2021	3,830	2,252	58.80%^
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index (BMI) Percentile Documentation	2021	411	334	81.27%^
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	2021	411	312	75.91%^

[~] Sampling denominator

[^] Performance was likely influenced by the COVID-19 public health emergency.

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Figure 8 illustrates THP's annual Medicaid rates for the Promoting Health and Wellness in Children and Adolescents PIP measures for MYs 2018-2021.

Figure 8. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Annual Rates (Medicaid)

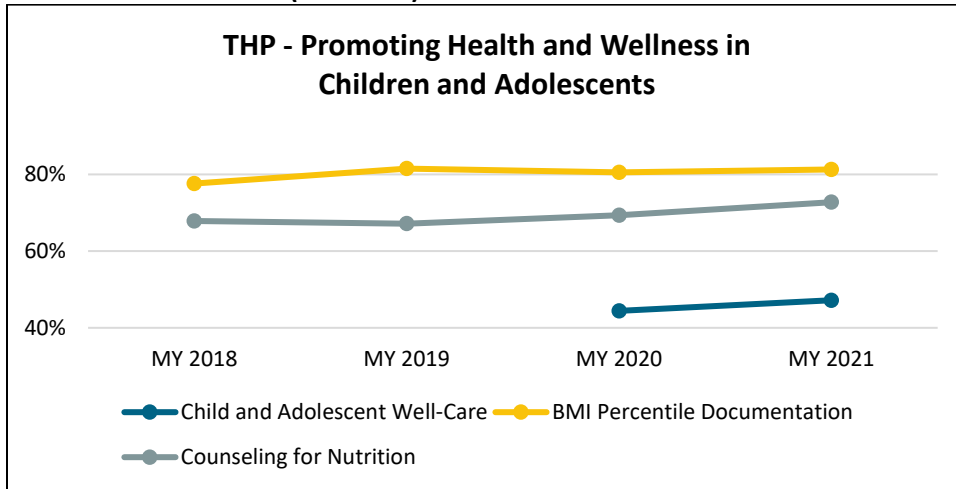
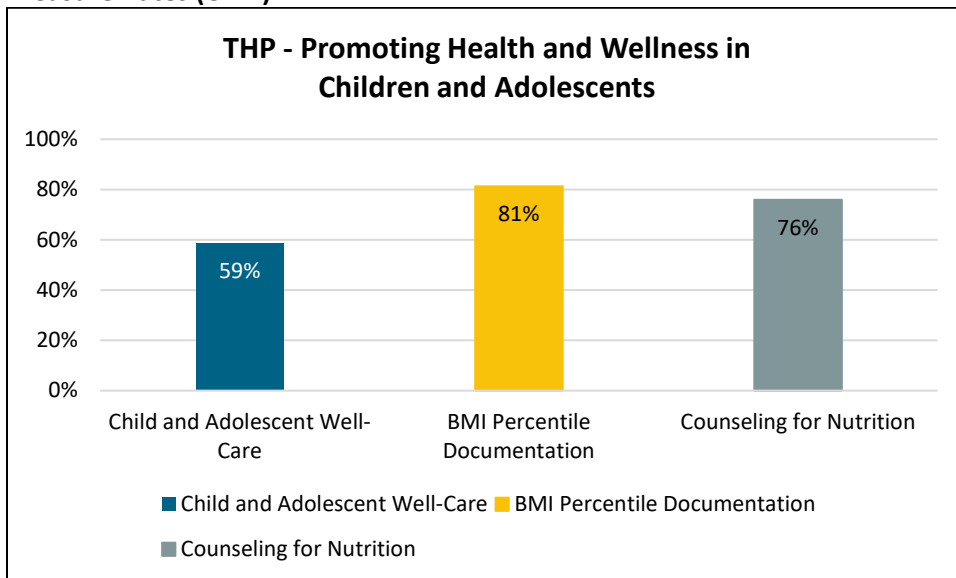


Figure 9 presents THP’s baseline CHIP rates for the Promoting Health and Wellness in Children and Adolescents PIP measures for MY 2021.

Figure 9. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Rates (CHIP)



UHP Immunizations for Adolescents PIP Interventions

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

- **Member education.** Texted messages to members, which aimed to educate using evidence-based guidelines and describe immunization purpose, safety, and efficacy. Conducted calls to members and mailed Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) birthday reminders to encourage members to obtain preventive care and vaccinations.

- **Member Incentive.** Provided a \$50 gift card to members who completed the HPV vaccine series on or before their 13th birthday.
- **Provider quality incentive program (expansion).** Expanded an incentive-based program to additional provider groups and included the Immunizations for Adolescents – Combination 2 measure as a key metric.
- **Pay for quality.** Incentivized providers to close gaps in care for members receiving tetanus, diphtheria toxoids and acellular pertussis (TDAP), meningococcal, and HPV vaccines on or before their 13th birthday.
- **Provider action plans.** Worked with large primary care groups to develop action plans, interventions, and goals to improve vaccination rates.

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

UHP Immunizations for Adolescents PIP Measure Results

Table 22 displays UHP’s Immunizations for Adolescents PIP measure results and level of improvement.

Table 22. Immunization for Adolescents PIP Measure Results

Performance Measure	Baseline Year	Last Measurement Year	Improvement	Statistically Significant Improvement
Medicaid				
Immunizations for Adolescents – Combination 2	MY 2020 29.93%^	MY 2021 32.12%^	Yes	No
Immunizations for Adolescents – Human Papillomavirus (HPV)	MY 2020 30.41%^	MY 2021 32.60%^	Yes	No
CHIP[^]				
Immunizations for Adolescents – Combination 2	MY 2021 21.28%^	NA	NA	NA
Immunizations for Adolescents – Human Papillomavirus (HPV)	MY 2021 21.28%^	NA	NA	NA

[^] Performance was likely influenced by the COVID-19 public health emergency.

NA - Not Applicable - Only baseline results are available

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

Table 23 includes UHP’s Immunization for Adolescents PIP measure rates for MYs 2020-2021.

Table 23. UHP Immunizations for Adolescents PIP Measure Annual Rates

Performance Measure	MY	Eligible Population or Denominator [~]	Numerator	Rate
Medicaid				
Immunizations for Adolescents – Combination 2	2020	411	123	29.93%^
	2021	411	132	32.12%^
Immunizations for Adolescents – Human Papillomavirus (HPV)	2020	411	125	30.41%^
	2021	411	134	32.60%^
CHIP[^]				
Immunizations for Adolescents – Combination 2	2021	47	10	21.28%^
Immunizations for Adolescents – Human Papillomavirus (HPV)	2021	47	10	21.28%^

[^] Performance was likely influenced by the COVID-19 public health emergency.

NA - Not Applicable - Only baseline results are available

[^] WVCHIP was effective January 1, 2021. MY 2021 serves as baseline.

[~] Sampling denominator

Figure 10 illustrates UHP’s annual Medicaid rates for the Immunizations for Adolescents PIP measures for MYs 2020-2021. Performance in both measures improved in MY 2021.

Figure 10. UHP Immunizations for Adolescents PIP Measure Annual Rates (Medicaid)

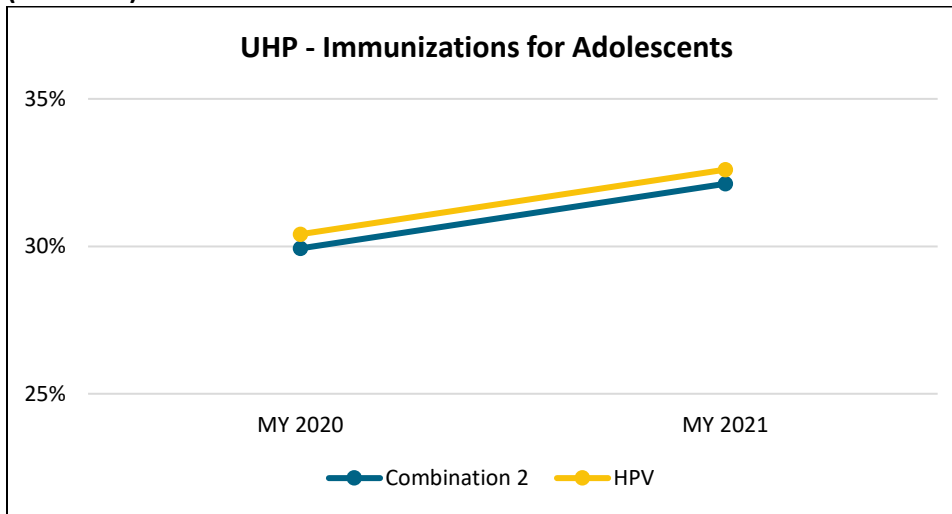
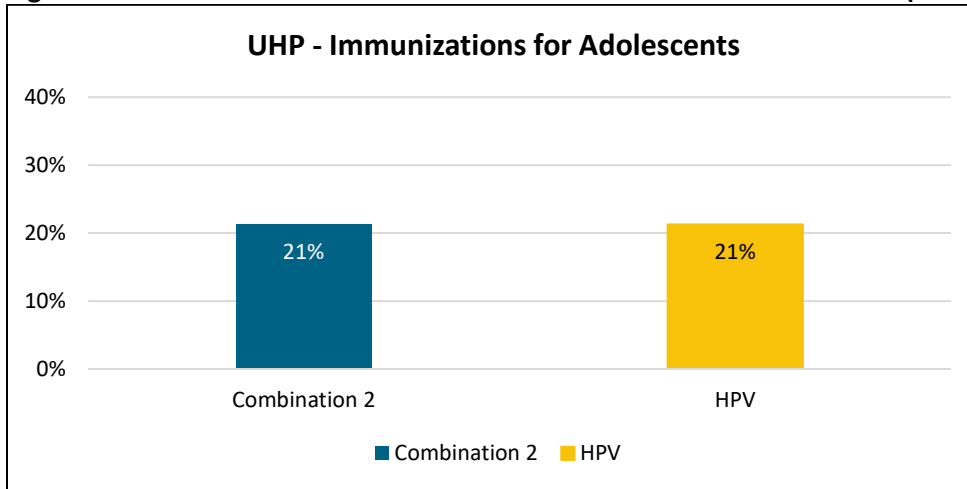


Figure 11 presents UHP’s CHIP baseline rates for the Immunizations for Adolescents PIP measures for MY 2021.

Figure 11. UHP Immunizations for Adolescents PIP Measure Annual Rates (CHIP)



MHT MCP-Selected PIP Validation Results

Table 24 reports results for each validation step for each MHT MCP’s selected 2022 PIP.

Table 24. MHT MCP PIP Validation Step Results – MHT MCP-Selected PIP

MCP-Selected PIPs	ABHWV	THP	UHP
PIP Validation Step	Care for Adolescents	Promoting Health and Wellness in Children and Adolescents	Immunizations for Adolescents
Topic	Met	Met	Met
Aim Statement	Met	Met	Met
Population	Met	Met	Met
Sampling Method	Not Applicable	Met	Met
Variables and Performance Measures	Met	Met	Met
Data Collection Procedures	Met	Met	Met
Data Analysis and Interpretation of Results	Met	Met	Met
Improvement Strategies	Met	Met	Met
Significant and Sustained Improvement	Met	Met	Partially Met

Table 25 includes 2022 overall validation scores for each MCP’s selected PIP.

Table 25. MHT MCP Validation Scores – MCP-Selected PIP

2022 PIPs (MY 2021)	ABHWV Care for Adolescents	THP Promoting Health and Wellness in Children and Adolescents	UHP Immunizations for Adolescents	MHT MCP AVG
Validation Score	100%	100%	95%	98%
Confidence Level	High	High	High	High

MHP Annual Dental Visits PIP

MHP ABHWV Interventions

ABHWV's Annual Dental Visits PIP was a baseline submission and did not require interventions.

MHP ABHWV PIP Measure Results

Table 26 displays the Annual Dental Visits PIP measure results.

Table 26. MHP ABHWV Annual Dental Visits PIP Measure Results

Performance Measure	Baseline Year MY 2021	Last Measurement Year	Improvement	Statistically Significant Improvement
Annual Dental Visits for 2-3 Year Olds	44.10%^	Not Applicable	Not Applicable	Not Applicable
Percentage of Eligibles that Received Preventive Dental Services	53.14%^	Not Applicable	Not Applicable	Not Applicable

^ Performance was likely influenced by the COVID-19 public health emergency.

Table 27 includes Annual Dental Visits PIP measure rates for MY 2021.

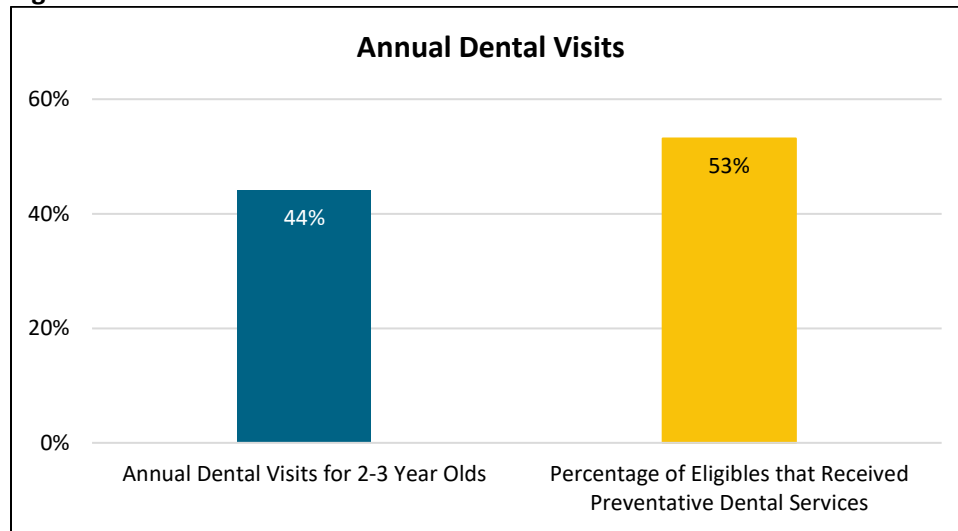
Table 27. MHP ABHWV Annual Dental Visits PIP Measure Rates

Performance Measure	MY	Eligible Population or Denominator	Numerator	Rate
Annual Dental Visits for 2-3 Year Olds	2021	1,948	859	44.10%^
Percentage of Eligibles that Received Preventive Dental Services	2021	24,270	12,897	53.14%^

^ Performance was likely influenced by the COVID-19 public health emergency.

Figure 12 illustrates Annual Dental Visits PIP measure baseline rates for MY 2021.

Figure 12. MHP ABHWV Annual Dental Visits PIP Measure Rates



MHP Care for Adolescents PIP

MHP ABHWV Interventions

ABHWV’s Care for Adolescents PIP was a baseline submission and did not require interventions.

MHP ABHWV PIP Measure Results

Table 28 displays the Care for Adolescents PIP measure results.

Table 28. MHP ABHWV Care for Adolescents PIP Measure Results

Performance Measure	Baseline Year MY 2021	Last Measurement Year	Improvement	Statistically Significant Improvement
Immunizations for Adolescents - Combination 2	25.12%^	Not Applicable	Not Applicable	Not Applicable
Child and Adolescent Well-Care Visits – 12-17 Year Olds	58.81%^	Not Applicable	Not Applicable	Not Applicable
Child and Adolescent Well-Care Visits – 18-21 Year Olds	28.11%^	Not Applicable	Not Applicable	Not Applicable

^Performance was likely influenced by the COVID-19 public health emergency.

Table 29 includes Care for Adolescents PIP measure rates for MY 2021.

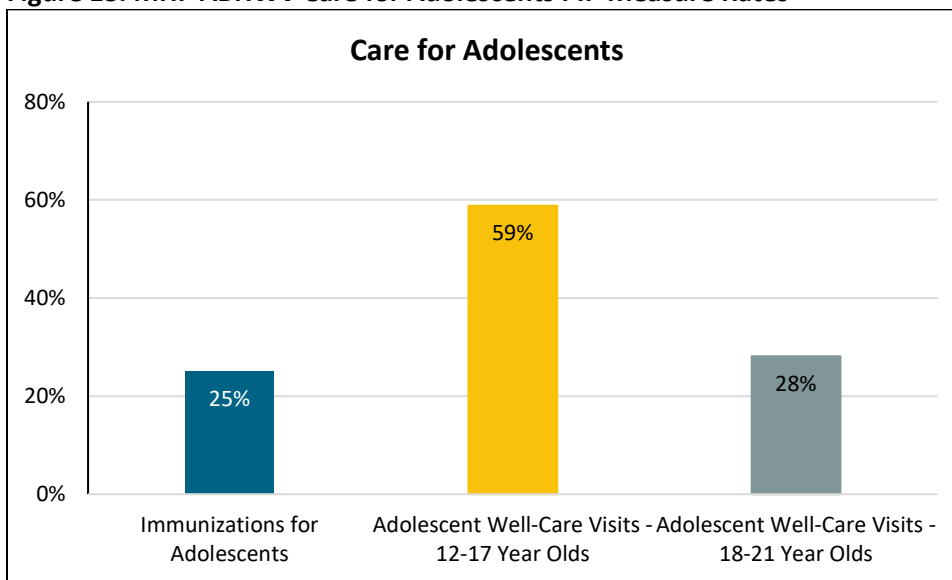
Table 29. MHP ABHWV Care for Adolescents PIP Measure Rates

Performance Measure	MY	Eligible Population or Denominator	Numerator	Rate
Immunization for Adolescents – Combination 2	2021	1,023	257	25.12%^
Child and Adolescent Well-Care Visits – 12-17 Year Olds	2021	7,353	4,324	58.81%^
Child and Adolescent Well-Care Visits – 18-21 Year Olds	2021	2,785	783	28.11%^

^Performance was likely influenced by the COVID-19 public health emergency.

Figure 13 illustrates Care for Adolescents PIP measure baseline rates for MY 2021.

Figure 13. MHP ABHWV Care for Adolescents PIP Measure Rates



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

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

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

- Country Road Initiative.** Facilitated meetings and collaborated with providers to reduce length of stay in out-of-state placement, and bring youth home.
- Increased Provider Capacity for Children with Severe Emotional Disorders.** Worked to build provider community capacity to offer intensive behavioral health services in the member’s home to optimize the transition from placement to home. Telehealth and virtual services have been key to success.
- West Virginia System of Care Clinical Review.** Coordinated efforts with West Virginia System of Care to provide a comprehensive, objective, clinical review of designated youth. Out-of-state or

at risk of going out-of-state youth are reviewed to determine and reduce gaps in services, barriers to in-state services, and system issues.

- **Project Promise Integrated Case Management.** Created and triaged a youth priority list based on placement needs. The list was evaluated weekly to prioritize members in foster care with placement needs.
- **Psychiatric Residential Treatment Facility (PRTF) Case Management.** Made weekly contact with PRTFs to maintain contact and provide case management services to ensure there are no gaps in care upon member discharge. Case Managers reviewed all members in this level of care and worked with the PRTF, State, and guardians on transitions to reduce length of stay and minimize time spent in out-of-state facilities.

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

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

Table 30 displays ABHWV's Out-of-State Placement for Children in Foster Care PIP measure results and level of improvement.

Table 30. MHP ABHWV Reducing Out-of-State Placement for Children in Foster Care PIP Measure Results

Performance Measure	Baseline Year MY 2020	Last Measurement Year MY 2021	Improvement	Statistically Significant Improvement
Out-of-State Placement for Children in Foster Care <i>(lower rate is better)</i>	5.98%^	5.58%^	Yes	No

^Performance was likely influenced by the COVID-19 public health emergency.

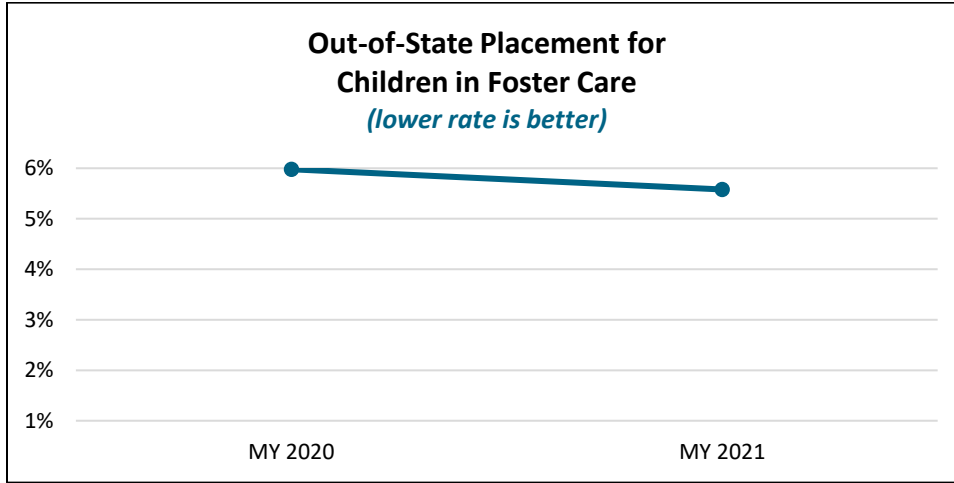
Table 31 includes ABHWV's Reducing Out-of-State Placement for Children in Foster Care PIP measure rates for MYs 2020-2021.

Table 31. MHP ABHWV Reducing Out-of-State Placement for Children in Foster Care PIP Measure Annual Rates

Performance Measure	MY	Eligible Population or Denominator	Numerator	Rate
Reducing Out-of-State Placement for Children in Foster Care <i>(lower rate is better)</i>	2020	6,870	411	5.98%^
	2021	6,644	371	5.58%^

Figure 14 illustrates ABHWV's Reducing Out-of-State Placement for Children in Foster Care PIP measure rates.

Figure 14. MHP ABHWV Reducing Out-of-State Placement for Children in Foster Care PIP Measure Annual Rate



MHP PIP Validation Results

Table 32 reports results for each validation step for each 2022 MHP ABHWV PIP.

Table 32. MHP ABHWV PIP Validation Step Results

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

Table 33 includes 2022 overall validation scores for each MHP PIP.

Table 33. MHP ABHWV Validation Scores

2022 PIPs MY 2021	Annual Dental Visits	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Validation Score	100%	100%	95%
Confidence Level	High	High	High

Conclusion

Summary conclusions drawn for the MHT and MHP State-mandated and MCP-selected PIPs are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 58-61 within the [MCP Quality, Access, Timeliness Assessment section](#), later in the report.

MHT Annual Dental Visits PIP

- The MHT MCPs reported their fourth Medicaid remeasurement rates for the Annual Dental Visits PIP. The MCPs reported baseline rates CHIP.
- The COVID-19 public health emergency continued to adversely influence members seeking dental care and likely impacted MY 2021 performance for the dental PIP—more than other areas of care. Dental office capacity was impacted by staffing shortages.
- The MHT MCP Medicaid weighted average improved from MY 2020 to MY 2021 in both PIP measures, but did not exceed MY 2017 baseline performance.
- The MCPs received an average PIP validation score of 87 percent, indicating (overall) stakeholders can have moderate confidence the MCPs adhered to acceptable methodology for all phases of design, data collection, and analysis with results yielding improvement. Individual MCP validation results ranged from 81-100 percent.

MHT Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP

- The MHT MCPs reported their second remeasurement rates (Medicaid only) for the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP.
- All MHT MCPs demonstrated statistically significant improvement in the PIP. The MHT MCP weighted average increased from 41.91 percent (baseline) to 52.66 percent (remeasurement 2).
- All MHT MCPs sustained improvement—all remeasurements exceeded baseline performance.
- Telehealth services improved access to care for follow-up visits.
- All MHT MCPs received a PIP validation score of 100 percent (high confidence).
- BMS elected to close the PIP after the MHT MCPs successfully demonstrated statistically significant and sustained improvement. The MCPs improved follow-up care by 25.65 percent.

MHT MCP-Selected PIPs

ABHWV Care for Adolescents PIP

- ABHWV reported its first Medicaid remeasurement rates for the Care for Adolescents PIP measures: Immunizations for Adolescents (Combination 2) and Child and Adolescent Well-Care Visits (12-17 and 18-21 Year Olds). The MCP reported baseline CHIP rates.
- ABHWV demonstrated statistically significant improvement in the Medicaid Adolescents Well-Care Visits 12-17 Year Olds measure.
- ABHWV's validation score was 100 percent (high confidence).

THP Promoting Health and Wellness in Children and Adolescents PIP

- THP reported its first Medicaid remeasurement rates for the Child and Adolescent Well-Care Visits (Total) measure and third Medicaid remeasurement rates for its Weight Assessment and Counseling for Nutrition - BMI Percentile Documentation and Counseling for Nutrition measures. The MCP reported baseline CHIP rates.
- THP achieved improvement in all Medicaid performance measure rates and statistically significant improvement in the Child and Adolescent Well-Care Visits (Total) measure.
- THP's validation score was 100 percent (high confidence).

UHP Immunizations for Adolescents PIP

- UHP reported its first remeasurement results for its Medicaid Immunizations for Adolescents - Combination 2 and HPV measures. The MCP reported baseline CHIP rates.
- The MCP achieved improvement in both Medicaid measures.
- UHP's validation score was 95 percent (high confidence).

MHP ABHWV PIPs

Annual Dental Visits PIP

- MHP ABHWV reported baseline rates for its Annual Dental Visits PIP measures.
- MHP ABHWV's validation score was 100 percent (high confidence).

Care for Adolescents PIP

- MHP ABHWV reported baseline rates for its Care for Adolescents PIP measures.
- MHP ABHWV's validation score was 100 percent (high confidence).

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

- MHP ABHWV reported its first remeasurement results for its Reducing Out-of-State Placement for Children in Foster Care measure.
- The MCP achieved improvement in the PIP measure.
- MHP ABHWV's validation score was 95 percent (high confidence).

Performance Measure Validation

Objective

The State uses performance measures to monitor the performance of individual MCPs at a point in time, track performance over time, and compare performance among MCPs. BMS and WVCHIP require MCPs to calculate and report measures as part of their quality assessment and performance improvement program in accordance with 42 CFR §438.330(c). The PMV activity evaluates the accuracy and reliability of measures produced and reported by the MCP and determines the extent to which the MCP followed specifications for calculating and reporting the measures. Accuracy and reliability of the reported rates

are essential to ascertaining whether the MCP's quality improvement efforts resulted in improved health outcomes. Further, the validation process allows BMS and WVCHIP to have confidence in MCP measure results.

Methodology

Qlarant validated state-selected performance measures during the 2022 PMV activity. Designated HEDIS, CAHPS, and CMS Core Set measures were used to calculate MY 2021 MHT and MHP performance.

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

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

Technical Methods of Data Collection and Analysis. Qlarant completed validation activities in a manner consistent with the *CMS EQR Protocol 2 – Validation of Measures*.¹⁵

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

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

Essential PMV activities included:

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

Qlarant conducted site visit MCP PMV review activities via virtual desk audit in March 2022 and concluded all post-site visit review activities in June 2022 when MCPs reported final measure rates. After Qlarant approved each MCP's final rates, Qlarant reported findings for the following audit elements

¹⁵ [CMS EQR Protocols](#)

including: documentation (data integration and control and calculation process), denominator, numerator, sampling (if applicable), and reporting. Audit element descriptions are provided below.

Documentation. Assessment of data integration and control procedures determine whether the MCP had appropriate processes and documentation in place to extract, link, and manipulate data for accurate and reliable measure rate construction. Evaluation includes reviewing and assessing documentation of measurement procedures and programming specifications including data sources, programming logic, and computer source codes.

Denominator. Validation of measure denominator calculations assesses the extent to which the MCP used appropriate and complete data to identify the entire population and the degree to which the MCP followed measure specifications for calculating the denominator.

Numerator. Validation of the numerator determines if the MCP correctly identified and evaluated all qualifying medical events for appropriate inclusion or exclusion in the numerator for each measure and if the MCP followed measure specifications for calculation of the numerator.

Sampling. Evaluation of sample size and replacement methodology specifications confirms the sample was not biased, if applicable.

Reporting. Validation of measure reporting confirms if the MCP followed BMS and WVCHIP specifications.

Qlarant calculated a validation rating for the MCP based on audit element findings. The rating provides a level of confidence in the MCP's reported PM results. Table 34 includes validation ratings.

Table 34. Validation Ratings

Score	Level of Confidence
95% - 100%	High confidence in MCP results
80% - 94%	Moderate confidence in MCP results
75% - 79%	Low confidence in MCP results
≤74%	No confidence in MCP results

Results

MHT Performance Measure Validation Results

All MHT MCPs had appropriate systems in place to process accurate claims and encounters. Table 35 includes 2022 MHT PMV results based on the MCP calculation of MY 2021 measure rates. Compliance with each PMV element is reported by MCP and MHT MCP average.

Table 35. MHT MCP PMV Results

PMV Element	ABHWV	THP	UHP	MHT MCP Average
Data Integration and Control	100%	100%	100%	100%
Data and Process Used to Produce Measures	100%	100%	100%	100%
Denominator	100%	100%	100%	100%
Numerator	100%	100%	100%	100%
Sampling	100%	100%	100%	100%
Reporting	100%	100%	100%	100%
Overall Rating	100%	100%	100%	100%
Reporting Designation	R	R	R	R ^{**}
Confidence Level	High	High	High	High

R – Reportable; measures were compliant with BMS and WVCHIP specifications.

** All MCPs received a reportable designation.

Table 36 displays the MHT MCP MY 2021 Medicaid performance measure rates. The table reports each measure's data collection methodology for informational purposes, and includes the MHT MCP Medicaid averages and comparisons to benchmarks.

Table 36. MHT MCP Medicaid Performance Measure Rates for MY 2021

Medicaid	Collection Method *	ABHWV %	THP %	UHP %	MHT AVG %	Benchmark [^]
Annual Dental Visit - Total (ADV) [^]	A	36.37	31.24	35.18	34.26	♦
Child and Adolescent Well-Care Visits: 12-17 Yrs (WCV) [^]	A	52.22	44.55	NR	NA	NC
Child and Adolescent Well-Care Visits: 18-21 Yrs (WCV) [^]	A	26.20	23.50	NR	NA	NC
Child and Adolescent Well-Care Visits: 3-11 Yrs (WCV) [^]	A	NR	56.61	NR	NA	NC
Child and Adolescent Well-Care Visits: Total (WCV) [^]	A	NR	47.19	NR	NA	NC
Contraceptive Care – All Women Ages 15-20 LARC Method of Contraception (CCW-CH)	A	4.23	3.23	3.36	3.61	♦
Contraceptive Care – All Women Ages 15-20 Most or Moderately Effective Method of Contraception (CCW-CH)	A	38.90	37.86	37.35	38.04	♦♦♦
Contraceptive Care – All Women Ages 21–44 LARC Method of Contraception (CCW-AD)	A	3.27	3.28	3.08	3.21	♦
Contraceptive Care – All Women Ages 21–44 Most or Moderately Effective Method of Contraception (CCW-AD)	A	22.80	21.58	23.68	22.69	♦

Medicaid	Collection Method *	ABHWV %	THP %	UHP %	MHT AVG %	Benchmark [^]
Contraceptive Care – Postpartum Women Ages 15-20 LARC Method of Contraception 3 Days (CCP-CH)	A	4.87	3.92	1.61	3.47	◆ ◆
Contraceptive Care – Postpartum Women Ages 15-20 LARC Method of Contraception 60 Days (CCP-CH)	A	13.72	11.11	13.23	12.69	◆
Contraceptive Care – Postpartum Women Ages 15-20 Most or Moderately Effective Method of Contraception 3 Days (CCP-CH)	A	7.96	6.54	4.84	6.45	◆ ◆
Contraceptive Care – Postpartum Women Ages 15-20 Most or Moderately Effective Method of Contraception 60 Days (CCP-CH)	A	54.42	40.52	45.81	46.92	◆ ◆
Contraceptive Care – Postpartum Women Ages 21-44 LARC Method of Contraception 3 Days (CCP-AD)	A	2.98	2.47	1.96	2.47	◆ ◆
Contraceptive Care – Postpartum Women Ages 21-44 LARC Method of Contraception 60 Days (CCP-AD)	A	10.27	8.98	9.30	9.52	◆
Contraceptive Care – Postpartum Women Ages 21-44 Most or Moderately Effective Method of Contraception 3 Days (CCP-AD)	A	19.66	15.22	15.58	16.82	◆ ◆ ◆
Contraceptive Care – Postpartum Women Ages 21-44 Most or Moderately Effective Method of Contraception 60 Days (CCP-AD)	A	49.95	42.75	44.52	45.74	◆ ◆
Developmental Screening in the First Three Years of Life Age 1: Eligible children who had a screening on or before their 1st birthday (DEV)	A	22.29	62.57	22.12	35.66	NC
Developmental Screening in the First Three Years of Life age 2: Eligible children who had a screening on or before their 2nd birthday (DEV)	A	19.82	58.45	19.41	32.56	NC
Developmental Screening in the First Three Years of Life Age 3: Eligible children who had a screening on or before their 3rd birthday (DEV)	A	18.07	52.59	18.47	29.71	NC
Developmental Screening in the First Three Years of Life Total: Total number of eligible children who had a screening in the 12 months on or before their 1st, 2nd, or 3rd birthday (DEV)	A	19.97	57.74	19.94	32.55	◆

Medicaid	Collection Method *	ABHWV %	THP %	UHP %	MHT AVG %	Benchmark [^]
Follow-Up After Emergency Department Visit for Alcohol Other Drug Abuse or Dependence: 30 Days Follow-Up: 18+ (FUA)	A	51.09	53.09	53.68	52.62	◆◆◆
Immunizations for Adolescents - Combination 2 (IMA) [^]	H	24.21	NR	32.12	NA	NC
Immunizations for Adolescents - HPV (IMA)	H	NR	NR	32.60	NA	NC
Percentage of Eligible (Children) that Received Preventive Dental Services (PDENT-CH)	A	44.88	42.92	44.82	44.21	◆◆
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) <i>Lower rate indicates better performance</i>	A	10.95	22.49	14.03	15.82	◆◆◆
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (PQI05-AD) <i>Lower rate indicates better performance</i>	A	24.45	36.76	26.46	29.22	◆◆
PQI 08: Congestive Heart Failure (CHF) Admission Rate (PQI08-AD) <i>Lower rate indicates better performance</i>	A	18.19	26.97	15.64	20.27	◆◆◆
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) <i>Lower rate indicates better performance</i>	A	1.14	1.59	0.40	1.04	◆◆
Screening for Depression and Follow-Up Plan - Ages 12-17 Years (CDF-CH) <i>New measure</i>	A	3.10	0.98	1.23	1.77	NC
Screening for Depression and Follow-Up Plan - Ages 18+ Years (CDF-AD) <i>New measure</i>	A	2.17	1.23	2.17	1.86	NC
Sealant Receipt on Permanent First Molars - Rate 1 - At Least One Sealant (SFM-CH) <i>New measure</i>	A	48.71	37.56	48.71	44.99	◆◆◆
Sealant Receipt on Permanent First Molars - Rate 2 - All Four Molars Sealed (SFM-CH) <i>New measure</i>	A	31.33	24.31	29.88	28.51	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: 12-17 Yrs (WCC)	H	NR	81.15	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: 3-11 Yrs (WCC)	H	NR	81.46	NR	NA	NC

Medicaid	Collection Method *	ABHWV %	THP %	UHP %	MHT AVG %	Benchmark [^]
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: Total (WCC)	H	NR	81.27	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: 12-17 Yrs (WCC)	H	NR	75.00	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: 3-11 Yrs (WCC)	H	NR	68.87	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Total (WCC)	H	NR	72.75	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: 12-17 Yrs (WCC)	H	NR	66.92	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: 3-11 Yrs (WCC)	H	NR	68.87	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Total (WCC)	H	NR	67.64	NR	NA	NC

* The MCP's data collection is identified as administrative (A) or hybrid (H). Administrative data collection: rates are calculated using claims and other supplemental data. Hybrid data collection: rates are calculated using administrative and medical record data.

[^] Benchmark sources include: Quality of Care for Adults in Medicaid: Findings from the 2020 Adult Core Set Chart Pack, January 2022, and the Quality of Care for Children in Medicaid: Findings from the 2020 Child Core Set Chart Pack, January 2022¹⁶

[^] Core Set Benchmarks Not Available. Benchmarks retrieved from the NCQA Quality Compass 2022 (Measurement Year 2021 data) National Medicaid Average for All Lines Business.

◆◆ MCP rate is equal to or exceeds the CMS 2020 Adult (or Child) Core Set Chart Pack 75th Percentile.

◆ MCP rate is equal to or exceeds the CMS 2020 Adult (or Child) Core Set Chart Pack National Average, but does not meet the 75th Percentile.

◆ MCP rate is below the CMS 2020 Adult (or Child) Core Set Chart Pack National Average.

NC No Comparison: No Comparison made due to no rate or/and no benchmark available.

NA Small Denominator: The organization followed the specifications, but the denominator was too small (<30) to report a valid rate.

NR Not Reported: Not reported to Qlarant for PMV.

Table 37 displays the MHT MCP MY 2021 CHIP performance measure rates. The table reports each measure's data collection methodology for informational purposes, and includes the MHT MCP CHIP averages and comparisons to benchmarks.

¹⁶ Adult and Child Core Set Chart Packs are products of the Medicaid/CHIP Health Care Quality Measures Technical Assistance and Analytic Support Program, sponsored by the Centers for Medicare & Medicaid Services (CMS).

Table 37. MHT MCP CHIP Performance Measure Rates for MY 2021

CHIP	Collection Method *	ABHWV %	THP %	UHP %	MHT AVG %	Benchmark [^]
Annual Dental Visit – 2-3 Yrs (ADV) [^]	A	40.79	35.32	35.18	37.10	◆ ◆
Child and Adolescent Well-Care Visits: 12-17 Yrs (WCV) [^]	A	50.39	54.35	NR	NA	NC
Child and Adolescent Well-Care Visits: 18-21 Yrs (WCV) [^]	A	37.81	42.60	NR	NA	NC
Child and Adolescent Well-Care Visits: 3-11 Yrs (WCV) [^]	A	NR	65.05	NR	NA	NC
Child and Adolescent Well-Care Visits: Total (WCV) [^]	A	NR	58.80	NR	NA	NC
Contraceptive Care – All Women Ages 15-20 LARC Method of Contraception (CCW-CH)	A	2.80	2.14	NA	NA	NC
Contraceptive Care – All Women Ages 15-20 Most or Moderately Effective Method of Contraception (CCW-CH)	A	12.43	34.40	NA	NA	NC
Contraceptive Care – Postpartum Women Ages 15-20 LARC Method of Contraception 3 Days (CCP-CH)	A	NA	NA	NA	NA	NC
Contraceptive Care – Postpartum Women Ages 15-20 LARC Method of Contraception 60 Days (CCP-CH)	A	NA	NA	NA	NA	NC
Contraceptive Care – Postpartum Women Ages 15-20 Most or Moderately Effective Method of Contraception 3 Days (CCP-CH)	A	NA	NA	NA	NA	NC
Contraceptive Care – Postpartum Women Ages 15-20 Most or Moderately Effective Method of Contraception 60 Days (CCP-CH)	A	NA	NA	NA	NA	NC
Developmental Screening in the First Three Years of Life Age 1: Eligible children who had a screening on or before their 1st birthday (DEV)	A	NA	NA	NA	NA	NC
Developmental Screening in the First Three Years of Life age 2: Eligible children who had a screening on or before their 2nd birthday (DEV)	A	NA	NA	NA	NA	NC
Developmental Screening in the First Three Years of Life Age 3: Eligible children who had a screening on or before their 3rd birthday (DEV)	A	NA	48.39	24.32	NA	NC

CHIP	Collection Method *	ABHWV %	THP %	UHP %	MHT AVG %	Benchmark [^]
Developmental Screening in the First Three Years of Life Total: Total number of eligible children who had a screening in the 12 months on or before their 1st, 2nd, or 3rd birthday (DEV)	A	40.63	55.56	28.85	41.68	◆ ◆
Immunizations for Adolescents - Combination 2 (IMA) [^]	H	7.89	NR	21.28	NA	NC
Immunizations for Adolescents - HPV (IMA)	H	NR	NR	21.28	NA	NC
Percentage of Eligible (Children) that Received Preventive Dental Services (PDENT-CH)	A	52.68	42.92	49.20	48.27	◆ ◆ ◆
Screening for Depression and Follow-Up Plan - Ages 12-17 Years (CDF-CH) <i>New measure</i>	A	3.19	1.69	2.06	2.31	NC
Sealant Receipt on Permanent First Molars - Rate 1 - At Least One Sealant (SFM-CH) <i>New measure</i>	A	23.33	NA	29.79	NA	NC
Sealant Receipt on Permanent First Molars - Rate 2 - All Four Molars Sealed (SFM-CH) <i>New measure</i>	A	10.00	NA	27.66	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: 12-17 Yrs (WCC)	H	NR	81.57	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: 3-11 Yrs (WCC)	H	NR	80.93	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: Total (WCC)	H	NR	81.27	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: 12-17 Yrs (WCC)	H	NR	80.18	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: 3-11 Yrs (WCC)	H	NR	71.13	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Total (WCC)	H	NR	75.91	NR	NA	NC

CHIP	Collection Method *	ABHWV %	THP %	UHP %	MHT AVG %	Benchmark [^]
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: 12-17 Yrs (WCC)	H	NR	69.59	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: 3-11 Yrs (WCC)	H	NR	72.16	NR	NA	NC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Total (WCC)	H	NR	70.80	NR	NA	NC

* The MCP's data collection is identified as administrative (A) or hybrid (H). Administrative data collection: rates are calculated using claims and other supplemental data. Hybrid data collection: rates are calculated using administrative and medical record data.

[^] Benchmark sources include: Quality of Care for Adults in Medicaid: Findings from the 2020 Adult Core Set Chart Pack, January 2022, and the Quality of Care for Children in Medicaid: Findings from the 2020 Child Core Set Chart Pack, January 2022¹⁷

[^] Core Set Benchmarks Not Available. Benchmarks retrieved from the NCQA Quality Compass 2022 (Measurement Year 2021 data) National Medicaid Average for All Lines Business.

◆◆◆ MCP rate is equal to or exceeds the CMS 2020 Adult (or Child) Core Set Chart Pack 75th Percentile.

◆◆ MCP rate is equal to or exceeds the CMS 2020 Adult (or Child) Core Set Chart Pack National Average, but does not meet the 75th Percentile.

◆ MCP rate is below the CMS 2020 Adult (or Child) Core Set Chart Pack National Average.

NC No Comparison: No Comparison made due to no rate or/and no benchmark available.

NA Small Denominator: The organization followed the specifications, but the denominator was too small (<30) to report a valid rate.

NR Not Reported: Not reported to Qlarant for PMV.

MHP Performance Measure Validation Results

Similar to the MHT PMV, ABHWV had appropriate systems in place to process accurate claims and encounters for the MHP program. Table 38 includes 2022 MHP PMV results based on the MCP calculation of MY 2021 measure rates. Compliance with each PMV element is reported.

Table 38. MHP ABHWV PMV Results

PMV Element	ABHWV
Data Integration and Control	100%
Data and Process Used to Produce Measures	100%
Denominator	100%
Numerator	100%
Sampling	100%
Reporting	100%
Overall Rating	100%
Reporting Designation	R
Confidence Level	High

R – Reportable; measures were compliant with BMS specifications

Table 39 displays the MHP MCP MY 2021 performance measure rates. The table reports each measure's data collection methodology and comparison to benchmarks.

¹⁷ Adult and Child Core Set Chart Packs are products of the Medicaid/CHIP Health Care Quality Measures Technical Assistance and Analytic Support Program, sponsored by the Centers for Medicare & Medicaid Services (CMS).

Table 39. MHP ABHWV Performance Measure Rates for MY 2021

MHP	Collection Method	ABHWV %	Benchmark [^] %
Annual Dental Visit – 2-3 Yrs (ADV) [^]	A	44.10	◆◆◆
Child and Adolescent Well-Care Visits: 12-17 Yrs (WCV) [^]	A	58.81	◆◆◆◆
Child and Adolescent Well-Care Visits: 18-21 Yrs (WCV) [^]	A	28.11	◆◆
Contraceptive Care – All Women Ages 15-20 LARC Method of Contraception (CCW-CH)	A	5.08	◆◆
Contraceptive Care – All Women Ages 15-20 Most or Moderately Effective Method of Contraception (CCW-CH)	A	40.96	◆◆◆◆
Contraceptive Care – Postpartum Women Ages 15-20 LARC Method of Contraception 3 Days (CCP-CH)	A	5.32	◆◆◆◆
Contraceptive Care – Postpartum Women Ages 15-20 LARC Method of Contraception 60 Days (CCP-CH)	A	13.83	◆
Contraceptive Care – Postpartum Women Ages 15-20 Most or Moderately Effective Method of Contraception 3 Days (CCP-CH)	A	9.57	◆◆◆◆
Contraceptive Care – Postpartum Women Ages 15-20 Most or Moderately Effective Method of Contraception 60 Days (CCP-CH)	A	47.87	◆◆
Developmental Screening in the First Three Years of Life Age 1: Eligible children who had a screening on or before their 1st birthday (DEV)	A	23.87	NC
Developmental Screening in the First Three Years of Life age 2: Eligible children who had a screening on or before their 2nd birthday (DEV)	A	21.54	NC
Developmental Screening in the First Three Years of Life Age 3: Eligible children who had a screening on or before their 3rd birthday (DEV)	A	20.49	NC
Developmental Screening in the First Three Years of Life Total: Total number of eligible children who had a screening in the 12 months on or before their 1st, 2nd, or 3rd birthday (DEV)	A	21.70	◆
Immunizations for Adolescents - Combination 2 (IMA) [^]	H	32.12	◆
Out-of-State Placements in Foster Care	A	5.58	NC
Percentage of Eligible (Children) that Received Preventive Dental Services (PDENT-CH)	A	53.14	◆◆◆◆
Screening for Depression and Follow-Up Plan - Ages 12-17 Years (CDF-CH) <i>New measure</i>	A	1.87	NC
Sealant Receipt on Permanent First Molars - Rate 1 - At Least One Sealant (SFM-CH) <i>New measure</i>	A	18.83	◆
Sealant Receipt on Permanent First Molars - Rate 2 - All Four Molars Sealed (SFM-CH) <i>New measure</i>	A	11.34	NC

* The MCP's data collection is identified as administrative (A) or hybrid (H). Administrative data collection: rates are calculated using claims and other supplemental data. Hybrid data collection: rates are calculated using administrative and medical record data.

[^] Benchmark source includes: Quality of Care for Children in Medicaid: Findings from the 2020 Child Core Set Chart Pack, January 2022¹⁸

¹⁸ Adult and Child Core Set Chart Packs are products of the Medicaid/CHIP Health Care Quality Measures Technical Assistance and Analytic Support Program, sponsored by the Centers for Medicare & Medicaid Services (CMS).

^ Core Set Benchmarks Not Available. Benchmarks retrieved from the NCQA Quality Compass 2022 (Measurement Year 2021 data) National Medicaid Average for All Lines Business.

◆◆◆ MCP rate is equal to or exceeds the CMS 2020 Child Core Set Chart Pack 75th Percentile.

◆◆ MCP rate is equal to or exceeds the CMS 2020 Child Core Set Chart Pack National Average, but does not meet the 75th Percentile.

◆ MCP rate is below the CMS 2020 Child Core Set Chart Pack National Average.

NC No Comparison: No Comparison made due to no rate or/and no benchmark available.

NA Small Denominator: The organization followed the specifications, but the denominator was too small (<30) to report a valid rate.

NR Not Reported: Not reported to Qlarant for PMV.

Conclusion

Aggregate summary conclusions for the PMV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 58-61 within the [MCP Quality, Access, Timeliness Assessment section](#), later in the report.

- All MHT and MHP MCPs had information systems capable of capturing and processing data required for reporting.
- All MCPs received overall PMV ratings of 100 percent, providing high confidence in MCP measure calculations and reporting.
- An analysis of PMV measures with benchmarks concludes MY 2021 MHT MCP Medicaid averages met or exceeded national average benchmarks in 14 of 21 (67%) measures. The following six measures demonstrated commendable performance and met or exceeded the 75th percentile benchmarks:
 - Contraceptive Care - All Women Ages 15-20 Most or Moderately Effective Method of Contraception
 - Contraceptive Care - Postpartum Women Ages 21-44 Most or Moderately Effective Method of Contraception, 3 Days
 - Follow-Up After Emergency Department Visit for Alcohol Other Drug Abuse or Dependence: 30 Days Follow-Up: 18+
 - PQI 01: Diabetes Short-Term Complications Admission Rate
 - PQI 08: Congestive Heart Failure (CHF) Admission Rate
 - Sealant Receipt on Permanent First Molars - Rate 1 - At Least One Sealant
- An analysis of CHIP PMV performance measures concluded many rates were not reported due to small denominators (<30). Benchmarking was completed for only three measures. All three measures met or exceeded national average benchmarks. The MY 2021 MHT MCP CHIP average for the Percentage of Eligible (Children) that Received Preventive Dental Services measure was commendable and exceeded the 75th percentile.
- The MY 2021 MHP ABHWV rates met or exceeded national average benchmarks in 9 of 13 (69%) PMV measures in which benchmarking was completed. The following six measures demonstrated commendable performance and met or exceeded the 75th percentile benchmarks:
 - Annual Dental Visits: 2-3 Yrs
 - Child and Adolescent Well-Care Visits: 12-17 Yrs
 - Contraceptive Care – All Women Ages 15-20 Most or Moderately Effective Method of Contraception
 - Contraceptive Care – Postpartum Women Ages 15-20 LARC Method of Contraception 3 Days
 - Contraceptive Care – Postpartum Women Ages 15-20 Most or Moderately Effective Method of Contraception 3 Days

- Percentage of Eligible (Children) that Received Preventive Dental Services

Systems Performance Review

Objective

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

Methodology

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

- Subpart A §438.10: Information Requirements
- Subpart B §438.56: Disenrollment Requirements and Limitations
- Subpart C §438.100 - §438.114: Enrollee Rights and Protections
- Subpart D §438.206 - §438.242: [Managed Care Organization] MCO Standards
- Subpart E §438.330: Quality Assessment and Performance Improvement Program
- Subpart F §438.402 - §438.424: Grievance and Appeal System
- Subpart H §438.608: Program Integrity Requirements Under the Contract

Table 40 identifies the three-year review schedule Qlarant follows for the SPR.

Table 40. Three-Year SPR Schedule

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

*Year 2 standards were evaluated in 2022 for MY 2021 compliance.

Description of Data Obtained. MCPs provided documentation to support MY 2021 compliance with Quality Assessment and Performance Improvement Program and Grievance and Appeal System standards (Year 2 standards), in January 2022. Supporting data was obtained during all three phases of review: pre-site visit, site visit, and post-site visit. Qlarant review activities occurred before, during, and after the virtual site visit to the MCP in March 2022. Pre-site visit activities included evaluating policies, reports, meeting minutes, and other supporting documents submitted by the MCP. Site visit activities focused on MCP staff interviews, process demonstrations, and record reviews, as applicable. Post-site

visit activities included an opportunity for the MCP to respond to preliminary findings and provide additional evidence of compliance, if available.

Technical Methods of Data Collection and Analysis. The 2022 SPR, which evaluated MY 2021 compliance, was conducted in a manner consistent with *CMS EQR Protocol 3 – Review of Compliance with Medicaid and CHIP Managed Care Regulations*.¹⁹ Qlarant conducted an interactive review with the MCP, and reviewed and scored all applicable elements and components of each standard requiring evaluation. Qlarant evaluated MCP compliance for each element and/or component as met, partially met, not met, or not applicable:

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

Aggregate points earned are reported by standard and receive a compliance score based on the percentage of points earned. All assessments are weighted equally, which allows standards with more elements and components to have more influence on a final score. Finally, an overall SPR compliance rating is calculated. Based on this overall score, a level of confidence in the MCP's SPR results is determined. Table 41 includes compliance ratings.

Table 41. Compliance Ratings

Score	Level of Confidence
95% - 100%	High confidence in MCP compliance
80% - 94%	Moderate confidence in MCP compliance
75% - 79%	Low confidence in MCP compliance
<74%	No confidence in MCP compliance

Results

MHT Systems Performance Review Results

Table 42 displays 2022 (MY 2021) MHT MCP SPR results by standard and identifies an overall weighted score. A level of confidence in each MCP's compliance is assigned based on their overall weighted score. The table also includes MCP averages.

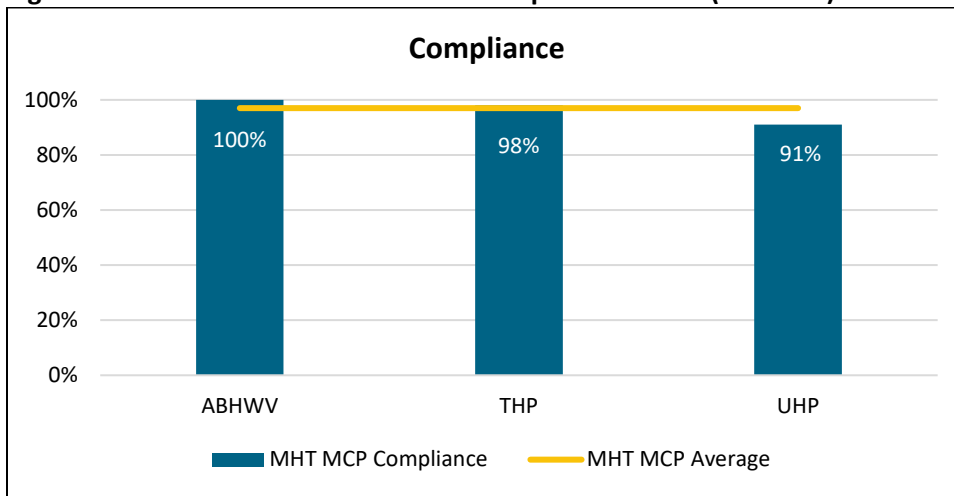
¹⁹ [CMS EQR Protocols](#)

Table 42. 2022 MHT MCP SPR Results (MY 2021 Compliance)

Standard	ABHWV	THP	UHP	MHT MCP AVG
§438.330 Quality Assessment and Performance Improvement Program	100%	100%	100%	100%
§438.402 - §438.424: Grievance and Appeal System	100%	98%	90%	96%
Overall Weighted Score	100%	98%	91%	97%
Confidence Level	High	High	Moderate	High

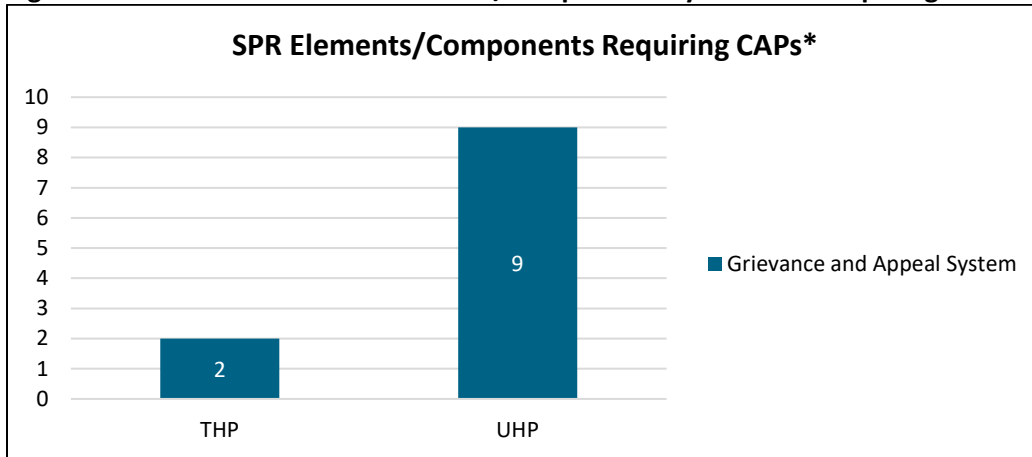
Figure 15 illustrates 2022 MHT MCP SPR scores including the MHT MCP weighted average of 97 percent.

Figure 15. 2022 MHT MCP SPR Overall Compliance Scores (MY 2021)



ABHWV scored 100 percent compliance in the 2022 SPR. THP and UHP had overall scores of 98 and 91 percent, respectively. In response to these results, THP and UHP were required to develop corrective action plans (CAPs) for the elements/components not meeting full compliance. THP was required to develop two CAPs, while UHP was required to develop nine CAPs. All required CAPs were for noncompliance in the Grievance and Appeal System Standard, as the MCPs demonstrated 100 percent compliance in the Quality Assessment and Performance Improvement Program Standard. Figure 16 identifies the number of elements/components in which an MCP CAP was required.

Figure 16. 2022 MHT MCP SPR Elements/Components by Standard Requiring CAPs



*Counts identified in this table reflect the total number of noncompliant elements/components from the 2022 SPR. In some cases, the MCPs corrected deficiencies before the formal CAP process was initiated. For purposes of reporting, these elements/components were still counted as requiring a CAP due to not meeting requirements in the 2022 SPR.

THP and UHP developed and completed CAPs, as required. Qlarant and BMS approved the CAPs and Qlarant monitored them quarterly until each CAP was closed. Figure 17 illustrates all CAPs were closed or resolved during 2022.

Figure 17. 2022 MHT MCP SPR CAP Status

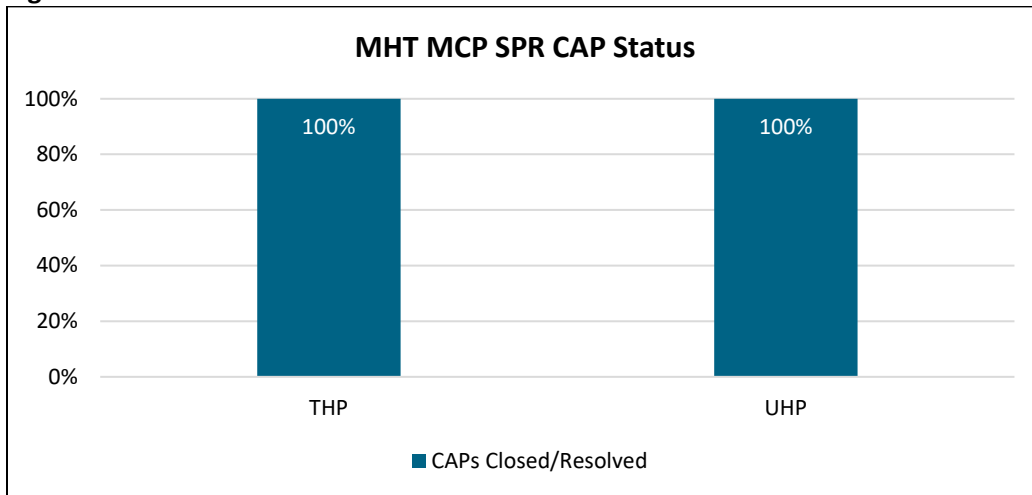


Table 43 includes MHT MCP SPR results of all standards within the last three-year review period.

Table 43. MHT MCP SPR Results of All Standards Within the Last Three Years

Standard	Year Reviewed	ABHWV	THP	UHP	MHT MCP AVG
§438.10 Information Requirements	2020 (MY 2019)	100%	100%	100%	100%
§438.56 Disenrollment Requirements and Limitations*	2021 (MY 2020)	100%	100%	100%	100%
§438.100 - §438.114 Enrollee Rights and Protections**	2021 (MY 2020)	100%	100%	100%	100%
§438.206 - §438.242 MCO Standards (see Table 44 for additional detail)	2021 (MY 2020)	100%	99%	96%	98%
§438.330 Quality Assessment and Performance Improvement Program	2022 (MY 2021)	100%	100%	100%	100%
§438.402 - §438.424 Grievance and Appeal System	2022 (MY 2021)	100%	98%	90%	96%
§438.608 Program Integrity Requirements Under the Contract	2021 (MY 2020)	100%	100%	100%	100%

*New requirements were added and a baseline review was conducted in 2021. The standard will be reviewed again in 2023.

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

Table 44 details MHT MCP results of the MCO Standards (§438.206 - §438.242) from the 2021 SPR (MY 2020). Performance for each area of review is reported as met, partially met, or not met.

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

Table 44. §438.206 - §438.242 MCO Standards – 2021 MHT MCP SPR Results (MY 2020 Compliance)

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

* See Table 43 for MHT MCP Grievance and Appeal System Standard results.

⁺ MCP Health Information Systems were evaluated as part of the PMV activity.

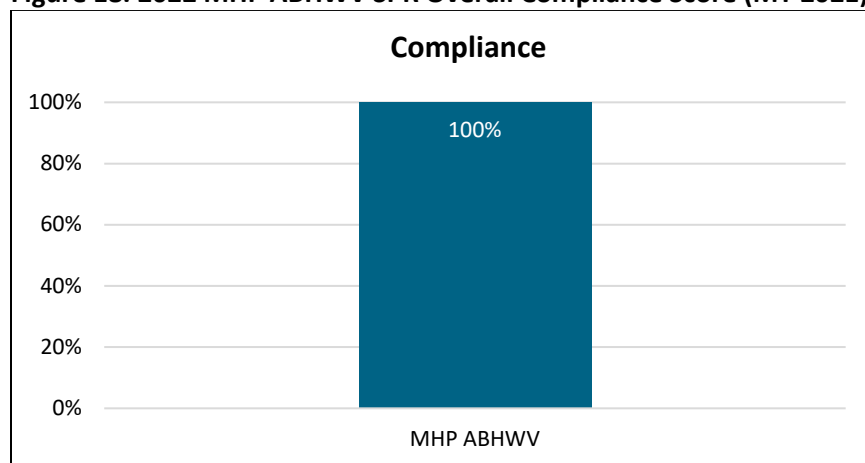
MHP Systems Performance Review Results

The 2022 SPR was the second annual review conducted for the MHP program. Table 45 displays 2022 (MY 2021) MHP ABHWV SPR results by standard and identifies an overall weighted score. A level of confidence is assigned based on ABHWV's overall weighted score.

Table 45. 2022 MHP ABHWV SPR Results (MY 2021 Compliance)

Standard	MHP ABHWV
§438.330 Quality Assessment and Performance Improvement Program	100%
§438.402 - §438.424: Grievance and Appeal System	100%
Overall Weighted Score	100%
Confidence Level	High

Figure 18 illustrates the 2022 (MY 2021) MHP ABHWV SPR overall weighted score of 100 percent.

Figure 18. 2022 MHP ABHWV SPR Overall Compliance Score (MY 2021)

ABHWV achieved 100 percent compliance; therefore, CAPs were not required.

Table 46 includes MHP ABHWV SPR results of the standards reviewed in the 2021 and 2022 SPRs—its first two annual reviews. The table also identifies which standards will be reviewed in 2023 to ensure a comprehensive review in the three-year cycle.

Table 46. MHP ABHWV SPR Results of All Standards

Standard	Year Reviewed or Scheduled to be Reviewed [➤]	MHP ABHWV
§438.10 Information Requirements	2023 (MY 2022)	Not Reviewed Yet
§438.56 Disenrollment Requirements and Limitations*	2021 (MY 2020)	100%
§438.100 - §438.114 Enrollee Rights and Protections**	2021 (MY 2020)	100%
§438.206 - §438.242 MCO Standards (see Table 42 for additional detail)	2021 (MY 2020)	100%
§438.330 Quality Assessment and Performance Improvement Program	2022 (MY 2021)	100%
§438.402 - §438.424 Grievance and Appeal System	2022 (MY 2021)	100%
§438.608 Program Integrity Requirements Under the Contract	2021 (MY 2020)	100%

[➤]The MHP program was implemented March 1, 2020. The 2021 SPR was the MCP's first review (for MY 2020). All standards will be reviewed within the three-year cycle to ensure compliance with 42 CFR §438.358(b)(iii).

*New requirements were added and a baseline review was conducted in 2021. The standard will be reviewed again in 2023.

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

Table 47 details the results of the MCO Standards (§438.206 - §438.242) from the 2021 SPR (MY 2020). Performance for each area of review is reported as met, partially met, or not met.

Table 47. §438.206 - §438.242 MCO Standards – 2021 MHP ABHWV SPR Results (MY 2020 Compliance)

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

* See Table 46 for MHP ABHWV MCP Grievance and Appeal System Standard results.

[†] MCP Health Information Systems were evaluated as part of the PMV activity.

Conclusion

Summary conclusions for the SPR activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 58-61 within the [MCP Quality, Access, Timeliness Assessment section](#), later in the report.

- The MHT MCPs received overall weighted scores ranging from 91-100 percent for the 2022 SPR, which evaluated MY 2021 compliance with the Quality Assessment and Performance Improvement Program and Grievance and Appeal System standards. The MHT MCP average was 97 percent. Overall, stakeholders can have high confidence in the MHT MCPs' level of compliance.
- THP and UHP effectively developed and completed CAPs based on 2022 SPR findings. These CAPs are detailed in the [MCP Quality, Access, Timeliness Assessment section](#).
- The second annual SPR was conducted for the MHP MCP, ABHWV. The MCP achieved 100 percent compliance in the standards reviewed, yielding high confidence in its level of compliance.

Network Adequacy Validation

Objective

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

Methodology

Qlarant conducted quarterly telephone surveys to complete the NAV activity, which evaluated MY 2022 compliance.

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

Technical Methods of Data Collection and Analysis. During quarters 1-3 2022, Qlarant completed validation activities by randomly selecting and surveying a sample of providers from each MCP's provider directory. For the MHT program, Qlarant surveyed a combination of PCPs providing services to all members and PCPs providing services to children. For the MHP program, Qlarant surveyed a combination of PCPs and behavioral health providers serving children. Qlarant surveyors called each provider office during nonbusiness hours to determine provider compliance with the access standard. Information collected during telephone surveys evaluated the accessibility of each MCP's provider network and instructions given to members after the provider offices closed for the day.

Compliance is assessed as meeting one of the following criteria. Calls are answered by a(n):

- Live person employed by the practice who provided guidance to the caller seeking care
- Answering service (live person provided guidance to the caller seeking care)
- On-call provider who provided guidance to the caller seeking care
- Recorded or automated message that provided instruction to go to the nearest emergency room or call 911 for an emergency situation, call a nurse line, or similar instruction on how to obtain care

Each quarter, Qlarant provided the MCP with their results, including a list of providers that (1) were not successfully contacted or (2) were successfully contacted, but failed to demonstrate compliance. Qlarant recommended the MCP follow up with each provider and remedy any issue that prevented successful contact or compliance with directing members to care during nonbusiness hours. During quarter 4 2022, Qlarant resurveyed these providers using contact information included in the MCP's most current provider directory.

Results

MHT Network Adequacy Validation Results

Table 48 includes the total percentage of 2022 provider surveys resulting in successful contact for each MHT MCP. Surveys were deemed successful if contact was made with a live person, answering service, on-call provider, or recorded/automated message that identified the provider or practice. MCP successful contact performance ranged from 83-87 percent for MY 2022.

Table 48. Successful Contact Per MHT MCP for MY 2022

MY 2022 NAV	ABHWV	THP	UHP	MHT MCP AVG
Successful Contact	83%	87%	83%	84%

Figure 19 illustrates the percentage of provider surveys that resulted in successful contact for MY 2022. MHT MCP results are compared to the MHT MCP average, 84 percent.

Figure 19. Successful Contact Per MHT MCP for MY 2022

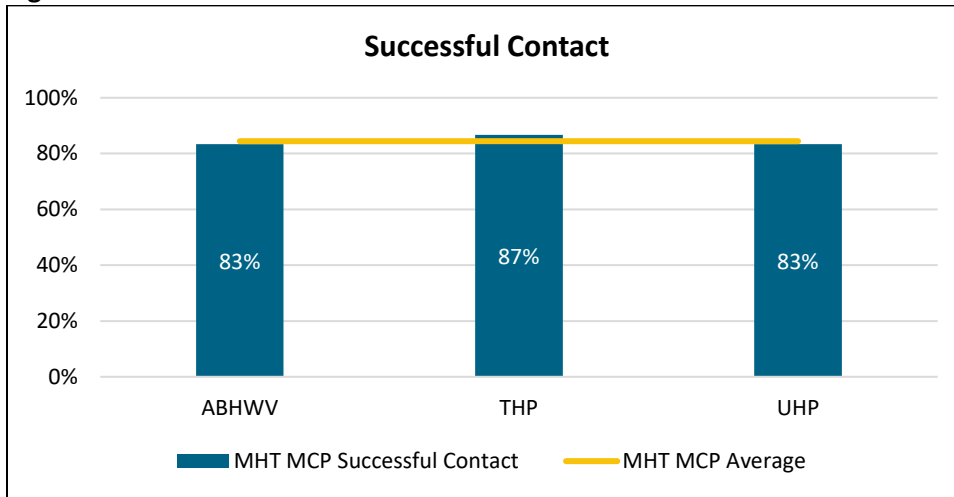
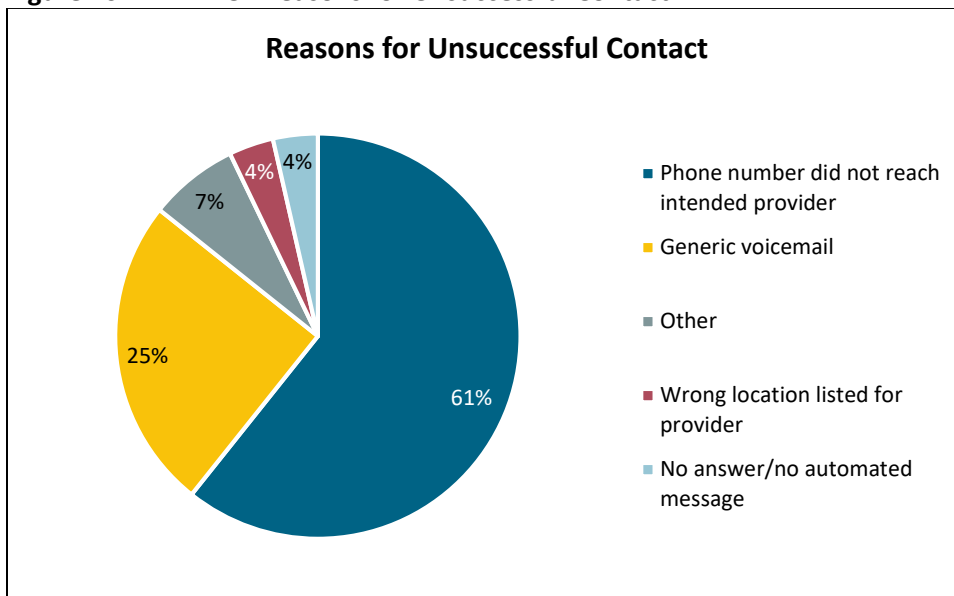


Figure 20 displays reasons, in aggregate, for unsuccessful contact.

Figure 20. MHT MCP Reasons for Unsuccessful Contact



Most unsuccessful surveys were due to the phone number not reaching the intended provider (61%). This was followed by generic voicemail (25%), other reasons (7%), wrong location listed for provider (4%), and no answer/no automated message (4%).

For each successful contact, Qlarant evaluated the provider’s compliance with the 24/7 access requirement. Table 49 reports each MHT MCP’s rate of provider compliance; all MCPs achieved 100 percent for MY 2022.

Table 49. MHT MCP Provider Compliance with 24/7 Access Requirements for MY 2022

MY 2022 NAV	ABHWV	THP	UHP	MHT MCP AVG
Compliance with 24/7 Access Requirements	100%	100%	100%	100%

Figure 21 displays MY 2022 MHT MCP provider compliance with 24/7 access requirements compared to the MHT MCP average, 100 percent.

Figure 21. MHT MCP Provider Compliance with 24/7 Access Requirements for MY 2022

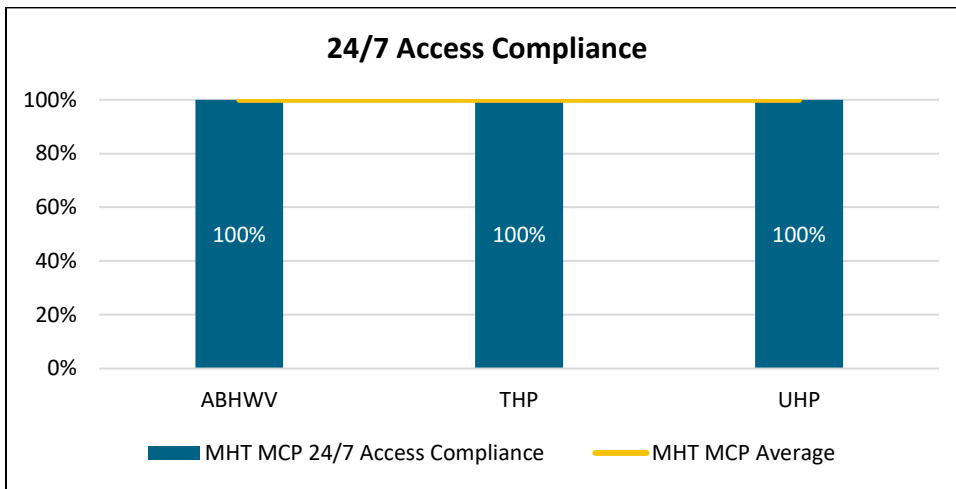
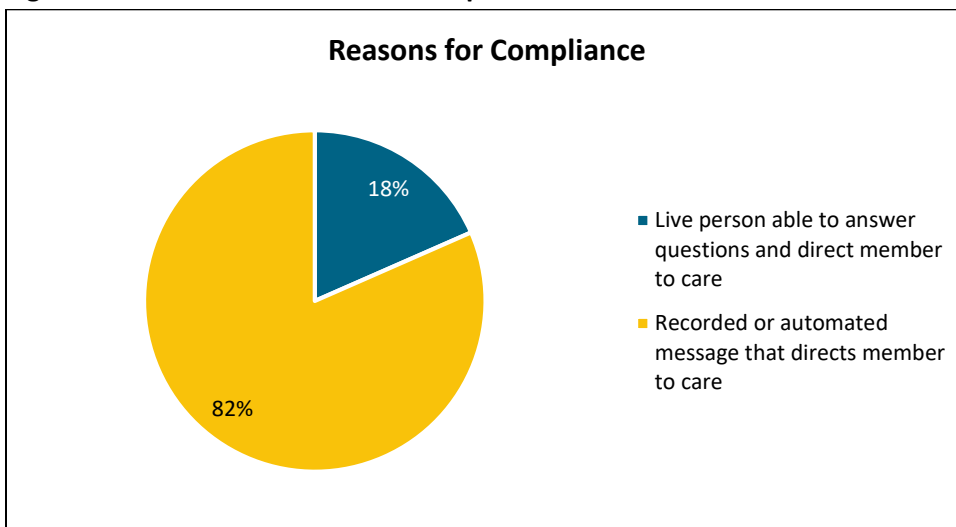


Figure 22 displays reasons, in aggregate, for MY 2022 compliance.

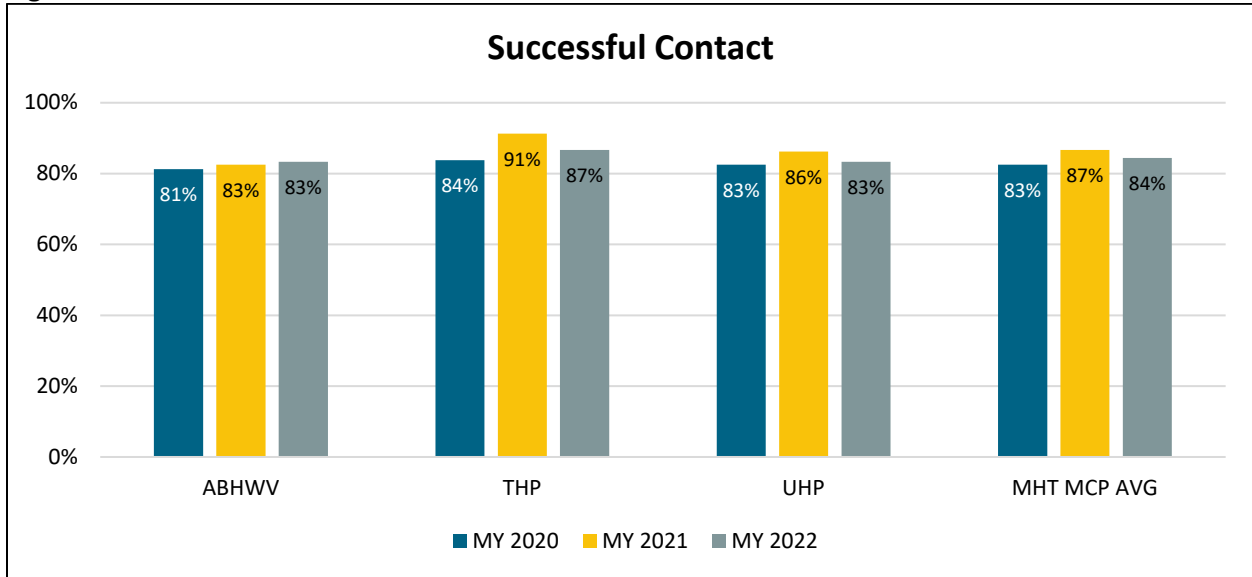
Figure 22. MHT MCP Reasons for Compliance



MHT MCPs demonstrated compliance through a recorded/automated message that directed members to care (82%) or a live person who answered questions/directed members to care (18%).

Figure 23 compares annual MHT MCP successful contact performance for MYs 2020-2022.

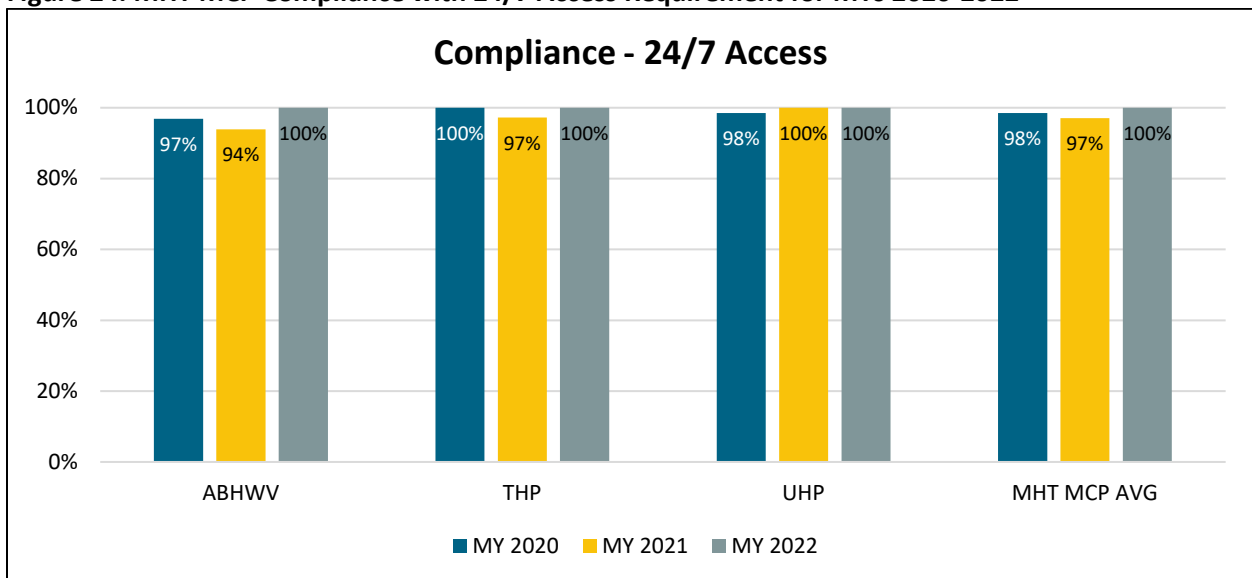
Figure 23. MHT MCP Successful Contact for MYs 2020-2022



ABHVV demonstrated a year-over-year improvement. The MHT MCP average declined over the last year, from 87 percent in MY 2021 to 84 percent in MY 2022.

Figure 24 compares annual MHT MCP compliance with the 24/7 access requirement for MYs 2020-2022.

Figure 24. MHT MCP Compliance with 24/7 Access Requirement for MYs 2020-2022



UHP achieved 100 percent compliance for the last two years. All MHT MCPs achieved 100 percent compliance in MY 2022.

Any PCP that was not accessible during quarters 1-3 2022 surveys was resurveyed during quarter 4. Prior to the resurvey, the MCPs had sufficient time to follow up with each provider and remedy any issue that prevented successful contact or compliance with directing members to care during nonbusiness hours and update their provider directories accordingly. Results of the resurvey, using the most current provider directories, are displayed in Table 50. Caution is advised when interpreting results, as percentages are based on small denominators.

Table 50. MY 2022 Resurvey Results

MY 2022 Resurvey	ABHWV	THP	UHP
Providers Requiring Resurvey			
Percentage of providers that were not accessible during quarters 1-3 2022 and required a resurvey	17%	13%	17%
Resurvey Results*			
Percentage of providers successfully contacted during quarter 4 2022	80%	71%	50%
Percentage of successfully contacted providers that were compliant with 24/7 access requirement during quarter 4 2022	75%	80%	80%

*Caution is advised when interpreting resurvey results, as percentages are based on small denominators.

MHP Network Adequacy Validation Results

Figure 25 displays the percentage of MY 2022 MHP ABHWV provider surveys resulting in successful contact, 85 percent.

Figure 25. MHP ABHWV Successful Contact for MY 2022

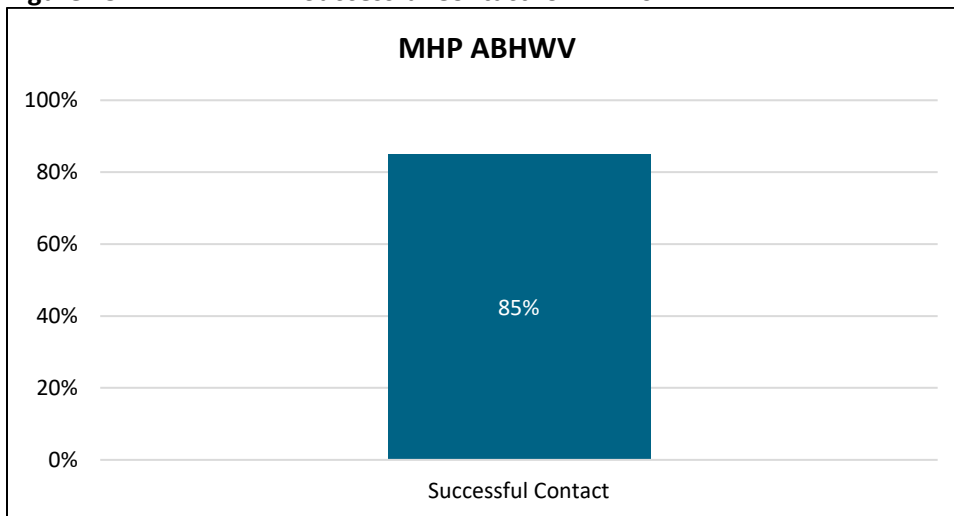
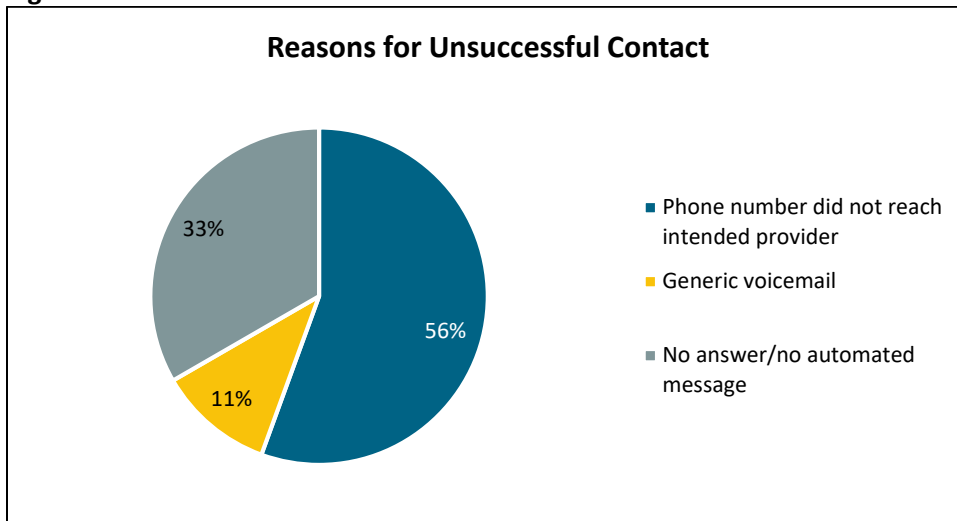


Figure 26 illustrates reasons for unsuccessful contact.

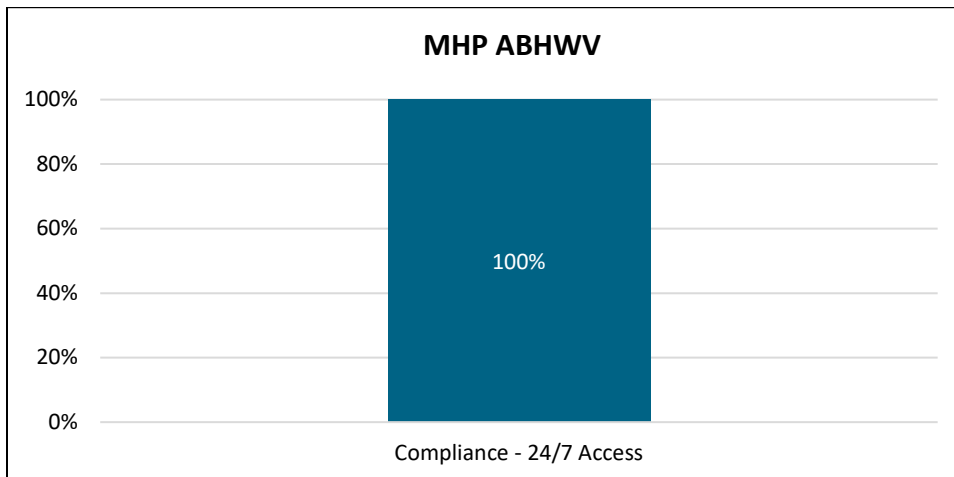
Figure 26. Reasons for Unsuccessful Contact



Similar to the MHT survey findings, most MHP ABHWV unsuccessful surveys were due to the phone number not reaching the intended provider (56%). This was followed by no answer/no automated message (33%) and generic voicemail that did not identify the provider or practice (11%).

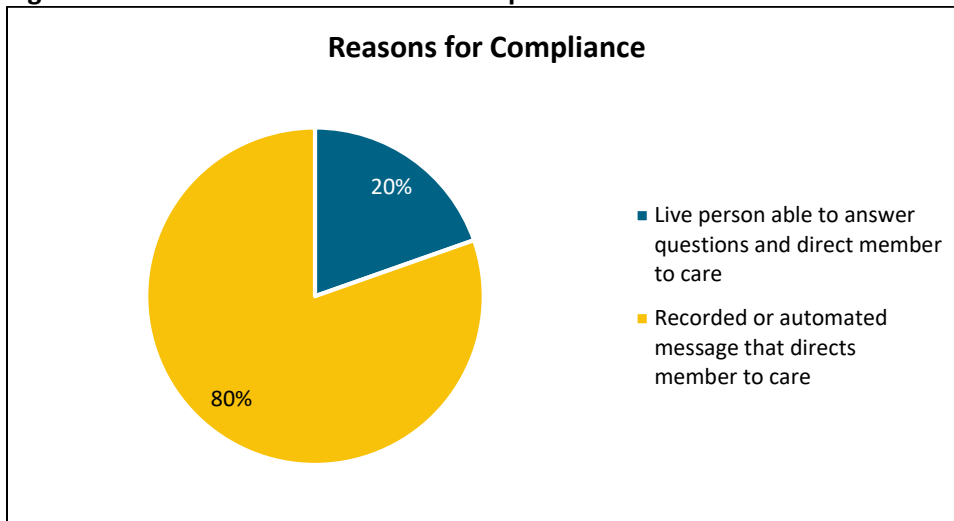
Figure 27 displays the MY 2022 MHP ABHWV level of provider compliance with the 24/7 access requirement.

Figure 27. MHP ABHWV Provider Compliance with 24/7 Access Requirements for MY 2022



For the providers who were successfully contacted, 100 percent demonstrated compliance with the 24/7 access requirement. Figure 28 displays reasons for compliance.

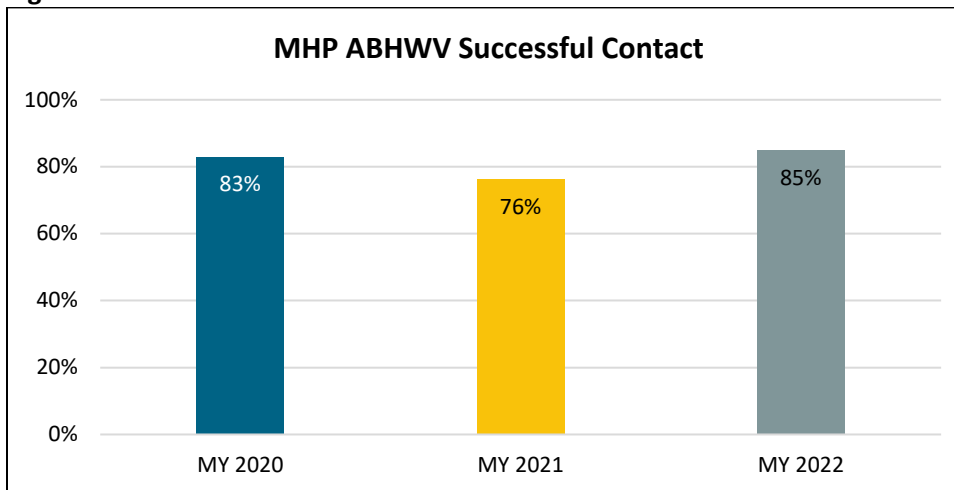
Figure 28. MHP ABHWV Reasons for Compliance



Consistent with the MHT MCP findings, most MHP ABHWV provider compliance was attributed to a recorded/automated message that directed members to care (80%). A live person, who was able to answer questions and direct members to care, also contributed to compliance with the 24/7 access requirement (20%).

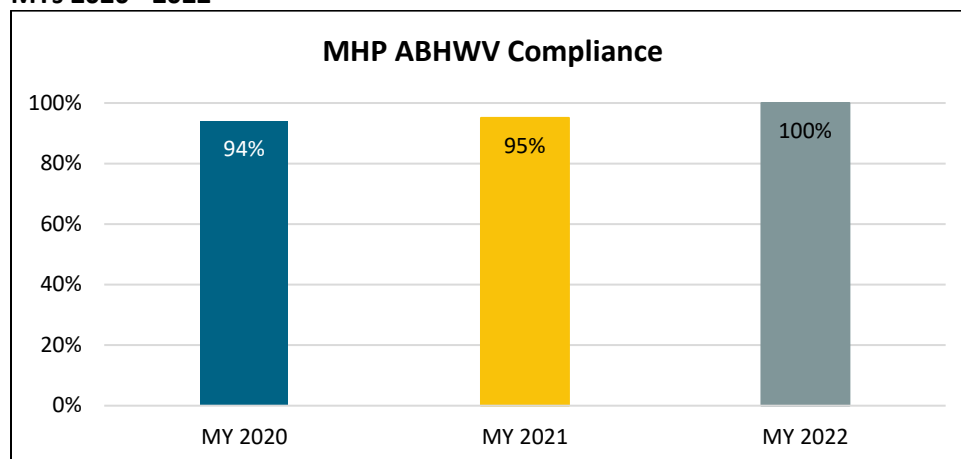
Figure 29 compares annual MHP ABHWV successful contact performance for MYs 2020-2022.

Figure 29. MHP ABHWV Successful Contact for MYs 2020 - 2022



Successful contact improved from 76 percent in MY 2021 to 85 percent in MY 2022.

Figure 30 compares annual MHP ABHWV compliance with the 24/7 access requirement for MYs 2020-2022.

Figure 30. MHP ABHWV Compliance with 24/7 Access Requirement for MYs 2020 - 2022

The MHP MCP demonstrated a positive trend in performance, improving from 94 to 95 to 100 percent.

Any PCP or behavioral health provider that was not accessible during quarters 1-3 2022 surveys was resurveyed during quarter 4. Prior to the resurvey, the MCP had sufficient time to follow up with each provider and remedy any issue that prevented successful contact or compliance with directing members to care during nonbusiness hours and update their provider directories accordingly. Results of the resurvey, using the most current provider directory, are displayed in Table 51. Caution is advised when interpreting results, as percentages are based on small denominators.

Table 51. MY 2022 Resurvey Results

MY 2022 Resurvey	ABHWV
Providers Requiring Resurvey	
Percentage of providers that were not accessible during quarters 1-3 2022 and required a resurvey	15%
Resurvey Results*	
Percentage of providers successfully contacted during quarter 4 2022	78%
Percentage of successfully contacted providers that were compliant with 24/7 access requirement during quarter 4 2022	100%

*Caution is advised when interpreting resurvey results, as percentages are based on small denominators.

Conclusion

Qlarant conducted quarterly surveys evaluating provider compliance with 24/7 access requirements. Aggregate summary conclusions for the NAV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 58-61 within the [MCP Quality, Access, Timeliness Assessment section](#), later in the report.

- The MY 2022 MHT MCP average rate for successful contact with the intended provider was 84 percent, a three percentage point decrease from the MY 2021 average. MHT MCP performance ranged from 83-87 percent. Most unsuccessful contacts, 61 percent, were due to the phone number not reaching the intended provider.

- The MY 2022 MHT MCP average rate for provider compliance with the 24/7 access requirement was 100 percent (for successfully contacted providers), a three percentage point increase from the MY 2021 average of 97 percent. All MHT MCPs achieved a compliance rate of 100 percent.
- A resurvey of PCPs that were not accessible during quarters 1-3 was conducted for each MHT MCP during quarter 4. Successful contact ranged from 50-80 percent. Compliance with the 24/7 access requirement ranged from 75-80 percent (for successfully contacted providers).
- The MY 2022 MHP ABHWV rate for successful contact with the intended provider was 85 percent, a nine percentage point increase from the MY 2021 rate, 76 percent. The majority of unsuccessful contacts, 56 percent, were attributed to the phone number not reaching the intended provider.
- The MY 2022 MHP ABHWV rate for provider compliance with 24/7 access requirements was 100 percent, a five percentage point improvement from the MY 2021 rate of 95 percent.
- A quarter 4 resurvey of PCPs and behavioral health providers that were not accessible during quarters 1-3 include the following MHP MCP results—successful contact: 78 percent and compliance with the 24/7 access requirement (for successfully contacted providers): 100 percent.

Encounter Data Validation

Objective

States rely on valid and reliable encounter/claims data submitted by MCPs to make key decisions.²⁰ For example, states may use data to establish goals, assess and improve the quality of care, monitor program integrity, and set capitation payment rates. As payment methodologies evolve and incorporate value-based payment elements, collecting complete and accurate encounter data is critical. Results of the EDV study provide BMS and WVCHIP with a level of confidence in the completeness and accuracy of encounter data submitted by the MCPs.

Methodology

Qlarant's 2022 EDV activities focused an evaluation of provider office encounters including claims paid during MY 2021.

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

- Claims data from BMS's fiscal agent, which included provider office claims paid January 1, 2021 through December 31, 2021
- Information Systems Capabilities Assessment documentation from the MCPs
- Medical records from providers

Technical Methods of Data Collection and Analysis. Qlarant completed validation activities in a manner consistent with the *CMS EQR Protocol 5 – Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*.²¹ To assess the completeness and accuracy of MCP encounter data, Qlarant completed the following activities:

²⁰ Encounter data consists of claims; therefore, these terms, encounter data and claims, are used interchangeably in this report.

²¹ [CMS EQR Protocols](#)

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

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

Results

MHT Encounter Data Validation Results

Qlarant found all MHT MCPs had the capability to produce accurate and complete encounter data. Analysis of the electronic encounter data determined:

- The volume of encounters submitted was reasonable.
- Most claims were submitted on a timely basis.
- Required data fields contained complete and/or valid values.
- The use of diagnosis and procedure codes was appropriate according to members’ age and/or gender.

Qlarant’s medical record review evaluated the accuracy of diagnoses and procedure codes in the electronic encounter data. Table 52 displays MHT MCP accuracy or “match rates.” A match occurs when the electronic diagnosis and procedure codes are supported by medical record documentation.

Table 52. MHT MCP Encounter Data Accuracy

MY 2021 MHT EDV	ABHWV	THP	UHP	MHT MCP AVG
Accuracy or Match Rate	95%	96%	96%	96%

The 2022 medical record reviews, evaluating claims paid during MY 2021, confirmed high encounter data accuracy with all MHT MCPs scoring 95-96 percent. Figure 31 illustrates MHT MCP encounter data accuracy compared to the average.

Figure 31. MHT MCP Encounter Data Accuracy (MY 2021)

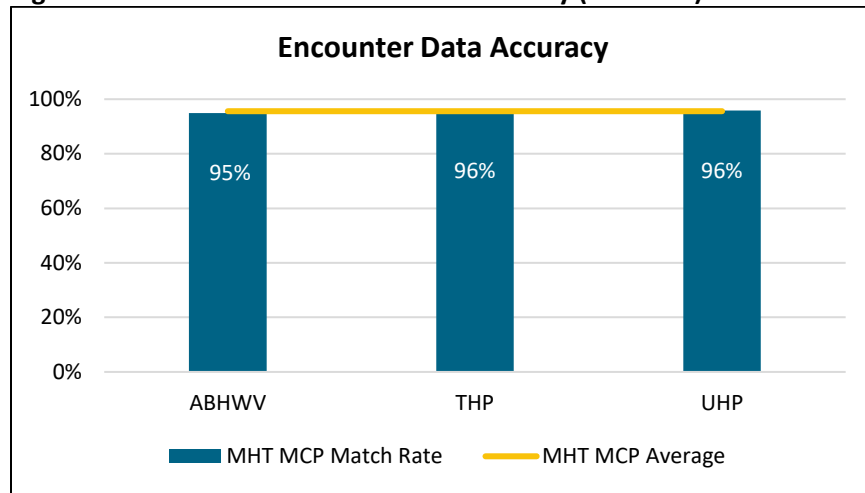


Table 53 provides additional detail and includes match rates at the diagnosis code and procedure code levels.

Table 53. MHT MCP Diagnosis and Procedure Code Match Rates

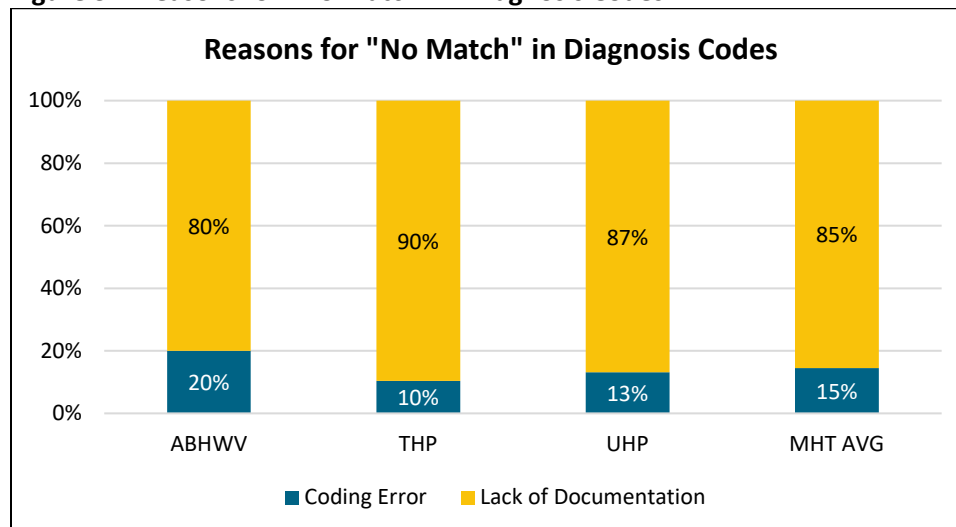
MY 2021 MHT EDV	ABHWV Match Rates	THP Match Rates	UHP Match Rates	MHT MCP AVG Match Rates
Diagnosis Codes	93%	94%	94%	94%
Procedure Codes	98%	99%	98%	98%
Overall (Total)*	95%	96%	96%	96%

* The overall match rate is calculated using total number of codes reviewed and total number of codes matched.

Six percent of diagnosis codes and two percent of procedure codes resulted in “no match” findings. Overall, four percent of MHT MCP record elements reviewed resulted in a “no-match” finding.

Figure 32 illustrates reasons for “no match” in diagnosis codes based on the medical record review activity, by MCP and in aggregate.

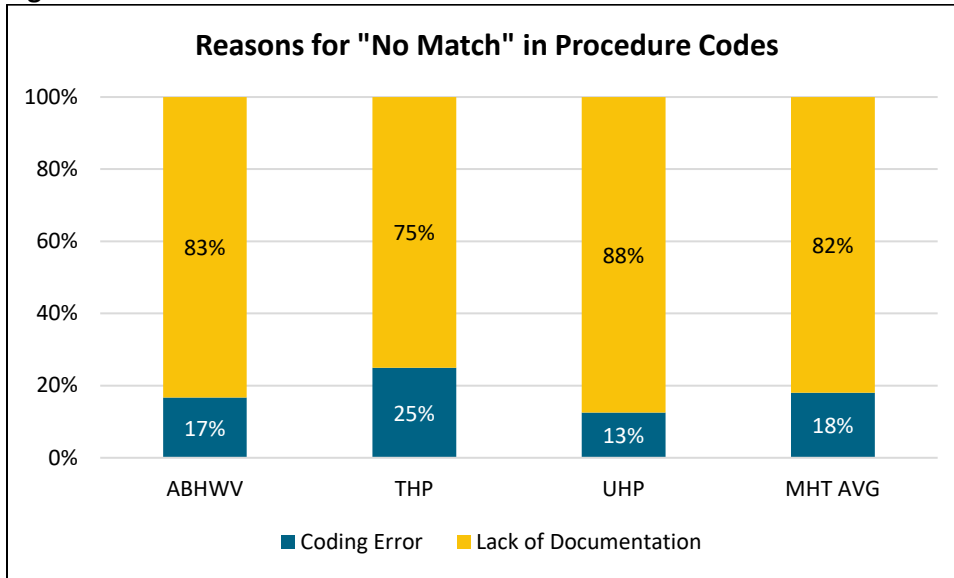
Figure 32. Reasons for “No Match” in Diagnosis Codes



Most diagnosis code “no match” findings were due to a lack of documentation in the record (85%), compared to coding errors (15%).

Figure 33 illustrates reasons for “no match” in procedure codes based on the medical record review activity, by MCP and in aggregate.

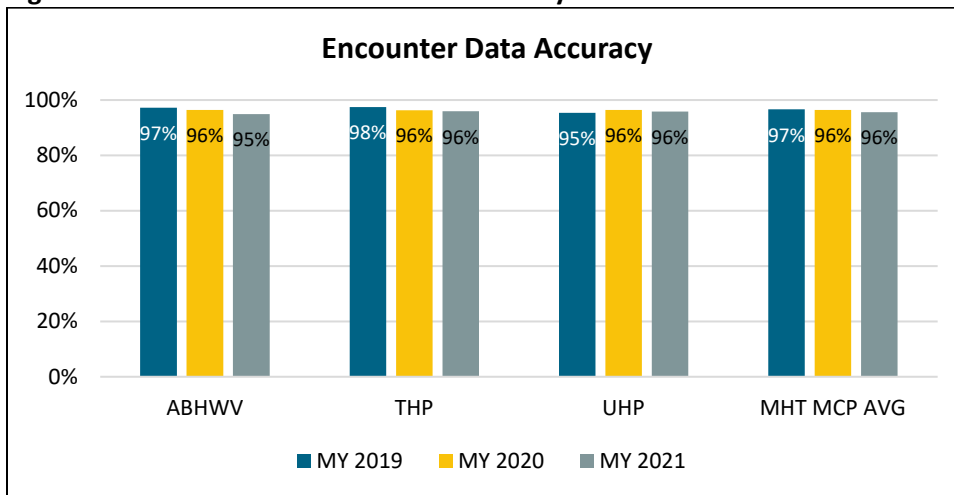
Figure 33. Reasons for “No Match” in Procedure Codes



Most procedure code “no match” findings were due to a lack of documentation in the record (82%), compared to coding errors (18%).

Figure 34 illustrates encounter data accuracy for the last three years.

Figure 34. MHT MCP Encounter Data Accuracy for MYs 2019-2021



All MHT MCPs achieved 95 percent, or greater, accuracy rates. The MHT MCP average remained steady at 96 percent for the last two years.

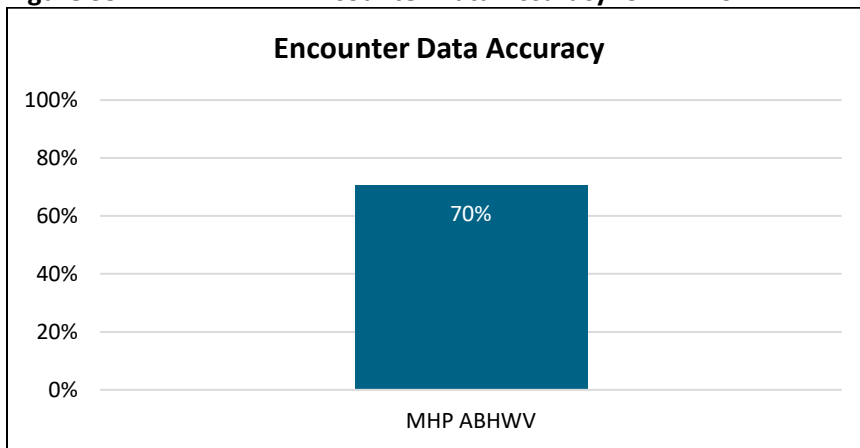
MHP Encounter Data Validation Results

Qlarant found MHP ABHVV had the capability to produce accurate and complete encounter data. Analysis of the electronic encounter data determined:

- The volume of encounters submitted was reasonable.
- Most claims were submitted on a timely basis.
- Required data fields contained complete and/or valid values.
- The use of diagnosis and procedure codes was appropriate according to members’ age and/or gender.

Figure 35 displays the MHP ABHVV accuracy or “match rate” for MY 2021.

Figure 35. MHP ABHVV Encounter Data Accuracy for MY 2021



The MHP MCP’s accuracy or “match rate” for MY 2021 was 70 percent. Thirty percent of MHP ABHVV record elements reviewed resulted in a “no-match” finding. Table 54 provides additional detail and includes match rates at the diagnosis code and procedure code levels.

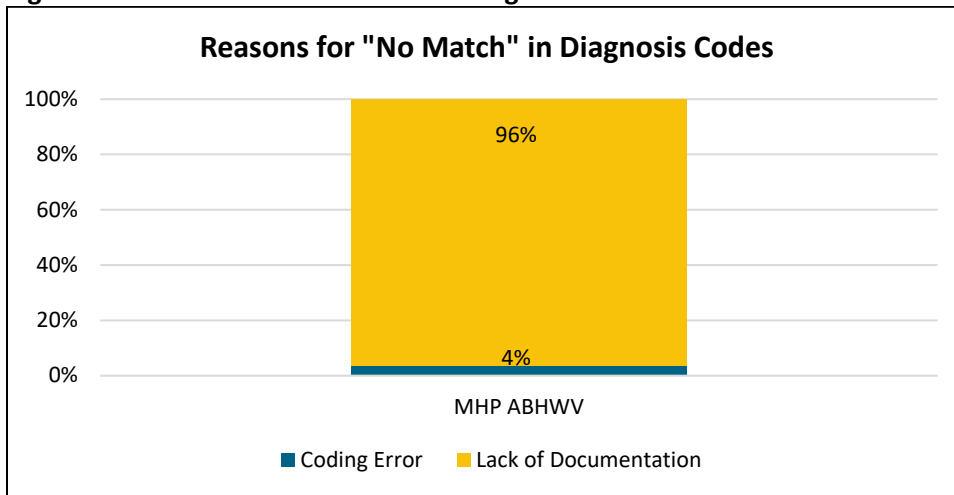
Table 54. MHP ABHVV Diagnosis and Procedure Code Match Rates

MY 2021 MHP EDV	ABHVV Match Rates
Diagnosis Codes	55%
Procedure Codes	96%
Overall (Total)*	70%

* The overall match rate is calculated using total number of codes reviewed and total number of codes matched.

Forty-five percent of diagnosis codes and four percent of procedure codes resulted in “no match” findings. The low overall MHP ABHVV match rate of 70 percent, attributed to poor performance in diagnosis code accuracy is largely due to one high-volume provider who did not consistently provide evidence of diagnosis documentation. Figure 36 illustrates reasons for “no match” in diagnosis codes based on the medical record review activity.

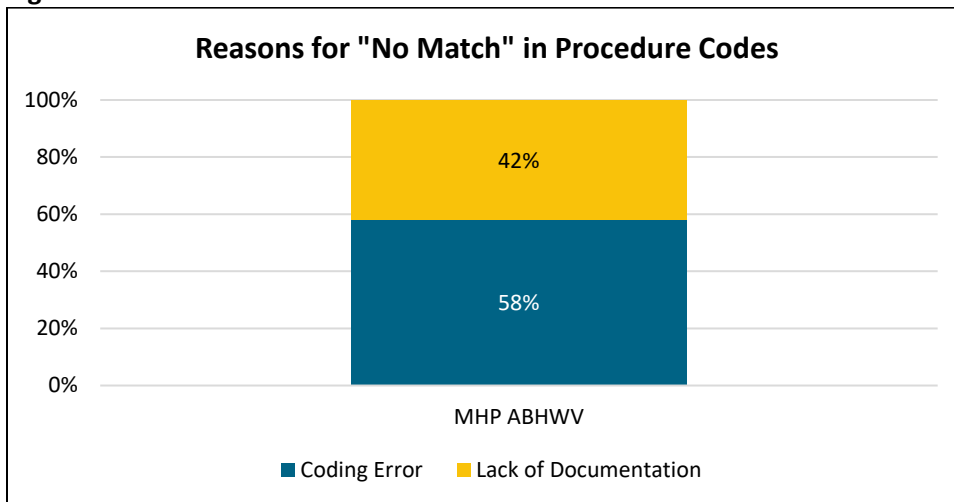
Figure 36. Reasons for “No Match” in Diagnosis Codes



Most MHP ABHWV diagnosis code “no match” findings were due to a lack of documentation in the record (96%), compared to coding errors (4%).

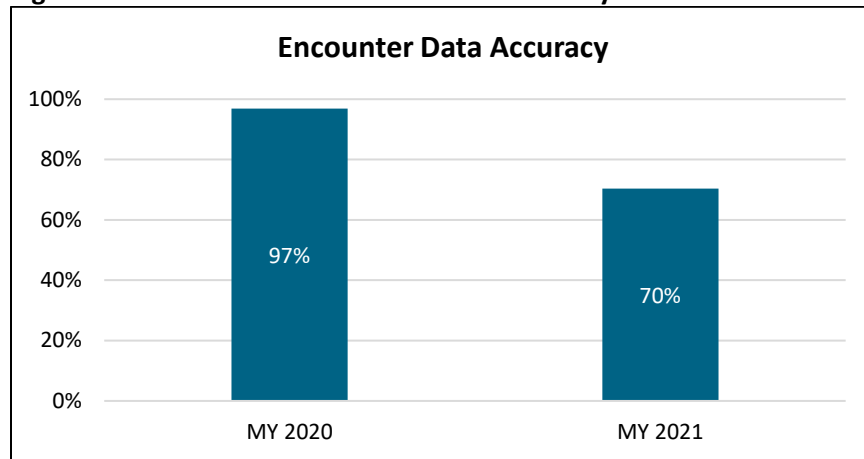
Figure 37 illustrates reasons for “no match” in procedure codes based on the medical record review activity.

Figure 37. Reasons for “No Match” in Procedure Codes



Most MHP ABHWV procedure code “no match” findings were due to coding errors (58%), compared to lack of documentation (42%).

Figure 38 illustrates MHP ABHWV’s encounter data accuracy for the last two years.

Figure 38. MHP ABHWV Encounter Data Accuracy for MYs 2020-2021

The encounter data accuracy rate declined from 97 percent in MY 2020 to 70 percent in MY 2021.

Conclusion

Aggregate summary conclusions for the EDV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 58-61 within the [MCP Quality, Access, Timeliness Assessment section](#), later in the report.

- An evaluation of each MCP's Information Systems Capabilities Assessment determined all MCPs had the capability to produce accurate and complete encounter data for MY 2021.
- Analysis of provider office claims paid in MY 2021 confirmed reasonable encounter volume, timely submission, complete and/or valid values, and appropriate usage of codes for all MCPs.
- A medical record review determined a high level of encounter data accuracy for the MHT MCPs. The MHT MCP average encounter data accuracy rate was 96 percent in MY 2021; this rate remained consistent with the MY 2020 average.
- The second EDV audit for MHP ABHWV resulted in a lower encounter data accuracy assessment. Performance declined from 97 to 70 percent. This lower performance was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.

Grievance, Denial, and Appeal Focused Study

Objective

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

- Responding to a member grievance
- Making a decision to deny, reduce, or terminate a member service or benefit (adverse determination)

- Reviewing a member appeal and upholding or overturning a decision to deny, reduce, or terminate a service or benefit

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

Methodology

Qlarant's 2022 focused study activities centered on an evaluation of member grievances, pre-service denials, and appeals received during the state fiscal year (SFY) 2022 (July 1, 2021-June 30, 2022). The MCPs are expected to comply with 42 CFR 438.400-438.424, the Grievance and Appeal System Standard. This standard includes requirements for the following elements:

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

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

Technical Methods of Data Collection and Analysis. The study, which examined and evaluated MCP compliance with federal and state requirements, was conducted in a manner consistent with *CMS EQR Protocol 9 – Conducting Focus Studies of Health Care Quality*.²² Grievance records were evaluated to ensure the MCP provided a timely acknowledgment and resolution notification. Denials, or adverse determination records, were reviewed to assess compliance with timely notification of decisions and required letter content, such as communication of a member’s right to file an appeal and procedures on how to do so. Appeal records were evaluated to ensure the MCP provided timely member acknowledgment and resolution notification and required letter content, such as communication of a member’s right to request a state fair hearing and procedures on how to make such request.

A level of confidence in the MCP’s results is determined for each area of review. Table 55 includes compliance ratings.

²² [CMS EQR Protocols](#)

Table 55. Compliance Ratings

Score	Level of Confidence
95% - 100%	High confidence in MCP compliance
85% - 94%	Moderate confidence in MCP compliance
75% - 84%	Low confidence in MCP compliance
<74%	No confidence in MCP compliance

The 2022 focused study methodology was modified from previous annual reporting and included the following changes:

- Reporting measurement period transitioned from calendar year to SFY
- Scoring included minor adjustments to the value of the various review elements

For these reasons, this report does not include annual comparisons of results.

Results

Table 56 includes MHT MCP grievance, denial, and appeal compliance results for SFY 2022. The MHT MCP average is also provided for each category.

Table 56. MHT MCP Grievance, Denial, and Appeal Compliance (SFY 2022)

SFY 2022 Compliance	ABHWV Compliance	THP Compliance	UHP Compliance	MHT MCP AVG Compliance
Grievances				
Grievance Compliance	100%	99%	100%	100%^
Confidence Level	High	High	High	High
Denials				
Denials	100%	100%	100%	100%
Confidence Level	High	High	High	High
Appeals				
Appeals	92%	90%	91%	91%
Confidence Level	Moderate	Moderate	Moderate	Moderate

^ Result is 100% due to rounding.

The MCPs performed well in meeting grievance and denial requirements; however, opportunity for improvement exists in the appeal processing and resolution procedures. None of the MCPs consistently identified the date of resolution in their notice of appeal resolution letters. Additionally, THP and UHP did not consistently comply with timely appeal acknowledgement and/or resolution notice.

Figure 39 graphically displays MHT MCP SFY 2022 results for the grievance, denial, and appeal focused study.

Figure 39. MHT MCP Grievance, Denial, and Appeal Compliance (SFY 2022)

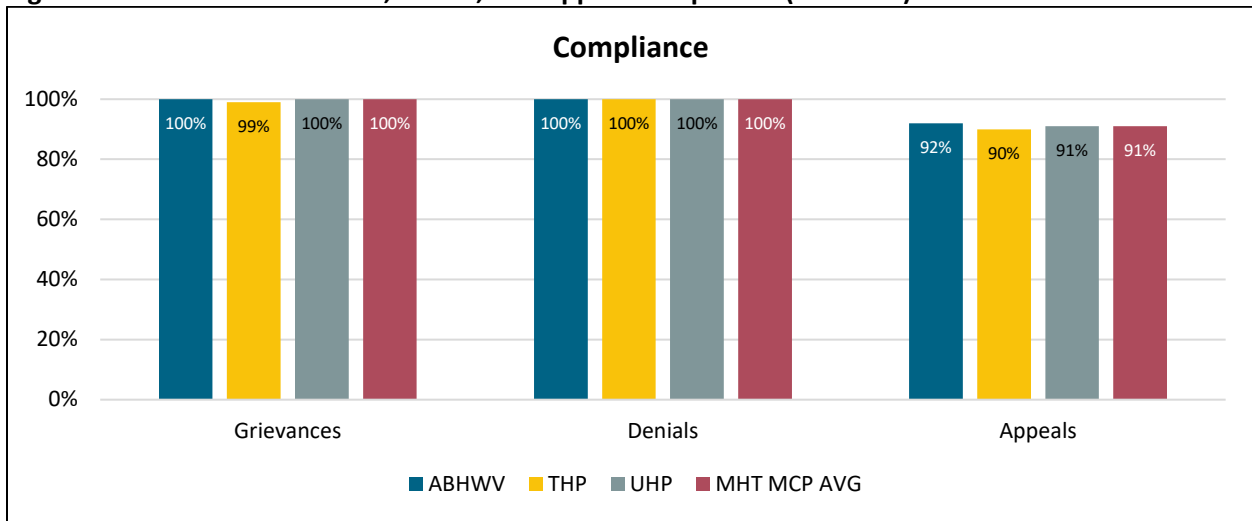


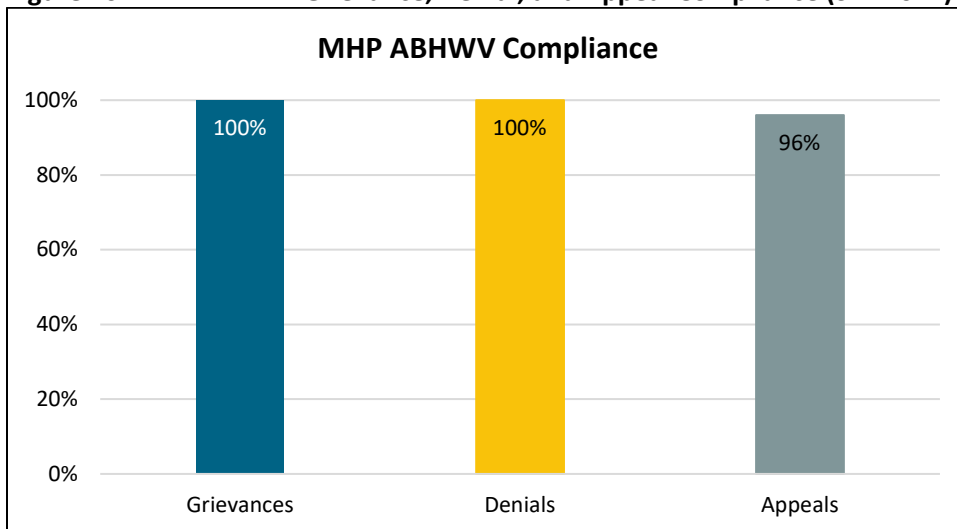
Table 57 includes MHP ABHWV grievance, denial, and appeal compliance results for SFY 2022.

Table 57. MHP ABHWV Grievance, Denial, and Appeal Compliance (SFY 2022)

Category	MHP ABHWV Compliance	Confidence Level
Grievances	100%	High
Denials	100%	High
Appeals	96%	High

The MHP MCP performance ranged from 96-100 percent. Figure 40 graphically displays ABHWV’s SFY 2022 results for the grievance, denial, and appeal focused study.

Figure 40. MHP ABHWV Grievance, Denial, and Appeal Compliance (SFY 2022)



Conclusion

Aggregate summary conclusions for the focused study are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 58-61 within the [MCP Quality, Access, Timeliness Assessment section](#), later in the report.

The focused study methodology was modified for this last reporting period, SFY 2022. Comparison results will not be available until the next annual report. MHT MCP averages demonstrated a high level of compliance in grievances and denials, with averages of 100 percent in both categories. Opportunity for improvement exists in the appeals resolution process for all MHT MCPs.

- MHT MCP grievance compliance scores ranged from 99-100 percent (high confidence).
- All MHT MCPs achieved denial compliance scores of 100 percent (high confidence).
- MHT MCP appeal compliance scores ranged from 90-92 percent (moderate confidence).

The moderate level of confidence in appeal resolution is largely attributed to MCPs not consistently including the appeal resolution date in their appeal resolution notices.

MHP ABHWV achieved 100 percent compliance in grievances and denials, and 96 percent compliance in appeals. Stakeholders can have high confidence in the MCP's procedures for processing and/or providing resolution notice of grievances, denials, and appeals.

MCP Quality, Access, Timeliness Assessment

Quality, Access, Timeliness

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

Quality, as stated in the federal regulations as it pertains to EQR, is the degree to which an MCP "increases the likelihood of desired outcomes of its enrollees through: (1) Its structural and operational characteristics. (2) The provision of services that are consistent with current professional, evidenced-based-knowledge. [and] (3) Interventions for performance improvement." ²³

Access (or accessibility), as it pertains to EQR, "means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services)." ²⁴ Qlarant further defines enrollee access as ease of ability to schedule provider appointments, obtain health plan or provider information, and receive communications on enrollee rights and grievance and appeal procedures.

Timely, as defined by the Institute of Medicine is "reducing waits and sometimes harmful delays for those who receive and those who give care." ²⁵ Long waits to obtain care in provider offices or

²³ [CFR's quality definition](#)

²⁴ [CFR's access definition](#)

²⁵ [Timeliness definition from the National Center for Biotechnology Information at the National Library of Medicine](#)

emergency departments and long waits to obtain procedures or results may result in physical harm. Qlarant expands the timeliness definition to encompass meeting state standards and timeframes for obtaining provider appointments and resolving and issuing notice for standard and expedited grievances and appeals.

Tables 58-61 highlight strengths and weaknesses for each MCP. Identified strengths and weaknesses correspond to the quality, access, and/or timeliness of services delivered to MCP members. Only applicable domains for each strength or weakness are identified with a (★) or (●) indicating a positive or negative impact as described below. Not all domains were impacted by each strength or weakness. Where appropriate, weaknesses include recommendations.

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

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

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

MHT ABHWV

Table 58. MHT ABHWV Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT ABHWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Annual Dental Visits PIP			
★	★	★	Strength. ABHWV provided a meaningful project rationale, completed a comprehensive data analysis and interpretation of results, and implemented robust interventions targeting member, provider, and MCP barriers.
●	●	●	Weakness. ABHWV received a PIP validation score of 81% (moderate confidence). ABHWV did not achieve statistically significant or sustained improvement in any of the PIP measures. Recommendation. A formal recommendation is not being issued, as performance in the dental PIP was negatively impacted by the COVID-19 public health emergency.
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP			
★	★	★	Strength. ABHWV received a PIP validation score of 100% (high confidence). The MCP demonstrated statistically significant and sustained improvement in the PIP measure.
Care for Adolescents PIP			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
★	★	★	Strength. ABHWV received a PIP validation score of 100% (high confidence). The MCP demonstrated statistically significant improvement in the Child and Adolescent Well-Care Visits – 12-17 Years Old measure (for Medicaid).
MHT ABHWV - PERFORMANCE MEASURE VALIDATION			
★	★	★	Strength. ABHWV received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as “reportable.”
MHT ABHWV - SYSTEMS PERFORMANCE REVIEW			
Quality Assessment and Performance Improvement Program Standard			
★	★	★	Strength. ABHWV received a score of 100% (high confidence) for the Quality Assessment and Performance Improvement Program Standard. The MCP provided evidence of a quality program that measures and monitors performance, and implements interventions to improve compliance and performance.
Grievance and Appeal System			
★	★	★	Strength. ABHWV received a score of 100% (high confidence) for the Grievance and Appeal System Standard. The MCP provided evidence of policies and procedures that were compliant with regulations.
MHT ABHWV - NETWORK ADEQUACY VALIDATION			
	●		Weakness. ABHWV scored 83% in successful provider contact for the 24/7 access survey. A resurvey of the providers not successfully contacted, resulted in 80% successful contact. Recommendation. ABHWV should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.
	★	★	Strength. For providers successfully contacted, ABHWV received a score of 100% with the 24/7 access requirement. Survey results determined providers directed members to care during nonbusiness hours.
MHT ABHWV - ENCOUNTER DATA VALIDATION			
★			Strength. ABHWV achieved an encounter data accuracy, or match rate, of 95%. Stakeholders can have confidence in the MCP’s encounter/claims data.
MHT ABHWV - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY			
Grievance Acknowledgement and Resolution Notification			
★	★	★	Strength. ABHWV scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Denial Resolution Notification			
★	★	★	Strength. ABHWV scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
Appeal Acknowledgement and Resolution Notification			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
●			<p>Weakness. ABHWV scored a 92% compliance rating (moderate confidence) for processing appeals. While the MCP issued timely acknowledgement and resolution notices, the resolution notices did not consistently include the date of appeal resolution.</p> <p>Recommendation. ABHWV should modify its appeal resolution templates and include a field for the date of appeal resolution.</p>

MHT THP

Table 59. MHT THP Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT THP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Annual Dental Visits PIP			
★	★	★	<p>Strength. THP received a PIP validation score of 100% (high confidence). The MCP demonstrated sustained and statistically significant improvement in both PIP measures (for Medicaid).</p>
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP			
★	★	★	<p>Strength. THP received a PIP validation score of 100% (high confidence). The MCP demonstrated statistically significant and sustained improvement in the PIP measure.</p>
Promoting Health and Wellness in Children and Adolescents PIP			
★	★	★	<p>Strength. THP received a PIP validation score of 100% (high confidence). The MCP demonstrated statistically significant improvement in the Child and Adolescent Well-Care Visits measure (for Medicaid) and sustained improvement in the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation measure (for Medicaid).</p>
MHT THP - PERFORMANCE MEASURE VALIDATION			
★	★	★	<p>Strength. THP received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as “reportable.”</p>
MHT THP - SYSTEMS PERFORMANCE REVIEW			
Quality Assessment and Performance Improvement Program Standard			
★	★	★	<p>Strength. THP received a score of 100% (high confidence) for the Quality Assessment and Performance Improvement Program Standard. The MCP provided evidence of a quality program that measures and monitors performance, and implements interventions to improve compliance and performance.</p>
Grievance and Appeal System			
★	★	★	<p>Strength. THP received a score of 98% (high confidence) for the Grievance and Appeal System Standard. The MCP provided evidence of policies and procedures that were largely compliant with regulations.</p>

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
●			<p>Weakness. THP’s grievance policy did not specify the individual making a decision on a grievance is not a subordinate of an individual who was involved in the previous level of review.</p> <p>Recommendation. THP should amend its grievance policy to ensure the individual making a decision on a grievance is not a subordinate of an individual who was involved in the previous level of review. <i>(THP immediately revised its policy to meet requirements.)</i></p>
●	●		<p>Weakness. THP’s appeal policy required written confirmation of an oral inquiry seeking an appeal. Regulation eliminated this requirement.</p> <p>Recommendation. THP should amend its appeal policy to eliminate the (outdated) requirement to obtain written confirmation of oral appeals. <i>(THP immediately revised its policy to meet requirements.)</i></p>
MHT THP - NETWORK ADEQUACY VALIDATION			
	●		<p>Weakness. THP scored 87% in successful provider contact for the 24/7 access survey. A resurvey of the providers not successfully contacted, resulted in 71% successful contact.</p> <p>Recommendation. THP should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.</p>
	★	★	<p>Strength. For providers successfully contacted, THP received a score of 100% with the 24/7 access requirement. Survey results determined providers directed members to care during nonbusiness hours.</p>
MHT THP - ENCOUNTER DATA VALIDATION			
★			<p>Strength. THP achieved an encounter data accuracy, or match rate, of 96%. Stakeholders can have confidence in the MCP’s encounter/claims data.</p>
MHT THP - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY			
Grievance Acknowledgement and Resolution Notification			
★	★	★	<p>Strength. THP scored a 99% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.</p>
Denial Resolution Notification			
★	★	★	<p>Strength. THP scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.</p>
Appeal Acknowledgement and Resolution Notification			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
●		●	<p>Weakness. THP scored a 90% compliance rating (moderate confidence) for processing appeals. The MCP did not consistently issue timely acknowledgement and resolution notices, and resolution notices did not consistently include the date of appeal resolution. It is notable that a process change occurred in late 2021 and all appeal records for the period of January 1, 2022-June 30, 2022 were fully compliant with timeliness standards.</p> <p>Recommendation. THP should continue to follow its new process for ensuring timely appeal acknowledgement and resolution notice. The MCP should also modify its appeal resolution templates and include a field for the date of appeal resolution.</p>

MHT UHP

Table 60. MHT UHP Strengths, Weaknesses, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHT UHP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Annual Dental Visits PIP			
★	★	★	<p>Strength. UHP added a third measure to the PIP, Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk. The MCP demonstrated statistically significant and sustained improvement in this additional measure (for Medicaid).</p>
●	●	●	<p>Weakness. UHP received a PIP validation score of 81% (moderate confidence). UHP did not demonstrate statistically significant or sustained improvement in any of the state-mandated PIP measures.</p> <p>Recommendation. A formal recommendation is not being issued, as performance in the dental PIP was negatively impacted by the COVID-19 public health emergency.</p>
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP			
★	★	★	<p>Strength. UHP received a PIP validation score of 100% (high confidence). The MCP demonstrated statistically significant and sustained improvement in the PIP measure.</p>
Immunizations for Adolescents PIP			
★	★	★	<p>Strength. UHP received a PIP validation score of 95% (high confidence). The MCP implemented a variety of incentive-based interventions targeting members and providers. UHP achieved improvement in both PIP measures (for Medicaid); however, the improvement was not statistically significant.</p>
MHT UHP - PERFORMANCE MEASURE VALIDATION			
★	★	★	<p>Strength. UHP received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as “reportable.”</p>
MHT UHP - SYSTEMS PERFORMANCE REVIEW			
Quality Assessment and Performance Improvement Program Standard			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
★	★	★	<p>Strength. UHP received a score of 100% (high confidence) for the Quality Assessment and Performance Improvement Program Standard. The MCP provided evidence of a quality program that measures and monitors performance, and implements interventions to improve compliance and performance.</p>
Grievance and Appeal System			
	●	●	<p>Weakness. UHP’s grievance policy did not identify that an enrollee may file a grievance at any time. Recommendation. UHP should amend its grievance policy and state an enrollee may file a grievance with UHP at any time. <i>(UHP revised its policy to meet requirements.)</i></p>
●	●		<p>Weakness. UHP’s appeal policy required written confirmation of an oral inquiry seeking an appeal. Regulation eliminated this requirement. Recommendation. UHP should amend its appeal policy and remove the (outdated) requirement for written confirmation of an oral request for appeal. <i>(UHP revised its policy to meet requirements.)</i></p>
	●	●	<p>Weakness. Neither UHP’s Notice of Action Statement nor the MCP’s appeal policy communicates the right for the enrollee to have opportunity to present information, in person, during the appeal process. Additionally, the policy does not describe informing the enrollee of the limited time available in advance of the resolution timeframe and in the case of an expedited resolution. Recommendation. UHP should revise its Notice of Action Statement and appeal policy to comply with the regulation. UHP should provide the enrollee a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. UHP must state in its appeals policy that it informs the enrollee of the limited time available for this opportunity, sufficiently in advance of the resolution timeframe for appeals as specified in §438.408(b) and (c) in the case of expedited resolution. <i>(UHP revised its policy to meet requirements.)</i></p>
●			<p>Weakness. UHP’s appeal resolution notice template was reviewed and did not include a field for the date of resolution. A randomly sampled appeal resolution letter was reviewed and did not include the date of resolution. Recommendation. UHP should revise its appeal resolution notice templates and include a field for the date of resolution. <i>(UHP revised its appeal resolution notice template to meet requirements.)</i></p>

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
	●	●	<p>Weakness. UHP's appeals policy did not address denials of requests for expedited resolution.</p> <p>Recommendation. UHP should amend its appeals policy and document procedures to follow should the MCP deny a request for expedited resolution. UHP must transfer the appeal to the timeframe for standard resolution in accordance with §438.408(b)(2); and follow the requirements in §438.408(c)(2). <i>(UHP revised its policy to meet requirements.)</i></p>
	●	●	<p>Weakness. UHP's appeals policy requires the enrollee or provider request a state fair hearing within 10 calendar days of the notice of adverse action. This contradicts the MCP contract requirement of 13 calendar days.</p> <p>Recommendation. UHP should amend its appeals policy and align language with the MCP contract. UHP must continue enrollee benefits while an appeal or state fair hearing are pending when the enrollee or the provider files the appeal timely (timely filing means on or before the later of 13 calendar days of the MCP mailing of the notice of adverse benefit determination or the intended effective date of the MCP's proposed adverse benefit determination). <i>(UHP revised its policy to meet requirements.)</i></p>
MHT UHP - NETWORK ADEQUACY VALIDATION			
	●		<p>Weakness. UHP scored 83% in successful provider contact for the 24/7 access survey. A resurvey of the providers not successfully contacted, resulted in 50% successful contact.</p> <p>Recommendation. UHP should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.</p>
	★	★	<p>Strength. For providers successfully contacted, UHP received a score of 100% with the 24/7 access requirement. Survey results determined providers directed members to care during nonbusiness hours.</p>
MHT UHP - ENCOUNTER DATA VALIDATION			
★			<p>Strength. UHP achieved an encounter data accuracy, or match rate, of 96%. Stakeholders can have confidence in the MCP's encounter/claims data.</p>
MHT UHP - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY			
Grievance Acknowledgement and Resolution Notification			
★	★	★	<p>Strength. UHP scored a 100% compliance rating for processing grievances, including timely acknowledgment and resolution.</p>
Denial Resolution Notification			
★	★	★	<p>Strength. UHP scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.</p>
Appeal Acknowledgement and Resolution Notification			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
●		●	<p>Weakness. UHP scored a 91% compliance rating (moderate confidence) for processing appeals. The MCP did not consistently issue timely acknowledgement and resolution notices. In some instances, there was a lag in time from appeal receipt by the MCP to the Appeals Department; this negatively impacted timeliness. Additionally, the resolution notices did not consistently include the date of appeal resolution.</p> <p>Recommendation. UHP should identify reasons for delays in receiving appeals by the Appeals Department and initiate procedures to eliminate or reduce this lag time. The MCP should also modify its appeal resolution templates and include a field for the date of appeal resolution.</p>

MHP ABHWV

Table 61. MHP ABHWV Strengths, Opportunities, and Recommendations

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
MHP ABHWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION			
Annual Dental Visits PIP			
★	★	★	<p>Strength. ABHWV received a PIP validation score of 100% (high confidence). The MCP provided a meaningful project rationale, described critical elements of its data collection plan, and identified member, provider, and MCP barriers that will guide intervention development.</p>
Care for Adolescents PIP			
★	★	★	<p>Strength. ABHWV received a PIP validation score of 100% (high confidence). The MCP provided a meaningful project rationale, described critical elements of its data collection plan, and identified member, provider, and MCP barriers that will guide intervention development.</p>
Reducing Out-of-State Placement for Children in Foster Care PIP			
★	★	★	<p>Strength. ABHWV received a PIP validation score of 95% (high confidence). The MCP achieved improvement in the PIP measure; however, the improvement was not statistically significant.</p>
MHP ABHWV - PERFORMANCE MEASURE VALIDATION			
★	★	★	<p>Strength. ABHWV received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as “reportable.”</p>
MHP ABHWV - SYSTEMS PERFORMANCE REVIEW			
Quality Assessment and Performance Improvement Program Standard			
★	★	★	<p>Strength. ABHWV received a score of 100% (high confidence) for the Quality Assessment and Performance Improvement Program Standard. The MCP provided evidence of a quality program that measures and monitors performance, and implements interventions to improve compliance and performance.</p>
Grievance and Appeal System			

Quality	Access	Timeliness	Strengths, Weaknesses, Recommendations
★	★	★	Strength. ABHWV received a score of 100% (high confidence) for the Grievance and Appeal System Standard. The MCP provided evidence of policies and procedures that were compliant with regulations.
MHP ABHWV - NETWORK ADEQUACY VALIDATION			
	●		Weakness. ABHWV scored 85% in successful provider contact for the 24/7 access survey. A resurvey of the providers not successfully contacted, resulted in 78% successful contact. Recommendation. ABHWV should follow up with providers who could not be contacted and remedy deficiencies. Provider education and/or corrective action may be required.
	★	★	Strength. For providers successfully contacted, ABHWV received a score of 100% with the 24/7 access requirement. Survey results determined providers directed members to care during non-business hours.
MHP ABHWV - ENCOUNTER DATA VALIDATION			
●			Weakness. ABHWV scored 70% in the encounter data validation study. Poor performance was attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed. Recommendation. ABHWV should follow up and educate the noncompliant provider with diagnosis documentation requirements.
MHP ABHWV - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY			
Grievance Acknowledgement and Resolution Notification			
★	★	★	Strength. ABHWV scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Denial Resolution Notification			
★	★	★	Strength. ABHWV scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
Appeal Acknowledgement and Resolution Notification			
★	★	★	Strength. ABHWV scored a 96% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification and, overall, communicated required information to members, including the right to a fair hearing.

Assessment of Previous Recommendations

During the course of conducting 2022 EQR activities, Qlarant evaluated MCP compliance in addressing previous annual recommendations.²⁶ Assessment outcomes, included in Tables 62-65, identify if the MCP adequately addressed 2021 recommendations. Color coded symbols specify results:

²⁶ In some instances one recommendation may summarize or capture multiple, but similar, issues. The number of recommendations per MCP should not be used to gauge MCP performance alone.

- ▲ The MCP adequately addressed the recommendation.
- The MCP demonstrated some improvement, but did not fully address the recommendation.
- ▼ The MCP did not adequately address the recommendation.

MHT ABHWV

Qlarant made five recommendations for ABHWV during the 2021 EQR. A 2022 assessment concluded ABHWV adequately addressed four recommendations (80%) and demonstrated some improvement in the one recommendation (20%). Table 62 includes follow-up assessment results.

Table 62. MHT ABHWV Assessment of Previous Annual Recommendations

2021 Recommendation	2022 Assessment
MHT ABHWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP	
ABHWV should amend its Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP’s aim statement and include a time period, such as the measurement year or life of the PIP.	▲ ABHWV amended its aim statement and identified a time period that included the measurement year.
Care for Adolescents PIP	
ABHWV should amend its Care for Adolescents PIP’s aim statement and include a time period, such as the measurement year or life of the PIP, and include comparative goals or benchmarks to target.	▲ ABHWV amended its aim statement and identified a time period that included the measurement year. The MCP also identified comparative goals in its performance analysis.
MHT ABHWV - PERFORMANCE MEASURE VALIDATION	
There were no formal 2021 recommendations for ABHWV.	
MHT ABHWV - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2021 recommendations for ABHWV.	
MHT ABHWV - NETWORK ADEQUACY VALIDATION	
ABHWV should follow up with providers who could not be contacted for the 24/7 access survey. Provider education and/or corrective action may be required. The MCP scored 83% compliance in the 2021 survey measuring successful provider contact.	● ABHWV scored 83% compliance with successful provider contact in the quarters 1-3 2022 surveys. A resurvey of these providers during quarter 4 demonstrated some improvement: 80% were successfully contacted. While the MCP demonstrated some improvement, the MCP continues to have opportunity for further improvement. This recommendation remains in place.
MHT ABHWV - ENCOUNTER DATA VALIDATION	
There were no formal 2021 recommendations for ABHWV.	
MHT ABHWV - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY	
Grievance Acknowledgement and Resolution Notification	
ABHWV scored 87% in providing timely grievance resolution notice and should focus efforts on improving this time sensitive task.	▲ ABHWV adjusted its process and scored 100% in providing timely grievance resolution notice.

MHT THP

Qlarant made four recommendations for THP during the 2021 EQR. The 2022 assessment determined THP adequately addressed all four recommendations (100%). Table 63 includes follow-up assessment results.

Table 63. MHT THP Assessment of Previous Annual Recommendations

2021 Recommendation	2022 Assessment
MHT THP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Annual Dental Visits PIP	
THP should implement a Plan-Do-Study-Act, or similar quality improvement approach, to facilitate performance improvement. The MCP should initiate a process to identify possible causes and solutions when intervention tests of change are not successful.	▲ THP addressed recommendations and implemented a Plan-Do-Study-Act process that included identifying possible causes and solutions when intervention tests of change were not successful.
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP	
THP should implement a Plan-Do-Study-Act, or similar quality improvement approach, to facilitate performance improvement.	▲ THP implemented a Plan-Do-Study-Act process that addressed requirements.
Promoting Health and Wellness in Children and Adolescents PIP	
THP should address multiple deficiencies and—specify a time period in the project aim statement; report accurate rates and analysis and describe changes in performance between the last remeasurement and baseline performance; use a Plan-Do-Study-Act, or similar approach, to test improvement strategies; and achieve statistically significant improvement in at least one PIP measure.	▲ THP addressed all recommendations and received a rating of 100% in its PIP. The MCP specified an aim statement time period; reported accurate rates and a comprehensive analysis; implemented a Plan-Do-Study-Act process, and achieved statistically significant improvement in the Child and Adolescent Well-Care Visits measure.
MHT THP - PERFORMANCE MEASURE VALIDATION	
There were no formal 2021 recommendations for THP.	
MHT THP - SYSTEMS PERFORMANCE REVIEW	
MCO Standards – Availability of Services	
THP should ensure compliance with timely access to primary care, emergency care, and initial prenatal care and update its Provider Manual to reflect all timely access standards.	▲ THP addressed timely access to care requirements and updated its Provider Manual to include all timely access standards.
MHT THP - NETWORK ADEQUACY VALIDATION	
There were no formal 2021 recommendations for THP.	
MHT THP - ENCOUNTER DATA VALIDATION	
There were no formal 2021 recommendations for THP.	
MHT THP - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY	
There were no formal 2021 recommendations for THP.	

MHT UHP

Qlarant made six recommendations for UHP during the 2021 EQR. A 2022 assessment demonstrated UHP adequately addressed five recommendations (83%). One recommendation was not adequately addressed (17%). Table 64 includes follow-up assessment results.

Table 64. MHT UHP Assessment of Previous Annual Recommendations

2021 Recommendation	2022 Assessment
MHT UHP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence PIP	
UHP should amend its aim statement and include a time period, such as the measurement year or life of the PIP.	▲ UHP amended its aim statement and identified a time period that covered the life of the PIP.
MHT UHP - PERFORMANCE MEASURE VALIDATION	
There were no formal 2021 recommendations for UHP.	
MHT UHP - SYSTEMS PERFORMANCE REVIEW	
MCO Standards – Availability of Services	
UHP should amend its provider access-related policy and include the State’s timeliness to initial prenatal care standard, and ensure its analysis includes this metric.	▲ UHP addressed the recommendations to include the timeliness to initial prenatal care standard in its access-related policy and include the metric in its provider network analysis.
MCO Standards – Assurance of Adequate Capacity and Services	
UHP should amend its provider access-related policy and include requirements for adequate access to basic hospital and tertiary services.	▲ UHP addressed the recommendation to include adequate access to basic hospital and tertiary services in its access-related policy.
MCO Standards – Coordination and Continuity of Care	
UHP should develop a policy or amend an applicable policy that addresses coordinating services between settings of care, appropriate discharge planning for short-term and long-term hospital and institutional stays, and services the member receives from community and social support providers.	▲ UHP developed a Transition Coordination Procedure that addresses coordinating services and providing assistance to members during periods of transition.
UHP should identify, in an applicable policy, the requirements that providers maintain and share, as appropriate, an enrollee health record in accordance with professional standards and ensure each enrollee’s privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E.	▲ UHP amended a care coordination-related policy and included the provider requirements to maintain and share an enrollee health record in accordance with professional standards and ensure enrollee privacy is protected.
MHT UHP - NETWORK ADEQUACY VALIDATION	
UHP should follow up with providers who could not be contacted for the 24/7 access survey. Provider education and/or corrective action may be required. The MCP scored 86% compliance in the 2021 survey measuring successful provider contact.	▼ UHP scored 83% compliance with successful provider contact in the quarters 1-3 2022 surveys. A resurvey of these providers during quarter 4 demonstrated only half of the providers were successfully contacted (50%). This recommendation remains in place.
MHT UHP - ENCOUNTER DATA VALIDATION	
There were no formal 2021 recommendations for UHP.	

2021 Recommendation	2022 Assessment
MHT UHP - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY	
There were no formal 2021 recommendations for UHP.	

MHP ABHWV

Qlarant made four recommendations for ABHWV during the 2021 EQR. A 2022 assessment concluded ABHWV adequately addressed three recommendations (75%), but not the other (25%). Table 65 includes follow-up assessment results.

Table 65. MHP ABHWV Assessment of Previous Annual Recommendations

2021 Recommendation	2022 Assessment
MHP ABHWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Care for Adolescents PIP	
ABHWV should amend its Care for Adolescents PIP's aim statement and include a time period, such as the measurement year or life of the PIP.	▲ ABHWV amended its aim statement and identified a time period that included the measurement year.
Reducing Out-of-State Placement PIP	
ABHWV should amend its Reducing Out-of-State Placement PIP's aim statement and include a time period, such as the measurement year or life of the PIP.	▲ ABHWV amended its aim statement and identified a time period that included the measurement year.
MHP ABHWV - PERFORMANCE MEASURE VALIDATION	
There were no formal 2021 recommendations for ABHWV.	
MHP ABHWV - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2021 recommendations for ABHWV.	
MHP ABHWV - NETWORK ADEQUACY VALIDATION	
ABHWV should follow up with providers who could not be contacted for the 24/7 access survey. Provider education and/or corrective action may be required. The MCP scored 76% compliance in the 2021 survey measuring successful provider contact.	● ABHWV scored 85% compliance with successful provider contact in the quarters 1-3 2022 surveys. A resurvey of these providers during quarter 4 demonstrated some improvement: 78% were successfully contacted. While the MCP demonstrated some improvement, the MCP continues to have opportunity for further improvement. This recommendation remains in place.
MHP ABHWV - ENCOUNTER DATA VALIDATION	
There were no formal 2021 recommendations for ABHWV.	
MHP ABHWV - GRIEVANCE, DENIAL, AND APPEAL FOCUSED STUDY	
Grievance Acknowledgement and Resolution Notification	
ABHWV scored 67% in providing timely grievance resolution notice and should focus efforts on improving this time sensitive task.	▲ ABHWV adjusted its process and scored 100% in providing timely grievance resolution notice.

State Recommendations

As identified in the introduction of this report, the State aims to deliver high quality, accessible care to managed care members. To achieve this goal, BMS and WVCHIP developed a framework to focus quality improvement efforts for the managed care programs. Table 66 identifies goals and objectives described in the *West Virginia Managed Care Quality Strategy*.

Table 66. West Virginia Managed Care Program Goals and Objectives

Goal	Objective
<p>1. Promote a health care delivery system that consistently offers:</p> <ul style="list-style-type: none"> • Timely access to health care • High clinical quality, including use of evidence-based models of treatment • Care at the appropriate time to deter avoidable use of emergency and acute care • Children and adolescents' access to primary care according to the periodicity schedule 	<ol style="list-style-type: none"> 1. Offer a wide range of physical, behavioral health, and social services to address whole-person health. 2. Improve child wellness and PCP visit rates. 3. Improve the rate of medically necessary EPSDT utilization. 4. Expand use of health care services that offer preventive value (e.g., vaccinations, well-child visits, annual examinations).
<p>2. Offer tools and supports that empower individuals to self-manage their health, whole-person and whole-household wellness, and use of health care services.</p>	<ol style="list-style-type: none"> 1. Implement sound person-centered planning that addresses the whole person and advances individual and family goals. 2. Improve screening and referral for social determinants of health (SDoH) including the use of Z-Codes for need and impact measurement. 3. Use care transition supports to empower patient education, timely and effective post-discharge follow-up while assessing strategies to avoid re-hospitalization and risk reduction
<p>3. Promote effective communication and team-based care to better coordinate care across the full continuum of health care.</p>	<ol style="list-style-type: none"> 1. Improve acute care hospitalization follow-up rates. 2. Improve care for mothers and infants (e.g., immunization rates, postpartum visits, etc.). 3. Implement team-based care coordination models using evidence-based practices to move to holistic, multidisciplinary care coordination.
<p>4. Reduce the incidence of targeted conditions that negatively impact health and quality of life, including:</p> <ul style="list-style-type: none"> • Cardiovascular disease and its contributors (cholesterol and hypertension) • Chronic respiratory disease (chronic obstructive pulmonary disease (COPD), asthma, and other conditions related to smoking) • Depression • Diabetes • Opioid misuse • Obesity 	<ol style="list-style-type: none"> 1. Improve hospital-acquired infection metrics. 2. Improve chronic condition metrics (e.g., diabetes, smoking, etc.). 3. Implement population health management tailored to conditions using a combination of evidence-based practices and community-based customization. 4. Advance tools and supports that empower improved individual health behaviors related to priorities such as (a) nutrition, (b) exercise, (c) reduce/eliminate the use of tobacco, alcohol, and other substances, (d) sexual health and family planning, and (e) mental wellness.

Goal	Objective
<p>5. Strengthen State oversight of programs to maximize partnership with contracted MCPs as committed partners to driving health impacts and acting as good stewards of resources.</p>	<p>1. Monitor member satisfaction scores.</p> <p>2. Ensure timely MCP reporting per contract standards.</p> <p>3. Implement updated continuous quality improvement practices to enhance partnership.</p>

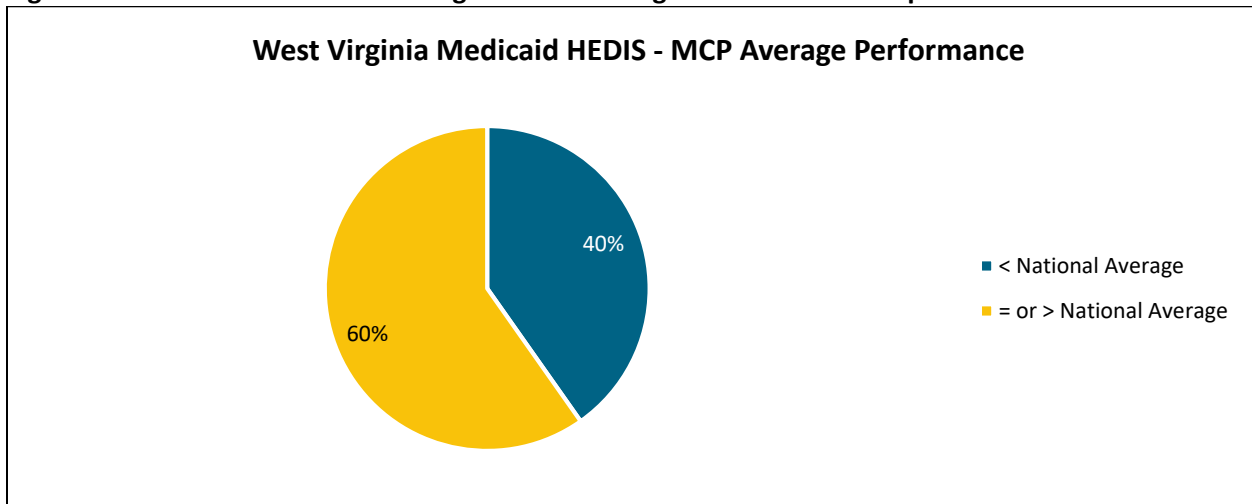
Source: *West Virginia Managed Care Quality Strategy Mountain Health Trust and Mountain Health Promise* ²⁷

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

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

Figure 41 illustrates better than national average performance for West Virginia Medicaid in select HEDIS measures.

Figure 41. MY 2021 HEDIS – West Virginia MCP Average Performance Compared to Benchmarks

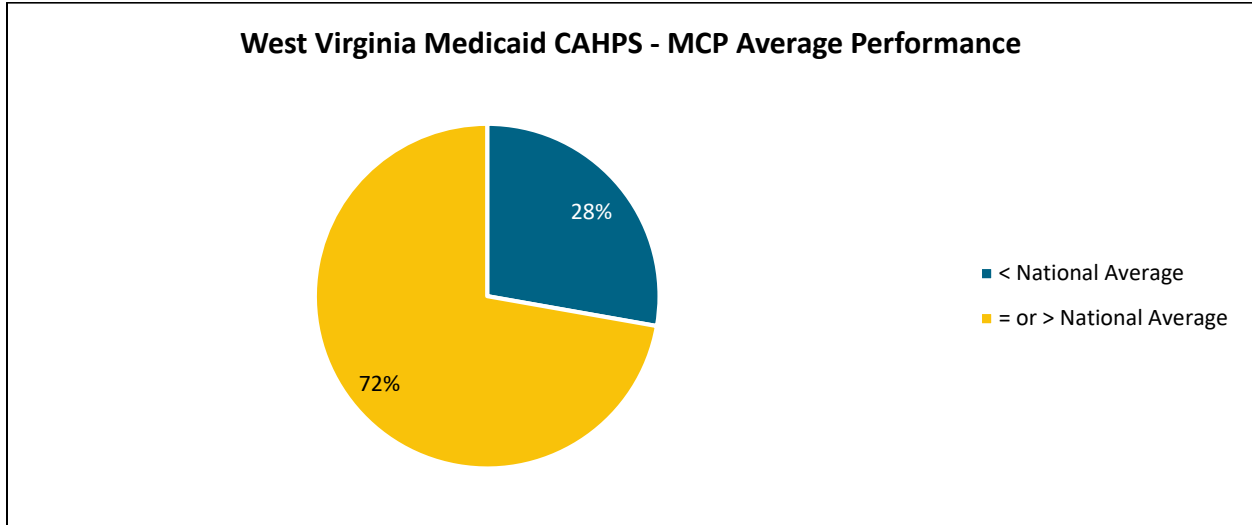


The West Virginia Medicaid MCP averages performed better than national average benchmarks in 60 percent of select HEDIS measures.

Figure 42 illustrates better than national average performance for West Virginia Medicaid in select CAHPS survey measures.

²⁷ [West Virginia Managed Care Quality Strategy](#)

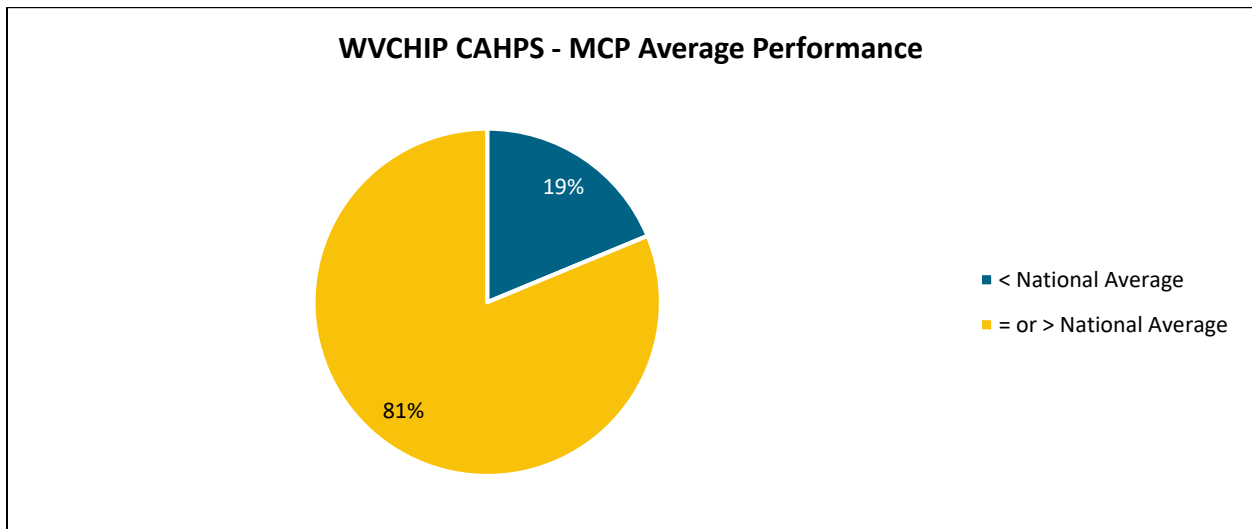
Figure 42. MY 2021 CAHPS Survey – West Virginia MCP Medicaid Average Performance Compared to Benchmarks



The West Virginia Medicaid MCP averages performed better than national average benchmarks in 72 percent of select CAHPS survey measures.

Figure 43 illustrates better than national average performance for WVCHIP in select CAHPS survey measures.

Figure 43. MY 2021 CAHPS Survey – West Virginia MCP CHIP Average Performance Compared to Benchmarks



The WVCHIP MCP averages performed better than national average benchmarks in 81 percent of select CAHPS survey measures.

While the MCPs are demonstrating their commitment to quality and improving health outcomes and experiences, there continues to be opportunity to achieve additional improvements. Qlarant makes several recommendations below for BMS and WVCHIP to consider. Recommendations describe how the

State can target Quality Strategy goals and objectives to better support improvement in the quality, timeliness, and accessibility of health care services furnished to managed care members.

Overall, MCPs performed better than average on many CAHPS survey measures compared to national benchmarks. However, one measure that continues to present as an opportunity for improvement each year includes Advising Smokers and Tobacco Users to Quit. The West Virginia MCP average is 70 percent—below the national average. *Qlarant recommends* the State consider requiring the MCPs to target and develop strategies to improve performance in the Advising Smokers and Tobacco Users to Quit measure. Reducing the incidence of targeted conditions that negatively impact health and quality of life, including conditions related to smoking addresses Goal 4. Specifically, MCPs can encourage and advance supports that empower improved individual health behaviors related to the use of tobacco.

After the MCPs report MY 2022 performance in 2023 for the Annual Dental Visits PIP, they will have reported five years of remeasurement results. Analysis of MY 2021 results indicates one of the two PIP measures, Percentage of Eligible Children that Received Preventive Dental Services, has exceeded the national average benchmark. Performance, impacted by the COVID-19 public health emergency, is showing signs of a recovery compared to low levels in MY 2020. *Qlarant recommends* the State close out the Annual Dental Visits PIP and implement a replacement PIP targeting Goal 4, which includes reducing the incidence of conditions that negatively impact health and quality of life. Examples of conditions to target include cardiovascular disease and opioid misuse.

The MCPs are required to conduct an initial health assessment, or screening, of each member's needs upon enrollment. Barriers exist to obtaining health information from members, which can negatively impact care coordination and management. *Qlarant recommends* the State establish targets for the MCPs to complete initial health assessments within 30, 60, and 90 days. MCPs should make multiple attempts to obtain and complete screenings. These assessments provide valuable information including identification of risk factors such as social determinants of health (SDoH), chronic conditions, substance use, mental health disorders, and other health and safety issues. If MCPs improve compliance in completing these screenings, they can achieve improvements related to Goals 1-3. Specifically, MCPs can offer or coordinate a wide range of physical, behavioral health, and social services to address whole-person health and promote effective communication and team-based care to better coordinate care across the full continuum of health care.

Opioid misuse continues to plague the health and wellbeing of West Virginia residents as evidenced by the State's Office of Drug Control Policy dashboard reports.²⁸ The West Virginia DHHR Bureau for Behavioral Health has initiated a State Opioid Response and developed goals and objectives including expanding treatment and addressing barriers.²⁹ *Qlarant recommends* the State elevate this priority through MCP engagement. The State should consider requiring the MCPs develop quality improvement initiatives or engage in other opioid-related performance measure reporting. One option is include additional measures in the MCP incentive-based withhold program, where MCPs are rewarded for improvements in performance. Targeting opioid misuse supports Goal 4, reduce the incidence of targeted conditions that negatively impact health and quality of life.

It has been a long-standing practice to assign MCP confidence levels for EQR tasks, including PIP validation, PMV, and SPR. For example, an MCP scoring 95-100 percent in the SPR task is assigned a high

²⁸ [Data Dashboard \(wv.gov\)](https://www.wv.gov)

²⁹ [State Opioid Response \(SOR\) \(wv.gov\)](https://www.wv.gov)

confidence level, meaning stakeholders can have high confidence in the MCP's level of compliance with structural and operational standards. In 2022, Qlarant introduced a level of confidence for the NAV task. **Qlarant recommends** the State work with the EQRO to establish confidence levels in the remaining activities (EDV and Grievance, Appeal, and Denial Focused Study), so all EQR tasks have clear thresholds to assist the MCPs in driving process improvement activities. This recommendation aligns with Goal 5, which strengthens State oversight of programs to maximize partnership with contracted MCPs, and more specifically ensures MCP reporting per contract standards and implements updated continuous quality improvement practices.

Improved mental health can lead to improved overall physical health. West Virginia's MCP weighted averages for Follow-Up After Emergency Department Visit for Mental Illness (7 Day and 30 Day Follow-Up) measures present an opportunity for improvement; current performance does not meet the national average benchmarks. **Qlarant recommends** the State require MCPs initiate a PIP aimed at improving mental wellness. This recommendation supports quality improvement efforts related to Goal 1, which promotes a health care delivery system offering a wide range of physical and behavioral health and social services to address whole-person health.

The MCPs have expressed challenges accessing child and adolescent immunization data via the State's immunization registry, which has potentially negatively impacted PIP performance. BMS is working to facilitate improved MCP access to the registry; however, there has not been complete resolution. **Qlarant recommends** BMS continue to work with State partners to completely remedy access barriers to the data-rich immunization registry. This recommendation aligns with Goal 5, which strengthens State oversight of programs to maximize partnership with contracted MCPs, and more specifically implements updated continuous quality improvement practices to ensure MCP reporting per contract standards.

Conclusion

As West Virginia's contracted EQRO, Qlarant evaluated the MHT and MHP managed care programs to assess compliance with federal and state-specific requirements. Review and validation activities occurred over the course of 2022 and assessed MY 2021 and MY 2022 performance, as applicable. Qlarant evaluated each participating MCP and found:

- MCPs conduct PIPs in a methodical manner.
 - After experiencing a decline in performance in MY 2020 due to the COVID-19 public health emergency, the MHT MCP Medicaid average demonstrated improvement in both state-mandated measures for the Annual Dental Visits PIP.
 - All MHT MCPs achieved statistically significant and sustained improvement in the BMS mandated PIP, Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence.
 - For the MCP-selected PIPs, all MCPs demonstrated improvement in at least one measure. The improvement was statistically significant for two of three MCPs—
 - ABHWV: Adolescents Well-Care Visits 12-17 Year Olds (Medicaid)
 - THP: Adolescents Well-Care Visits Total (Medicaid)
 - The MHT MCPs reported baseline CHIP performance in applicable PIP measures.
 - MHP ABHWV reported improvement in its Reducing Out-of-State Placement for Foster Care PIP.

- MHP ABHWV reported baseline performance in its Annual Dental Visits and Care for Adolescents PIPs.
- MCPs had appropriate systems in place to process accurate claims and encounters, as demonstrated in the PMV activity. Measure results were assessed as “reportable.” An analysis of MY 2021 PMV performance measures, with available benchmarks, concludes:
 - MHT MCP Medicaid averages met or exceeded national average benchmarks in 14 of 21 measures (67%).
 - MHT MCP CHIP averages met or exceeded national average benchmarks in 2 of 3 measures (67%).
 - MHP ABHWV averages met or exceeded national average benchmarks in 8 of 13 measures (62%).
- MCPs demonstrated compliance with federal and state requirements in the SPR ranging from 91-100 percent. MCPs not achieving full compliance completed CAPs, which were subsequently approved and closed through quarterly monitoring.
- There is opportunity to improve successful contact with providers after regular business hours for the NAV study. The MHT MCP average was 84 percent and the MHP ABHWV average was 85 percent. The most frequent reason for unsuccessful contact was due to the phone number not reaching the intended provider. In instances where successful provider contact was achieved, Qlarant determined provider offices appropriately directed members to care—all MCPs achieved 100 percent compliance, or greater, with the provider 24/7 access requirement. A quarter 4 resurvey of providers not accessible during quarters 1-3, resulted in successful contact for 50-80 percent for the MHT MCPs and 78 percent for MHP ABHWV. Of the successfully contacted providers, all MCPs achieved 100 percent compliance with the 24/7 access requirement.
- An evaluation of claims data yielded an overall high level of encounter data accuracy, as evidenced by supporting medical record documentation in the EDV activity. The MHT MCP average match rate was 96 percent. MHP ABHWV was the exception and achieved a match rate of 70 percent; this poor performance was largely attributed to one high-volume provider who did not consistently provide evidence of diagnosis-related documentation in the medical records reviewed.
- Overall, the MHT MCPs performed well in resolving and/or providing timely notice to members for grievances, denials, and appeals, having scored averages of 100, 100, and 91 percent, respectively. MHP ABHWV’s performance for the same review elements included 100, 100, and 96 percent.
- MCP averages for the selected HEDIS and CAHPS survey measures, identified in Appendix A1 and A2, respectively, compared favorably to national average benchmarks for the majority of measures.

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

Appendix 1 - HEDIS® Measures Collected and Reported to NCQA

The table below includes 2022 (MY 2021) Health Care Effectiveness Data and Information Set (HEDIS®) performance measure results for each West Virginia managed care plan (MCP) and a comparison to National Committee for Quality Assurance (NCQA) Quality Compass Medicaid Health Maintenance Organization (HMO) benchmarks. The MCP average is compared to benchmarks using a diamond rating system, as defined below.

- ◆◆◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.
- ◆◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass 75th Percentile, but does not meet the 90th Percentile.
- ◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th Percentile.
- ◆ MCP rate is below the NCQA Quality Compass National Average.

Table 1. Appendix 1 – HEDIS Performance Measures

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (18-64 Yrs)	34.78	36.11	31.39	34.09	◆
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (3 months-17 Yrs)	61.94	61.26	51.77	58.32	◆
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (65+ Yrs)	NA	NA	NA	NA	NC
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (Total)	45.84	43.21	38.54	42.53	◆
AAP	Adults' Access to Preventive/Ambulatory Health Services (20-44 Yrs)	73.42	72.52	75.77	73.90	◆◆
AAP	Adults' Access to Preventive/Ambulatory Health Services (45-64 Yrs)	80.23	80.43	81.99	80.88	◆
AAP	Adults' Access to Preventive/Ambulatory Health Services (65+ Yrs)	72.81	75.95	82.14	76.97	◆
AAP	Adults' Access to Preventive/Ambulatory Health Services (Total)	75.87	75.41	77.85	76.38	◆◆
ADD	Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	56.02	53.33	52.22	53.86	◆◆
ADD	Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	45.41	39.52	38.46	41.13	◆◆
ADV	Annual Dental Visit (11-14 Yrs)	63.46	57.97	60.21	60.55	◆◆
ADV	Annual Dental Visit (15-18 Yrs)	56.47	49.67	53.07	53.07	◆◆◆
ADV	Annual Dental Visit (19-20 Yrs)	36.44	32.91	33.28	34.21	◆◆
ADV	Annual Dental Visit (2-3 Yrs)	38.38	31.47	35.48	35.11	◆

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
ADV	Annual Dental Visit (4-6 Yrs)	66.35	62.15	63.7	64.07	◆◆◆
ADV	Annual Dental Visit (7-10 Yrs)	66.87	60.78	64.43	64.03	◆◆
ADV	Annual Dental Visit (Total)	58.91	52.71	55.89	55.84	◆◆
AMB	Ambulatory Care - Emergency Dept Visits/1000 MM (Total)	48.54	51.28	46.99	48.94	◆◆
AMB	Ambulatory Care - Outpatient Visits/1000 MM (Total)	354.3	339.15	378.05	357.17	◆◆
AMM	Antidepressant Medication Management - Effective Acute Phase Treatment	66.62	70.6	65.73	67.65	◆◆◆
AMM	Antidepressant Medication Management - Effective Continuation Phase Treatment	50	56.24	48.77	51.67	◆◆◆
AMR	Asthma Medication Ratio (12-18 Yrs)	67	63.95	65.71	65.55	◆
AMR	Asthma Medication Ratio (19-50 Yrs)	58.64	53.55	62.53	58.24	◆
AMR	Asthma Medication Ratio (5-11 Yrs)	76.06	77.12	81.17	78.12	◆◆
AMR	Asthma Medication Ratio (51-64 Yrs)	57.47	57.66	59.1	58.08	◆
AMR	Asthma Medication Ratio (Total)	61.9	57.88	64.67	61.48	◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (1-11 Yrs)	66.93	55.37	71.53	64.61	◆◆◆◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (12-17 Yrs)	69.56	56.87	65.65	64.03	◆◆◆◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (Total)	68.76	56.4	67.38	64.18	◆◆◆◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (1-11 Yrs)	74.32	66.12	81.75	74.06	◆◆◆◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (12-17 Yrs)	83.16	77.1	83.89	81.38	◆◆◆◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (Total)	80.47	73.63	83.26	79.12	◆◆◆◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (1-11 Yrs)	67.7	56.2	72.26	65.39	◆◆◆◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (12-17 Yrs)	70.58	57.63	65.96	64.72	◆◆◆◆
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (Total)	69.7	57.18	67.81	64.90	◆◆◆◆

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
APP	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Opioid Abuse or Dependence (Total)	64.16	69.25	71.04	68.15	◆◆◆
APP	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment – Initiation of AOD – Other Drug Abuse or Dependence (Total)	43.79	44.74	46.8	45.11	◆◆
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-11 Yrs)	43.86	37.29	54.69	45.28	◆
BCS	Breast Cancer Screening	44.57	44.13	47.07	45.26	◆
CBP	Controlling High Blood Pressure	63.99	58.15	64.23	62.12	◆◆
CCS	Cervical Cancer Screening	50.36	51.58	52.55	51.50	◆
CDC	Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	64.72	59.12	67.64	63.83	◆◆
CDC	Comprehensive Diabetes Care - Eye Exams	39.17	40.15	39.42	39.58	◆
CDC	Comprehensive Diabetes Care - HbA1c Control (<8%)	49.15	51.82	51.09	50.69	◆◆
CDC	Comprehensive Diabetes Care - HbA1c Testing	88.32	85.4	89.29	87.67	◆◆
CDC	Comprehensive Diabetes Care - Poor HbA1c Control (>9.0%) <i>Lower is Better</i>	38.93	37.47	35.77	37.39	◆◆
CHL	Chlamydia Screening in Women (16-20 Yrs)	43.53	32.9	37.13	37.85	◆
CHL	Chlamydia Screening in Women (21-24 Yrs)	56.57	48.78	53.37	52.91	◆
CHL	Chlamydia Screening in Women (Total)	48.98	41.13	45.29	45.13	◆
CIS	Childhood Immunization Status - Combination 10	31.14	28.95	35.04	31.71	◆
CIS	Childhood Immunization Status - Combination 3	66.67	66.18	67.64	66.83	◆◆
CIS	Childhood Immunization Status - Combination 7	59.12	56.69	60.34	58.72	◆◆
CIS	Childhood Immunization Status - DTaP	74.21	72.26	75.67	74.05	◆◆
CIS	Childhood Immunization Status - Hepatitis A	88.81	83.7	84.67	85.73	◆◆◆
CIS	Childhood Immunization Status - Hepatitis B	91.97	88.56	91	90.51	◆◆◆
CIS	Childhood Immunization Status - HiB	89.78	88.32	88.32	88.81	◆◆◆
CIS	Childhood Immunization Status - Influenza	42.58	38.2	45.74	42.17	◆
CIS	Childhood Immunization Status - IPV	90.27	89.29	88.81	89.46	◆◆◆
CIS	Childhood Immunization Status - MMR	88.32	85.4	85.89	86.54	◆◆
CIS	Childhood Immunization Status - Pneumococcal Conjugate	75.18	74.94	74.94	75.02	◆◆
CIS	Childhood Immunization Status - Rotavirus	75.91	70.56	76.4	74.29	◆◆◆

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
CIS	Childhood Immunization Status - VZV	85.89	85.64	84.43	85.32	◆◆
COU	Risk of Continued Opioid Use >= 15 Days (18-64 Yrs) <i>Lower is Better</i>	8.17	10.04	7.81	8.67	◆
COU	Risk of Continued Opioid Use >= 15 Days (65 Yrs) <i>Lower is Better</i>	NA	NA	NA	NA	NC
COU	Risk of Continued Opioid Use >= 15 Days (Total) <i>Lower is Better</i>	8.17	10.04	7.82	8.68	◆
COU	Risk of Continued Opioid Use >= 30 Days (18-64 Yrs) <i>Lower is Better</i>	3.67	4.69	4.33	4.23	◆
COU	Risk of Continued Opioid Use >= 30 Days (65 Yrs) <i>Lower is Better</i>	NA	NA	NA	NA	NC
COU	Risk of Continued Opioid Use >= 30 Days (Total) <i>Lower is Better</i>	3.67	4.68	4.33	4.23	◆
CRE	Cardiac Rehabilitation - Achievement (18-64 Yrs)	0.99	0.75	0.76	0.83	◆
CRE	Cardiac Rehabilitation - Achievement (65 Yrs)	NA	NA	NA	NA	NC
CRE	Cardiac Rehabilitation - Achievement (Total)	0.99	0.74	0.76	0.83	◆
CRE	Cardiac Rehabilitation - Engagement 1 (18-64 Yrs)	2.14	1.87	3.19	2.40	◆
CRE	Cardiac Rehabilitation - Engagement 1 (65+ Yrs)	NA	NA	NA	NA	NC
CRE	Cardiac Rehabilitation - Engagement 1 (Total)	2.13	2.05	3.18	2.45	◆
CRE	Cardiac Rehabilitation - Engagement 2 (18-64 Yrs)	2.3	2.06	3.03	2.46	◆
CRE	Cardiac Rehabilitation - Engagement 2 (65 Yrs)	NA	NA	NA	NA	NC
CRE	Cardiac Rehabilitation - Engagement 2 (Total)	2.3	2.23	3.03	2.52	◆
CRE	Cardiac Rehabilitation - Initiation (18-64 Yrs)	2.14	0.94	3.34	2.14	◆
CRE	Cardiac Rehabilitation - Initiation (65+ Yrs)	NA	NA	NA	NA	NC
CRE	Cardiac Rehabilitation - Initiation (Total)	2.13	1.12	3.33	2.19	◆
CWP	Appropriate Testing for Pharyngitis (18-64 Yrs)	62.44	61.48	60.14	61.35	◆◆
CWP	Appropriate Testing for Pharyngitis (3-17 Yrs)	66.88	71.25	67.85	68.66	◆
CWP	Appropriate Testing for Pharyngitis (65+ Yrs)	NA	NA	NA	NA	NC
CWP	Appropriate Testing for Pharyngitis (Total)	65.19	66.6	64.73	65.51	◆
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (13-17 Yrs)	4.55	NA	NA	NA	NC
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (18+ Yrs)	51.6	53.26	54.12	52.99	◆◆◆◆
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 30-Day Follow-Up (Total)	50.36	53.02	53.59	52.32	◆◆◆◆

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (13-17 Yrs)	4.55	NA	NA	NA	NC
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (18+ Yrs)	43.17	45.43	45.39	44.66	◆◆◆◆
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence - 7-Day Follow-Up (Total)	42.15	45.22	44.95	44.11	◆◆◆◆
FUH	Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up (18-64 Yrs)	56.96	58.14	59.01	58.04	◆◆
FUH	Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up (6-17 Yrs)	76.32	79.89	81.25	79.15	◆◆◆
FUH	Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up (65+ Yrs)	NA	NA	NA	NA	NC
FUH	Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up (Total)	64.19	62.02	64.29	63.50	◆◆
FUH	Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up (18-64 Yrs)	30.6	33.94	32.07	32.20	◆
FUH	Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up (6-17 Yrs)	47.35	41.27	42.61	43.74	◆
FUH	Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up (65+ Yrs)	NA	NA	NA	NA	NC
FUH	Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up (Total)	36.86	35.25	34.57	35.56	◆
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (13-17 Yrs)	NA	NA	NA	NA	NC
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (18-64 Yrs)	57.74	55.12	62.91	58.59	◆◆
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (65+ Yrs)	NA	NA	NA	NA	NC
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder - 30-Day Follow-Up (Total)	57.32	55.04	62.69	58.35	◆◆
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (13-17 Yrs)	NA	NA	NA	NA	NC
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (18-64 Yrs)	36.45	39.54	40.03	38.67	◆◆

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (65+ Yrs)	NA	NA	NA	NA	NC
FUI	Follow-Up After High-Intensity Care for Substance Use Disorder - 7-Day Follow-Up (Total)	36.15	39.48	39.9	38.51	◆◆
FUM	Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (18-64 Yrs)	40.42	40.44	44.22	41.69	◆
FUM	Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (6-17 Yrs)	71.29	67.2	61.67	66.72	◆◆
FUM	Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (65+ Yrs)	NA	NA	NA	NA	NC
FUM	Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up (Total)	53.39	46.72	49.93	50.01	◆
FUM	Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (18-64 Yrs)	24.3	26.96	26.17	25.81	◆
FUM	Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (6-17 Yrs)	50.32	44.8	42.08	45.73	◆
FUM	Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (65+ Yrs)	NA	NA	NA	NA	NC
FUM	Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up (Total)	35.23	31.14	31.43	32.60	◆
HDO	Use of Opioids at High Dosage (HDO) <i>Lower is Better</i>	1.17	1.04	1.55	1.25	◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Alcohol Abuse or Dependence (13-17 Yrs)	17.19	NA	NA	NA	NC
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Alcohol Abuse or Dependence (18+ Yrs)	14.43	14.99	15.48	14.97	◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Alcohol Abuse or Dependence (Total)	14.53	14.83	15.37	14.91	◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Opioid Abuse or Dependence (13-17 Yrs)	NA	NA	NA	NA	NC
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Opioid Abuse or Dependence (18 + Yrs)	45.91	49.75	52.5	49.39	◆◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Opioid Abuse or Dependence (Total)	45.73	49.73	52.34	49.27	◆◆◆◆

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Other Drug Abuse or Dependence (13-17 Yrs)	14.71	4.65	5.88	8.41	◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Other Drug Abuse or Dependence (18+ Yrs)	17.45	19.7	20.14	19.10	◆◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Other Drug Abuse or Dependence (Total)	17.3	19.48	19.74	18.84	◆◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Total (13-17 Yrs)	14.12	3.39	6.98	8.16	◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Total (18+ Yrs)	26.93	29.04	29.37	28.45	◆◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Engagement of AOD - Total (Total)	26.47	28.79	28.96	28.07	◆◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Alcohol Abuse or Dependence (13-17 Yrs)	40.63	NA	NA	NA	NC
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Alcohol Abuse or Dependence (18+ Yrs)	39.77	41.17	42.68	41.21	◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Alcohol Abuse or Dependence (Total)	39.8	41.13	42.49	41.14	◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Opioid Abuse or Dependence (13 - 17 Yrs)	NA	NA	NA	NA	NC
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Opioid Abuse or Dependence (18+ Yrs)	64.34	69.28	71.19	68.27	◆◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Other Drug Abuse or Dependence (13 - 17 Yrs)	40.2	39.53	35.29	38.34	◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Other Drug Abuse or Dependence (18+ Yrs)	44	44.82	47.12	45.31	◆◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total (13-17 Yrs)	38.04	38.98	34.88	37.30	◆
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total (18+ Yrs)	49.28	53	53.16	51.81	◆◆◆

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
IET	Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment - Initiation of AOD - Total (Total)	48.88	52.86	52.83	51.52	◆◆◆
IET	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17 Yrs)	53.39	37.4	56.12	48.97	◆
IET	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	50.41	37.36	55.67	47.81	◆
IMA	Immunizations for Adolescents - Combination 1	80.05	78.35	80.29	79.56	◆◆
IMA	Immunizations for Adolescents - Combination 2	30.41	22.38	27.01	26.60	◆
IMA	Immunizations for Adolescents - HPV	31.14	22.87	27.25	27.09	◆
IMA	Immunizations for Adolescents - Meningococcal	81.02	78.59	80.78	80.13	◆◆
IMA	Immunizations for Adolescents - Tdap/Td	81.75	79.81	81.27	80.94	◆
KED	Kidney Health Evaluation for Patients With Diabetes (18-64 Yrs)	27.53	23.09	27.59	26.07	◆
KED	Kidney Health Evaluation for Patients With Diabetes (65-74 Yrs)	NA	36.59	38.89	NA	NC
KED	Kidney Health Evaluation for Patients With Diabetes (75-85 Yrs)	NA	NA	NA	NA	NC
KED	Kidney Health Evaluation for Patients With Diabetes (Total)	27.54	23.16	27.63	26.11	◆
LBP	Use of Imaging Studies for Low Back Pain	66.61	66.81	67.96	67.13	◆
LSC	Lead Screening in Children	55.47	51.61	55.72	54.27	◆
NCS	Non-Recommended Cervical Cancer Screening in Adolescent Females <i>Lower is Better</i>	1.68	0.69	1	1.12	◆
PBH	Persistence of Beta-Blocker Treatment after a Heart Attack	89.33	88.03	90.4	89.25	◆◆◆
PCE	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	88.5	86.33	83.09	85.97	◆◆
PCE	Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	85.41	86.15	76.81	82.79	◆◆◆
PCR	Plan All-Cause Readmissions (18-64)	1.0233	0.9802	1.0389	1.01	◆◆
POD	Pharmacotherapy for Opioid Use Disorder (16-64 Yrs)	24.79	26.29	25.03	25.37	◆
POD	Pharmacotherapy for Opioid Use Disorder (65+ Yrs)	NA	NA	NA	NA	NC
POD	Pharmacotherapy for Opioid Use Disorder (Total)	24.78	26.22	25.05	25.35	◆
PPC	Prenatal and Postpartum Care - Postpartum Care	77.13	74.21	74.45	75.26	◆
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	86.62	85.16	88.81	86.86	◆◆

Measure		ABHWV+ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	66.02	70.72	66.67	67.80	◆◆◆
SMC	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	79.41	81.82	87.76	83.00	◆◆◆
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia	69.39	68.78	77.68	71.95	◆◆
SPC	Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (21-75 Yrs Male)	81.98	82.17	81.08	81.74	◆◆
SPC	Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (40-75 Yrs Female)	82.54	82.4	81.05	82.00	◆◆
SPC	Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Total)	82.25	82.28	81.06	81.86	◆◆
SPC	Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (21-75 Yrs Male)	71.98	74.93	74.32	73.74	◆◆
SPC	Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (40-75 Yrs Female)	74.61	77.44	74.08	75.38	◆◆
SPC	Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (Total)	73.26	76.17	74.21	74.55	◆◆
SPD	Statin Therapy for Patients With Diabetes - Received Statin Therapy	65.96	65.61	67.04	66.20	◆◆
SPD	Statin Therapy for Patients With Diabetes - Statin Adherence 80%	72.8	72.51	71.18	72.16	◆◆◆
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	21.35	21.82	28.93	24.03	◆
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications	81.08	77.59	80.69	79.79	◆◆
UOP	Use of Opioids From Multiple Providers - Multiple Pharmacies <i>Lower is Better</i>	2.11	1.12	1.07	1.43	◆◆
UOP	Use of Opioids From Multiple Providers - Multiple Prescribers and Multiple Pharmacies <i>Lower is Better</i>	1.05	0.63	0.6	0.76	◆◆
UOP	Use of Opioids From Multiple Providers - Multiple Prescribers <i>Lower is Better</i>	9.95	8.05	8.77	8.92	◆◆◆◆
URI	Appropriate Treatment for Upper Respiratory Infection (18-64 Yrs)	70.63	73.74	68.33	70.90	◆
URI	Appropriate Treatment for Upper Respiratory Infection (3 months-17 Yrs)	88.2	89.71	84.86	87.59	◆
URI	Appropriate Treatment for Upper Respiratory Infection (65+ Yrs)	NA	NA	NA	NA	NC
URI	Appropriate Treatment for Upper Respiratory Infection (Total)	82.85	83.45	78.66	81.65	◆
W30	Well-Child Visits in the First 30 Months of Life (0-15 Months)	56.61	60.45	44.23	53.76	◆

Measure		ABHWV ⁺ %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
W30	Well-Child Visits in the First 30 Months of Life (15-30 Months)	73.7	68.27	69.84	70.60	◆◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (12-17 Yrs)	76.82	82.61	80.37	79.93	◆◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (3-11 Yrs)	85	82	82.26	83.09	◆◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (Total)	82	82.24	81.51	81.92	◆◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17 Yrs)	64.24	69.57	65.03	66.28	◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11 Yrs)	77.31	77.2	78.63	77.71	◆◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	72.51	74.21	73.24	73.32	◆◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17 Yrs)	70.2	70.19	68.71	69.70	◆◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11 Yrs)	76.92	69.6	72.58	73.03	◆◆
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	74.45	69.83	71.05	71.78	◆◆
WCV	Child and Adolescent Well-Care Visits (12-17 Yrs)	54.07	45.88	46.74	48.90	◆
WCV	Child and Adolescent Well-Care Visits (18-21 Yrs)	27.06	24.39	22.39	24.61	◆
WCV	Child and Adolescent Well-Care Visits (3-11 Yrs)	62.16	57.45	57.65	59.09	◆◆
WCV	Child and Adolescent Well-Care Visits (Total)	54.44	48.38	48.36	50.39	◆◆

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+ ABHWV’s HEDIS measure results combine performance in both the MHT and MHP programs per NCQA reporting requirements.

◆◆◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.

◆◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass 75th Percentile, but does not meet the 90th Percentile.

◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th Percentile.

◆ MCP rate is below the NCQA Quality Compass National Average.

NBM No Benchmark: No Benchmark available.

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NA Small Denominator: The organization followed the specifications, but the denominator was too small (<30) to report a valid rate.

NR Not Reported: Not reported due to measure newly added, replaced, or retired.

Appendix 2 – CAHPS® Survey Measure Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Member Experience Survey measure tables include 2022 (MY 2021) results for each West Virginia managed care plan (MCP) and a comparison to the National Committee for Quality Assurance (NCQA) Quality Compass Medicaid Health Maintenance Organization (HMO) benchmarks. The MCP average is compared to benchmarks using a diamond rating system, as defined below.

- ◆◆◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass 90th Percentile.
- ◆◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass 75th Percentile, but does not meet the 90th Percentile.
- ◆◆ MCP rate is equal to or exceeds the NCQA Quality Compass National Average, but does not meet the 75th Percentile.
- ◆ MCP rate is below the NCQA Quality Compass National Average.

Table 1. Appendix 2 – CAHPS Performance Measures, Medicaid Adult and Child

Member Experience - Medicaid Population	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
ADULT MEDICAID SURVEY					
Getting Care					
Getting Needed Care Composite (% Always or Usually)	83.90	85.58	87.50	85.66	◆◆◆
Ease of Getting Needed Care (% Always or Usually)	85.38	88.76	85.53	86.56	◆◆
Ease of Seeing a Specialist (% Always or Usually)	NA	82.41	NA	NA	NC
Getting Care Quickly Composite (% Always or Usually)	83.55	88.19	85.30	85.68	◆◆◆
Ease of Getting Urgent Care (% Always or Usually)	NA	NA	NA	NA	NC
Ease of Getting a Check-up or Routine Care (% Always or Usually)	84.75	87.67	85.27	85.90	◆◆◆
Satisfaction with Physicians					
Rating of Personal Doctor (% 9 or 10)	71.23	73.50	65.70	70.14	◆◆
Rating of Specialist Seen Most Often (% 9 or 10)	NA	66.34	NA	NA	NC
Rating of All Health Care (% 9 or 10)	56.92	54.71	52.00	54.54	◆
Coordination of Care (% Always or Usually)	NA	87.74	NA	NA	NC
Overall Ratings					
Rating of Health Plan (% 8, 9 or 10)	74.11	82.00	71.03	75.71	◆
Rating of All Health Care (% 8, 9 or 10)	75.38	77.65	75.33	76.12	◆◆
Rating of Personal Doctor (% 8, 9 or 10)	84.25	85.00	77.33	82.19	◆

Member Experience - Medicaid Population	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
Rating of Specialist Seen Most Often (% 8, 9 or 10)	NA	83.17	NA	NA	NC
Additional Measures					
How Well Doctors Communicate Composite (% Always or Usually)	95.73	95.04	93.36	94.71	◆◆◆
Doctor Explained Things (% Always or Usually)	95.73	94.44	92.31	94.16	◆◆
Doctor Listened Carefully (% Always or Usually)	94.02	95.63	91.61	93.75	◆◆
Doctor Showed Respect (% Always or Usually)	95.73	96.91	95.10	95.91	◆◆
Doctor Spent Enough Time (% Always or Usually)	97.44	93.17	94.41	95.01	◆◆◆◆
Customer Service Composite (% Always or Usually)	NA	NA	NA	NA	NC
Customer Service Provided Information/Help (% Always or Usually)	NA	NA	NA	NA	NC
Customer Service Was Courteous/Respectful (% Always or Usually)	NA	NA	NA	NA	NC
Forms Easy to Fill Out (No + Usually + Always)	97.61	97.47	97.13	97.40	◆◆◆
Additional Adult Medicaid Effectiveness of Care Measures					
Flu Vaccinations for Adults (% Yes)	32.50	34.98	28.85	32.11	◆
Advising Smokers and Tobacco Users to Quit (% Sometimes, Usually, or Always)	71.36	68.94	70.91	70.40	◆
Discussing Cessation Medications (% Sometimes, Usually, or Always)	45.93	44.59	46.76	45.76	◆
Discussing Cessation Strategies (% Sometimes, Usually, or Always)	40.19	41.81	37.50	39.83	◆
CHILD MEDICAID SURVEY					
Getting Care					
Getting Needed Care Composite (% Always or Usually)	94.85	92.15	94.83	93.94	◆◆◆◆
Ease of Getting Needed Care (% Always or Usually)	95.33	94.03	97.56	95.64	◆◆◆◆
Ease of Seeing a Specialist (% Always or Usually)	NA	90.27	NA	NA	NC
Getting Care Quickly Composite (% Always or Usually)	96.05	93.39	95.25	94.90	◆◆◆◆
Ease of Getting Urgent Care (% Always or Usually)	NA	95.83	97.20	NA	NC
Ease of Getting a Check-up or Routine Care (% Always or Usually)	93.16	90.94	93.30	92.47	◆◆◆◆
Satisfaction with Physicians					
Rating of Personal Doctor (% 9 or 10)	82.09	77.46	76.49	78.68	◆◆
Rating of Specialist Seen Most Often (% 9 or 10)	NA	68.22	NA	NA	NC
Rating of All Health Care (% 9 or 10)	70.09	73.19	68.02	70.43	◆
Coordination of Care (% Always or Usually)	88.99	85.35	93.16	89.17	◆◆◆

Member Experience - Medicaid Population	ABHWV %	THP %	UHP %	MCP AVG %	Comparison to Benchmarks
Overall Ratings					
Rating of All Health Care (% 8, 9 or 10)	88.32	87.38	85.43	87.04	◆
Rating of Personal Doctor (% 8, 9 or 10)	90.67	88.03	89.66	89.45	◆
Rating of Specialist Seen Most Often (% 8, 9 or 10)	NA	84.11	NA	NA	NC
Rating of Health Plan (% 8, 9 or 10)	88.19	85.15	86.59	86.64	◆◆
Rating of Health Plan (9+10)	76.74	72.49	70.26	73.16	◆◆
Additional Measures					
How Well Doctors Communicate Composite (% Always or Usually)	97.97	95.83	97.08	96.96	◆◆◆◆
Doctor Explained Things (% Always or Usually)	98.09	96.42	97.49	97.33	◆◆◆
Doctor Listened Carefully (% Always or Usually)	98.08	96.79	97.08	97.32	◆◆◆
Doctor Showed Respect (% Always or Usually)	98.10	95.86	98.33	97.43	◆◆
Doctor Spent Enough Time (% Always or Usually)	97.61	94.27	95.40	95.76	◆◆◆◆
Customer Service Composite (% Always or Usually)	NA	NA	NA	NA	NC
Customer Service Provided Information/Help (% Always or Usually)	NA	NA	NA	NA	NC
Customer Service Was Courteous/Respectful (% Always or Usually)	NA	NA	NA	NA	NC
Forms Easy to Fill Out (No + Usually + Always)	98.48	97.6	97.95	98.01	◆◆◆◆
Additional Child Medicaid Children with Chronic Conditions (CCC) Population Measure Survey					
Getting Needed Information (% Always or Usually)	NA	NA	~	NA	NC
Access to Prescription Medicines (% Always or Usually)	66.89	68.58	~	NA	NC
Coordination of Care for Children With Chronic Conditions (% Yes)	78.25	77.40	~	NA	NC
Personal Doctor Who Knows Child (% Yes)	93.55	93.08	~	NA	NC
Access to Specialized Services (% Always or Usually)	NA	NA	~	NA	NC
Rating of Health Plan (9+10)	70.06	69.41	~	NA	NC

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Table 2. Appendix 2 – CAHPS Performance Measures, CHIP

Member Experience - CHIP Population	ABHWV	THP	UHP	MCP AVG	Comparison to Benchmarks
CHILD MEDICAID SURVEY – CHIP POPULATION					
Getting Care					
Getting Needed Care Composite (% Always or Usually)	89.96	92.36	89.96	90.76	◆◆◆◆
Ease of Getting Needed Care (% Always or Usually)	94.21	96.17	94.21	94.86	◆◆◆◆
Ease of Seeing a Specialist (% Always or Usually)	85.71	NA	85.71	NA	NC
Getting Care Quickly Composite (% Always or Usually)	93.03	92.35	93.03	92.80	◆◆◆◆
Ease of Getting Urgent Care (% Always or Usually)	93.03	96.12	93.03	94.06	◆◆
Ease of Getting a Check-up or Routine Care (% Always or Usually)	90.42	88.58	90.42	89.81	◆◆◆◆
Satisfaction with Physicians					
Rating of Personal Doctor (% 9 or 10)	83.28	85.11	83.28	83.89	◆◆◆◆
Rating of Specialist Seen Most Often (% 9 or 10)	NA	NA	63.64	NA	NC
Rating of All Health Care (% 9 or 10)	67.82	74.04	67.82	69.89	◆
Coordination of Care (% Always or Usually)	85.83	88.29	85.83	86.65	◆◆
Overall Ratings					
Rating of All Health Care (% 8, 9 or 10)	84.29	91.49	84.29	86.69	◆
Rating of Personal Doctor (% 8, 9 or 10)	93.01	94.50	93.01	93.51	◆◆◆◆
Rating of Specialist Seen Most Often (% 8, 9 or 10)	NA	NA	80.81	NA	NC
Rating of Health Plan (% 8, 9 or 10)	84.12	89.91	84.12	86.05	◆
Rating of Health Plan (9+10)	68.53	77.74	~	NA	NC
Additional Measures					
How Well Doctors Communicate Composite (% Always or Usually)	97.77	97.65	97.77	97.73	◆◆◆◆
Doctor Explained Things (% Always or Usually)	98.38	98.21	98.38	98.32	◆◆◆◆
Doctor Listened Carefully (% Always or Usually)	98.37	97.31	98.37	98.02	◆◆◆
Doctor Showed Respect (% Always or Usually)	97.97	98.67	97.97	98.20	◆◆◆
Doctor Spent Enough Time (% Always or Usually)	96.36	96.43	96.36	96.38	◆◆◆◆
Customer Service Composite (% Always or Usually)	NA	NA	93.28	NA	NC
Customer Service Provided Information/Help (% Always or Usually)	NA	NA	88.06	NA	NC
Customer Service Was Courteous/Respectful (% Always or Usually)	NA	NA	98.51	NA	NC
Forms Easy to Fill Out (No + Usually + Always)	~	97.03	~	NA	NC

Member Experience - CHIP Population	ABHWV	THP	UHP	MCP AVG	Comparison to Benchmarks
Children with Chronic Conditions (CCC) Population Measure Survey					
Access to Specialized Services (% Always or Usually)	~	NA	~	NA	NC
Coordination of Care for Children With Chronic Conditions (% Yes)	~	NA	~	NA	NC
Access to Prescription Medicines (% Always or Usually)	~	NA	~	NA	NC
Personal Doctor Who Knows Child (% Yes)	~	NA	~	NA	NC
Getting Needed Information (% Always or Usually)	~	NA	~	NA	NC
Satisfaction with Physicians					
Rating of Personal Doctor (% 9 or 10)	~	84.16	~	NA	NC
Rating of Health Plan (% 9 or 10)	~	79.05	~	NA	NC
Overall Ratings					
Rating of Personal Doctor (% 8, 9 or 10)	~	94.06	~	NA	NC
Rating of Health Plan (% 8, 9 or 10)	~	~	~	NA	NC

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