State of Hawaii

Department of Human Services

Med-QUEST Division

2016 External Quality Review Report of Results

For the

QUEST Integration Health Plans

and the

Community Care Services Program

March 2017

HSAG HEALTH SERVICES ADVISORY GROUP

Contents

1. Executive Summary

Overview

The 2016 Hawaii External Quality Review Report of Results for the QUEST Integration (QI) Health Plans and the Community Care Services (CCS) program is presented to comply with the Code of Federal Regulations (CFR) at 42 CFR 438.364. Health Services Advisory Group, Inc. (HSAG), is the external quality review organization (EQRO) for the Med-QUEST Division (MQD) of the State of Hawaii Department of Human Services (DHS), the single State agency responsible for the overall administration of Hawaii's Medicaid managed care program.

This report describes how data from activities conducted in accordance with 42 CFR 438.352 were aggregated and analyzed and how conclusions were drawn as to the quality and timeliness of, and access to, care furnished to Medicaid recipients by the five QI health plans and the CCS program. The QI health plans were AlohaCare QUEST Integration Plan (AlohaCare QI), Hawaii Medical Service Association QUEST Integration Plan (HMSA QI), Kaiser Permanente Hawaii QUEST Integration Plan (Kaiser QI), 'Ohana Health Plan QUEST Integration ('Ohana QI), and UnitedHealthcare Community Plan QUEST Integration (UHC CP QI). 'Ohana also has held the contract for the Community Care Services ('Ohana CCS) program since March 2013. CCS is a carved-out behavioral health specialty services plan for individuals who have been determined by the MQD to have a serious mental illness.

According to the federal Medicaid managed care regulations (42 CFR 438), the QI health plans qualify as managed care organizations (MCOs), and the CCS program meets the definition as a pre-paid inpatient health plan (PIHP). Throughout this report, however, the Hawaii MCOs and PIHP will be referred to collectively as "health plans" unless there is a need to distinguish a particular plan type.

HSAG's external quality review (EQR) of the health plans included directly performing the three federally mandated activities as set forth in 42 CFR 438.358—review and evaluation of compliance with select federal managed care standards and associated State contract requirements, validation of performance measures/Healthcare Effectiveness Data and Information Set (HEDIS®)[1-1] compliance audits, and validation of performance improvement projects (PIPs). Two optional EQR activities were also performed this year: Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[1-2] surveys of Medicaid adult members and Children's Health Insurance Program (CHIP) members using the CAHPS 5.0H Child Medicaid CAHPS survey instruments. While the adult Medicaid survey was conducted at the plan level and provided results at a plan-specific and statewide aggregate level, the CHIP survey was conducted at a statewide level due to small enrollment numbers, producing statewide aggregate results.

This report includes the following for each EQR activity conducted:

- Objectives

[1-1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[1-2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- Technical methods of data collection and analysis
- A description of data obtained
- Conclusions drawn from the data

In addition, an assessment of the strengths and weaknesses of each health plan, as well as plan comparative information, is included. The report also discusses the status of improvement activities initiated by the health plans and offers recommendations for improving the quality and timeliness of, and access to, healthcare services provided by each health plan.

This is the 12th year HSAG has produced the EQR report of results for the State of Hawaii. Report information does not disclose the identity of any patient, in accordance with 42 CFR 438.364(c).

External Quality Review Activities, Conclusions, and Recommendations

HSAG, as the EQRO for the MQD, conducted the EQR activities and analyzed the results as described in the next sections of this report. HSAG also offered conclusions and recommendations for improvement to the QI and CCS health plans.

Compliance Monitoring Review of Standards

Description

Calendar year (CY) 2016 began a new three-year cycle of compliance reviews for all of the QI health plans and the CCS program.

For the 2016 evaluation of health plan compliance, HSAG performed two types of activities. First, HSAG conducted a review of select standards for the QI and CCS programs, using monitoring tools to assess and document compliance with a set of federal and State requirements. The standards selected for review were related to the health plan's State contract requirements and the federal Medicaid managed care regulations in the (CFR) for five areas of review, or standards. A pre-on-site desk review and an on-site review with interview sessions, system and process demonstrations, and record reviews were conducted.

The second compliance review activity in 2016 involved HSAG's and the MQD's follow-up monitoring of CCS' corrective actions related to its 2015 compliance review, which were all addressed by the end of 2015 or very early 2016. Note: A compliance review was conducted only on the 'Ohana CCS program during 2015. This review brought the CCS program into alignment with the review schedule for the QI plans to ensure all standards are reviewed within a three-year period for all health plans.

Findings, Conclusions, and Recommendations

For the compliance review of health plans and the CCS program, the following tables illustrate the performance of the health plans and the CCS program in each of the standard areas reviewed. For comparison purposes, the statewide average score for the QI health plans is also presented.

Table 1-1—Compliance Standards and Scores

Standard #	Standard Name	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	'Ohana CCS	UHC CP QI	Statewide/ All Plans
I	Member Rights and Protections and Member Information	95%	93%	84%	95%	96%	95%	93%
II	Member Grievance System	98%	94%	97%	98%	98%	98%	97%
III	Access and Availability	100%	95%	95%	95%	100%	100%	98%
IV	Coverage and Authorization	100%	100%	96%	100%	100%	100%	99%
V	Coordination and Continuity of Care	100%	100%	100%	100%	100%	100%	100%
Total Compliance Score:		98%	96%	93%	98%	98%	98%	97%

Scores were calculated by assigning 1 point to *Met* items, 0.5 points to *Partially Met* items, and 0 points to *Not Met* and *NA* items, then dividing the total by the number of applicable items.

Statewide areas of strong performance that emerged were Standards V (Coordination and Continuity of Care) at 100 percent, Standard IV (Coverage and Authorization) at 99 percent, Standard III (Access and Availability) at 98 percent, and Standard II (Member Grievance System) at 97 percent. Identified as having the greatest opportunity for improvement was Standard I (Member Rights and Protections and Member Information) at 93 percent.

All but one of the health plans (Kaiser at 93 percent) scored at or above 96 percent for overall total compliance, indicating a high degree of compliance with managed care requirements.

AlohaCare QI's performance across all standards was strong, exceeding the state-wide average for each standard and having three standard areas achieving 100 percent (Access and Availability, Coverage and Authorization, and Coordination and Continuity of Care).

AlohaCare QI was required to develop a CAP to address and resolve deficiencies identified in the review. HSAG and the MQD will provide follow-up monitoring until AlohaCare QI is found to be in full compliance with the standards.

HMSA QI's performance across all standards was solid. The health plan met or exceeded the statewide average for three of the five compliance standards, and its 96 percent total compliance score fell just short

of the statewide average of 97 percent. HMSA QI achieved 100 percent scores for two standards (Coverage and Authorization, and Coordination and Continuity of Care).

HMSA QI was required to develop a CAP to address and resolve deficiencies identified in the review. HSAG and the MQD will provide follow-up monitoring until HMSA QI is found to be in full compliance with the standards.

Kaiser QI's performance across four of the five standards was also solid. The health plan met or exceeded the statewide average for two of the five compliance standards. However, its 93 percent total compliance score fell short of the statewide average score of 97 percent. Kaiser QI achieved a 100 percent score for one standard (Coordination and Continuity of Care). The Member Rights and Protections and Member Information standard represented the greatest area for improvement, with a score of 84 percent.

Kaiser QI was required to develop a CAP to address and resolve deficiencies identified in the review. HSAG and the MQD will provide follow-up monitoring until Kaiser QI is found to be in full compliance with the standards.

'Ohana QI's performance across all standards was strong. Three standards exceeded statewide scores, and one standard was equal to the statewide score at 100 percent (Coordination and Continuity of Care). 'Ohana QI's overall score of 98 percent exceeded the health plans' statewide score from HSAG's review of the same standards (97 percent).

'Ohana QI was required to develop a CAP to address and resolve deficiencies identified in the review. HSAG and the MQD will provide follow-up monitoring until 'Ohana QI is found to be in full compliance with the standards.

'Ohana CCS' performance across all standards was also strong. Four standards exceeded statewide scores, and one standard met the statewide score of 100 percent. 'Ohana CCS had three standard areas achieving 100 percent (Access and Availability, Coverage and Authorization, and Coordination and Continuity of Care). 'Ohana CCS' overall score of 98 percent exceeded the health plans' statewide score from HSAG's review of the same standards (97 percent).

'Ohana CCS was required to develop a CAP to address and resolve deficiencies identified in the review. HSAG and the MQD will provide follow-up monitoring until CCS is found to be in full compliance with the standards.

UHC CP QI's performance across all standards was strong as well. All standards exceeded statewide scores, and one standard was equal to the statewide score at 100 percent. UHC CP QI had three standard areas achieving 100 percent (Access and Availability, Coverage and Authorization, and Coordination and Continuity of Care). UHC CP QI's overall score of 98 percent exceeded the health plans' statewide score from HSAG's review of the same standards (97 percent).

UHC CP QI was required to develop a CAP to address and resolve deficiencies identified in the review. HSAG and the MQD will provide follow-up monitoring until UHC CP QI is found to be in full compliance with the standards.

With the completion of these reviews, the health plans and CCS have demonstrated their structural and operational compliance and ability to provide quality, timely, and accessible services. Calendar year 2017 will be the second year in the three-year cycle for compliance reviews. The reviews will target the remaining six standards: Provider Selection, Credentialing, Subcontractual Relationships and Delegation, Practice Guidelines, Quality Assessment and Performance Improvement, and Health Information Systems.

Validation of Performance Measures—NCQA HEDIS Compliance Audits[1-3]

Description

HSAG performed independent audits of the performance measure results calculated by the QUEST Integration (QI) health plans and Community Care Services (CCS) program according to the *2016 NCQA HEDIS Compliance Audit Standards, Policies, and Procedures, HEDIS Volume 5*. The audit procedures were also consistent with the CMS protocol for performance measure validation: *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012.[1-4] The health plans that contracted with the Med-QUEST Division (MQD) during the current measurement year for QI and CCS programs underwent separate NCQA HEDIS Compliance Audits for these programs. Each NCQA HEDIS Compliance Audit incorporated a detailed assessment of the health plans' information system (IS) capabilities for collecting, analyzing, and reporting HEDIS information, including a review of the specific reporting methods used for the HEDIS measures. HSAG also conducted an NCQA HEDIS Compliance Audit to evaluate the CCS program's IS capabilities in reporting on a set of HEDIS and non-HEDIS measures relevant to behavioral health.

The measurement period was CY 2015 (January 1, 2015, through December 31, 2015), and the audit activities were conducted concurrently with HEDIS 2016 reporting. The five QI health plans (AlohaCare QI, HMSA QI, Kaiser QI, 'Ohana QI, and UHC CP QI) were required to report the QI, aged, blind, or disabled (ABD), and non-ABD measures. In addition, 'Ohana CCS was required to report rates for the CCS program-specific measures.

During the HEDIS audits, HSAG reviewed the performance of the health plans on state-selected HEDIS or non-HEDIS performance measures. The health plans were required to report on 31 measures, yielding a total of 96 measure indicators, for the QI population. For the ABD population, health plans were required to report on 32 measures, yielding a total of 100 measure indicators. The health plans were required to report on 30 measures, yielding a total of 95 measure indicators, for the non-ABD population. 'Ohana CCS was required to report on 10 measures, yielding a total of 16 measure indicators, for the CCS program. The measures were organized into categories, or domains, to evaluate

[1-3] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

[1-4] Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR), Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Sept 27, 2016.

the health plans' performance and the quality and timeliness of, and access to, Medicaid care and services. These domains included:

- Access to Care
- Effectiveness of Care
- Children's Preventive Care
- Women's Health
- Care for Chronic Conditions
- Behavioral Health
- Utilization and Health Plan Descriptive Information

Findings, Conclusions and Recommendations

HSAG evaluated each health plan's compliance with NCQA's IS standards. All health plans were fully compliant with all standards and able to report valid performance measure rates. All health plans used software vendors that participated in NCQA's measure certification program to generate the rates required by MQD. However, Kaiser QI calculated two measures using internally developed programming code. All health plans used supplemental data to augment their internal claims/encounter data, which is allowable for HEDIS reporting.

HSAG analyzed the health plan-specific performance measure results for the combined QI population, as well as rates for the non-ABD and ABD populations, and the CCS program. For each performance measure indicator within this report, HSAG compared the HEDIS 2016 results to the NCQA national Medicaid HEDIS 2015 Audit Means and Percentiles and, where appropriate, performed significance testing to determine statistically significant changes between 2015 and 2016. Additionally, HSAG compared 18 measure indicators to Quality Strategy targets established by the MQD based on the national 2015 HEDIS Medicaid HMO percentiles.[1-5] The MQD Quality Strategy targets are defined in Section 3 (Plan-Specific Results, Conclusions, and Recommendations) in Table 3-7.

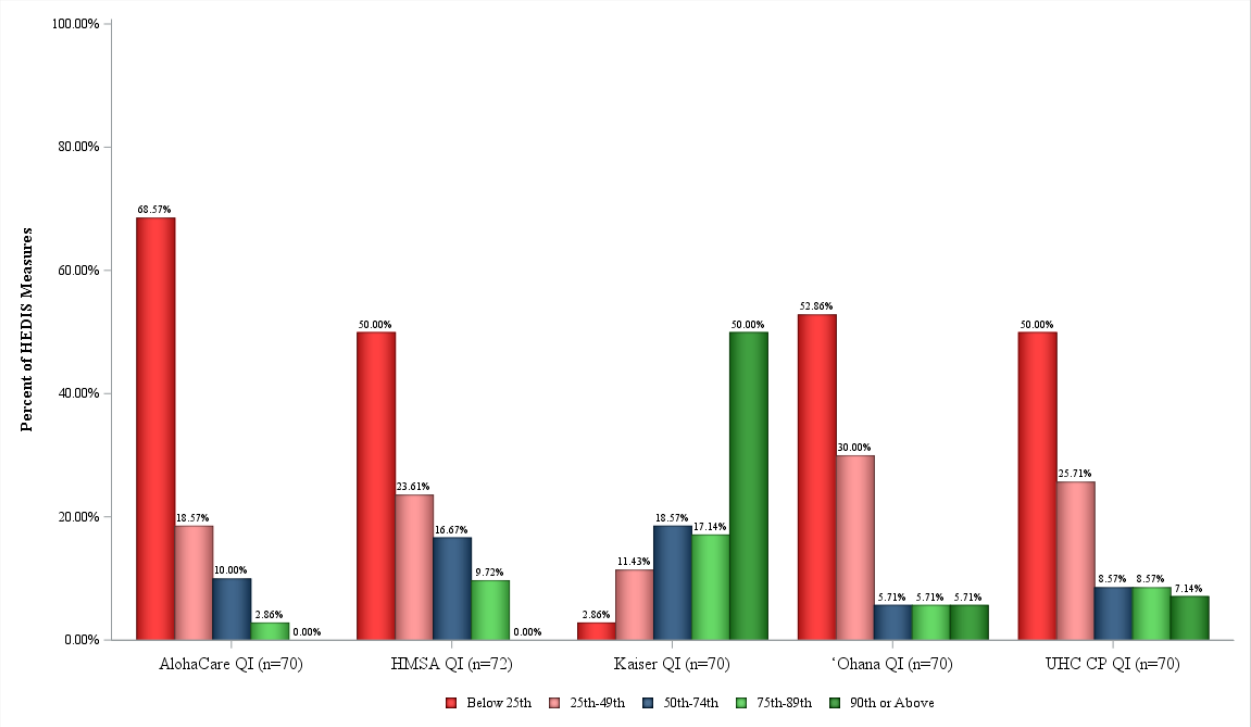
QI Performance Measure Results

The health plans reported and HSAG validated 96 HEDIS 2016 performance measure indicators for the QI population, of which up to 72 indicators were compared to national Medicaid percentiles.[1-6] Of note, 2016 is the first year that rates for the QI population were evaluated by HSAG. Figure 1-1 displays the health plans' performance compared to the national Medicaid percentiles.

[1-5] Since national Medicaid benchmarks are not available for the *Medication Reconciliation Post-Discharge* measure, this measure was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

[1-6] The *Inpatient Utilization-General Hospital/Acute Care* and *Mental Health Utilization* measure results do not warrant comparisons to national benchmarks. Further, national Medicaid percentiles do not exist for *Plan All-Cause Readmissions* and *Colorectal Cancer Screening*. For these reasons, these measure results are presented for informational purposes and were not compared to national percentiles.

Figure 1-1—Comparison of QI Measure Indicators to HEDIS Medicaid National Percentiles



Please note: Percentages may not total 100% due to rounding.

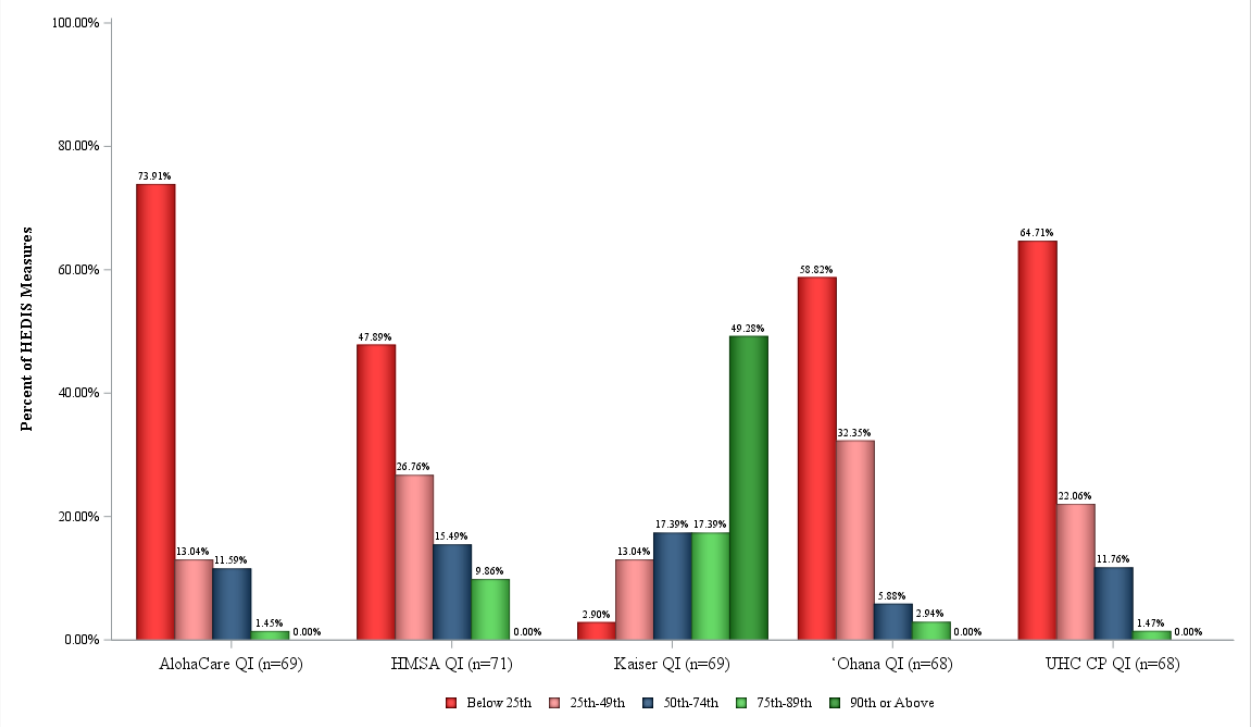
As presented in Figure 1-1, health plan performance was diverse for the QI population. The highest-performing health plan was Kaiser QI, with approximately 67 percent of its measure indicator rates ranking at or above the national Medicaid 75th percentile and 50 percent of these measures ranking at or above the national Medicaid 90th percentile. Conversely, the majority of the remaining health plans' QI population rates fell below the national Medicaid 25th percentile, with 50 percent of HMSA QI's and UHC CP QI's rates falling below the national Medicaid 25th percentile, roughly 53 percent of 'Ohana QI's rates falling below the national Medicaid 25th percentile, and approximately 69 percent of AlohaCare QI's rates falling below the national Medicaid 25th percentile.

In addition, all five health plans had reportable rates for the 18 measures with MQD Quality Strategy targets that were specific to the QI population. Thirteen of Kaiser QI's rates (72 percent) met or exceeded the MQD Quality Strategy targets. Five of UHC CP QI's rates (28 percent) met or exceeded the MQD Quality Strategy targets. Two of 'Ohana QI's rates (11 percent) met or exceeded the MQD Quality Strategy targets, and one of HMSA's QI rates (6 percent) met or exceeded the MQD Quality Strategy targets. None of AlohaCare QI's rates met the MQD Quality Strategy targets.

Non-ABD Performance Measure Results

The health plans reported and HSAG validated 95 performance measure indicators for the non-ABD population, of which up to 71 indicators were compared to national Medicaid percentiles.[1-7] Figure 1-2 displays the health plans' performance compared to the national Medicaid percentiles.

Figure 1-2—Comparison of Non-ABD Measure Indicators to HEDIS Medicaid National Percentiles



Please note: Percentages may not total 100 percent due to rounding.

Health plan performance varied for the non-ABD population, with Kaiser QI's performance exceeding that of the other QI health plans when compared to national Medicaid percentiles. Approximately 67 percent of Kaiser QI's rates ranked at or above the national Medicaid 75th percentile, with roughly 49 percent of these measure rates ranking at or above the national Medicaid 90th percentile. Conversely, most of the remaining health plans' QI population rates fell below the national Medicaid 25th percentile. Specifically, approximately 74 percent of AlohaCare QI's rates, 48 percent of HMSA QI's rates, 59 percent of 'Ohana QI's rates, and 65 percent of UHC CP QI's rates fell below the national Medicaid 25th percentile.

While the QI has 18 measures, the non-ABD had 17 measures. For the measures that were specific to the non-ABD population, all five health plans had reportable rates for the 17 measures with MQD Quality Strategy targets. Thirteen measure indicator rates reported by Kaiser QI (76 percent) met or exceeded

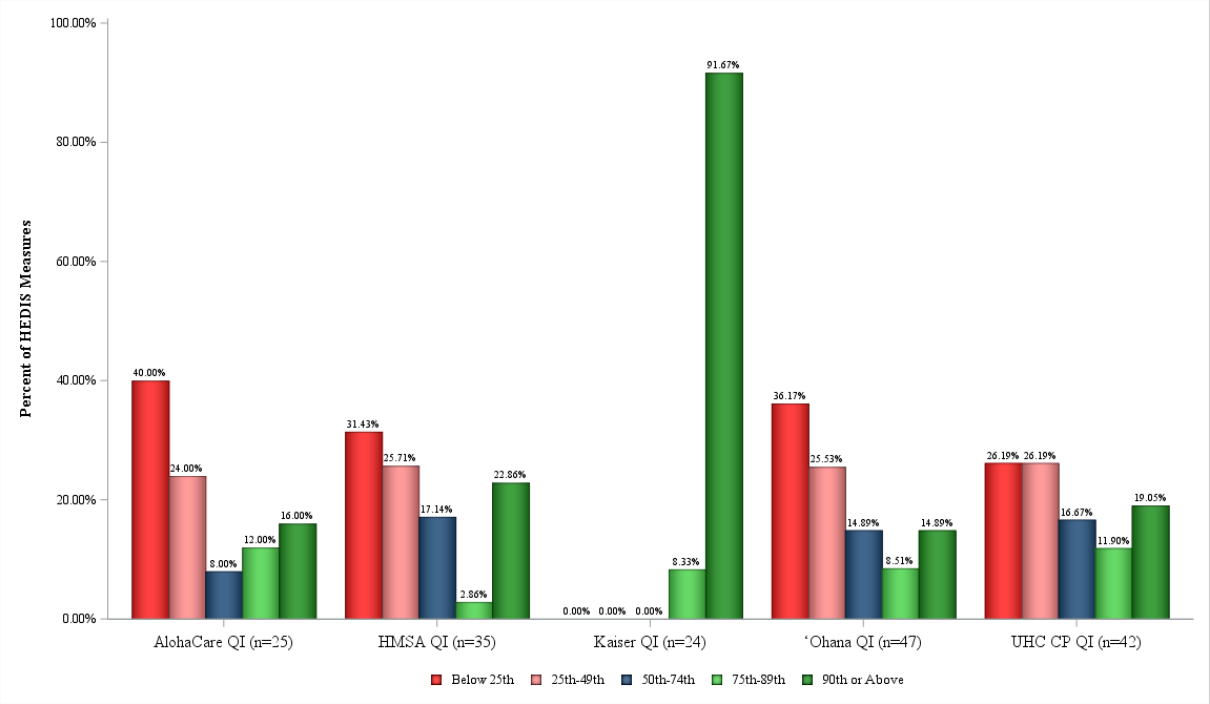
[1-7] The *Enrollment by Product Line, Inpatient Utilization-General Hospital/Acute Care,* and *Mental Health Utilization* measure results do not warrant comparisons to national benchmarks. Further, national Medicaid percentiles do not exist for *Plan All-Cause Readmissions* and *Colorectal Cancer Screening*. For these reasons, these measure results are presented for informational purposes and were not compared to national percentiles.

the MQD Quality Strategy targets, and one of HMSA QI's reported rates (6 percent) met or exceeded the MQD Quality Strategy target. None of AlohaCare QI's, 'Ohana QI's, or UHC CP QI's rates met the MQD Quality Strategy targets.

ABD Performance Measure Results

The health plans reported and HSAG validated 100 ABD population performance measure indicators, of which up to 47 indicators were compared to national Medicaid percentiles.[1-8] Of note, HSAG evaluated ABD population rates for 'Ohana QI and UHC CP QI in 2015, but 2016 is the first year that HSAG evaluated ABD rates for the remaining health plans. Figure 1-3 displays the health plans' performance compared to the national Medicaid percentiles.

Figure 1-3—Comparison of ABD Measure Indicators to HEDIS Medicaid National Percentiles



Please note: Percentages may not total 100 percent due to rounding.

As presented in Figure 1-3, the highest-performing health plan was Kaiser QI, with all of its measure rates ranking at or above the national Medicaid 75th percentile and approximately 92 percent these measure rates ranking at or above the national Medicaid 90th percentile. Rates for the remaining health plans demonstrated mixed performance compared to the national Medicaid percentiles. Roughly one-third of UHC CP QI's rates ranked at or above the national Medicaid 75th percentile, but more than 50 percent fell below the national Medicaid 50th percentile, with approximately 26 percent of the rates

[1-8] The *Enrollment by Product Line*, *Inpatient Utilization—General Hospital/Acute Care* and *Mental Health Utilization* measure results do not warrant comparisons to national benchmarks. Further, national Medicaid percentiles do not exist for *Plan All-Cause Readmissions*, *Care for Older Adults*, *Colorectal Cancer Screening*, and *Medication Reconciliation Post-Discharge*. For these reasons, these measure results are presented for informational purposes and were not compared to national percentiles.

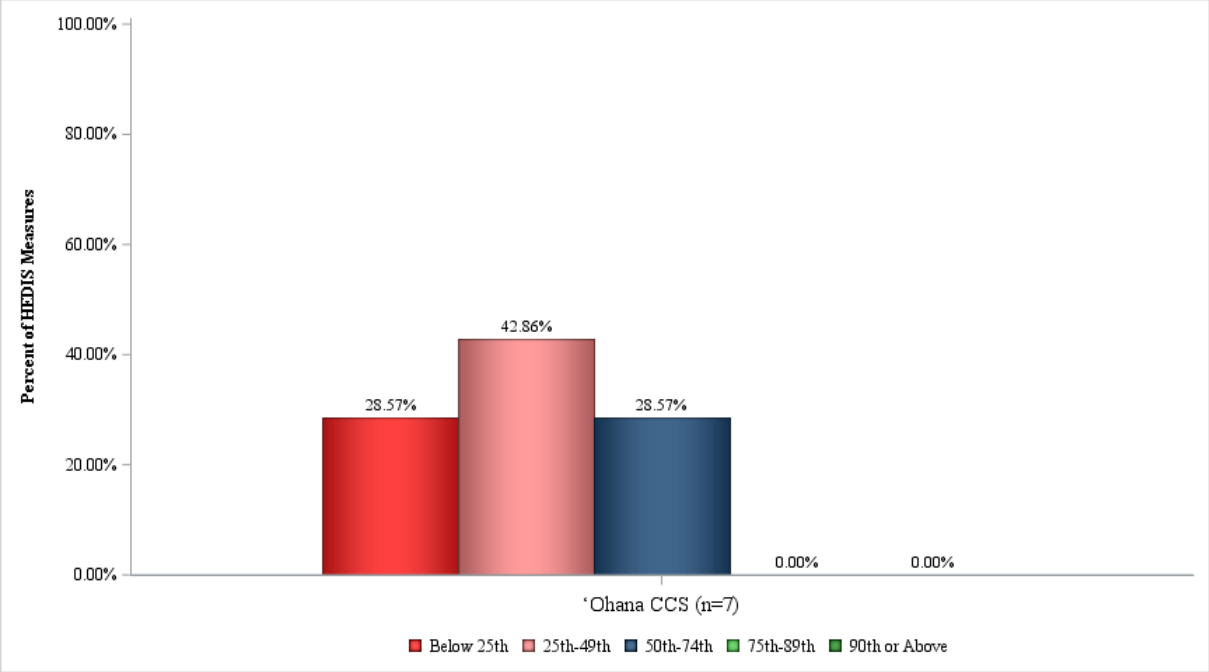
falling below the national Medicaid 25th percentile. Further, approximately one-quarter of AlohaCare QI's, HMSA QI's, and 'Ohana QI's rates ranked at or above the national Medicaid 75th percentile, but the majority of these health plans' rates fell below the national Medicaid 50th percentile.

While the QI has 18 measures, the ABD had 17 measures. Of the 17 ABD population measures with MQD Quality Strategy targets, Kaiser QI had reportable rates for 10 of these measure indicators, and nine of these rates (90 percent) met or exceeded the MQD Quality Strategy targets. Of the 17 measure indicators that were reportable for 'Ohana QI, four rates (24 percent) met or exceeded the MQD Quality Strategy targets. Of the 14 measure indicators that were reportable for UHC CP QI, three rates (21 percent) met or exceeded the MQD Quality Strategy targets. Of the 12 reportable rates for HMSA QI, one rate (8 percent) met or exceeded the MQD Quality Strategy targets. None of AlohaCare QI's rates met the MQD Quality Strategy targets.

CCS Performance Measure Results

'Ohana CCS reported and HSAG validated 16 indicator rates, of which seven indicators were compared to national Medicaid percentiles.[1-9] HSAG evaluated the CCS program rates for 'Ohana CCS in 2015 and 2016. Figure 1-4 displays 'Ohana CCS program performance compared to the national Medicaid percentiles.

Figure 1-4—Comparison of 'Ohana CCS' Rates to HEDIS Medicaid National Percentiles



Please note: Percentages may not total 100 percent due to rounding.

[1-9] The *Mental Health Utilization* measure results do not warrant comparisons to national benchmarks. Further, national Medicaid percentiles do not exist for *Plan All-Cause Readmissions* or the two non-HEDIS measures: *Behavioral Health Assessment* and *Follow-up with Assigned PCP Following Hospitalization for Mental Illness.* For these reasons, these measure results are presented for informational purposes and were not compared to national percentiles.

As presented in Figure 1-4, none of 'Ohana CCS' reported rates ranked at or above the national Medicaid 75th percentile. Conversely, approximately 71 percent of 'Ohana CCS' rates fell below the national Medicaid 50th percentile, with approximately 29 percent of these rates falling below the national Medicaid 25th percentile. 'Ohana CCS' did not meet the MQD Quality Strategy targets for *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge* and *Follow-Up Within 30 Days of Discharge*. These were the only measures with MQD Quality Strategy targets for the CCS program.

Recommendations for improvement are presented in the population and health plan-specific results sections of this report. In general, HSAG recommends that each health plan focus on improving performance related to the measure indicators with rates that fell below the national Medicaid 25th percentile to determine if interventions are warranted, focusing efforts on identifying improvement strategies that could be leveraged to improve all rates for each population.

Validation of Performance Improvement Projects (PIPs)

Description

PIPs are designed as an organized way to assist health plans in assessing their healthcare processes, implementing process improvements, and improving outcomes of care. In 2016, HSAG validated two PIPs for each of the QI and CCS health plans, for a total of 12 PIPs. The five QUEST Integration plans were required by the MQD to conduct PIPs related to *All-Cause Readmissions* and a second topic to improve *Diabetes Care*. The *All-Cause Readmissions* PIP topic is a key focus of the MQD's quality strategy. CCS conducted two PIPs: *Follow-up After Hospitalization for Mental Illness* and *Initiation of Alcohol and Substance Abuse Treatment.*

The goal of HSAG's PIP validation is to ensure that the health plan and key stakeholders can have confidence that any reported improvement is related and can be linked to the quality improvement strategies and activities conducted during the life of the PIP. In 2014, HSAG developed a new PIP framework based on a modified version of the Model for Improvement developed by Associates in Process Improvement and applied to healthcare quality activities by the Institute for Healthcare Improvement. The redesigned PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous improvement focused on small tests of change. The methodology focuses on evaluating and refining small process changes in order to determine the most effective strategies for achieving real improvement. To illustrate how the rapid-cycle PIP framework continued to meet CMS requirements, HSAG completed a crosswalk of this new framework against the Department of Health and Human Services, CMS publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[1-10] HSAG presented the crosswalk and new PIP framework components to CMS, and

[1-10] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Feb 19, 2016.

CMS agreed that with the pace of quality improvement science development and the prolific use of Plan-Do-Study-Act (PDSA) cycles in modern PIPs within healthcare settings, a new approach was reasonable, approving HSAG's rapid-cycle PIP framework for validation of PIPs for the State of Hawaii.

Validation Overview

HSAG's methodology for evaluating and documenting PIP findings is a consistent, structured process that provides the health plan with specific feedback and recommendations for the PIP. HSAG uses this methodology to determine the PIP's overall validity and reliability, and to assess the level of confidence in the reported findings. HSAG's validation of rapid-cycle PIPs includes the following two key components of the quality improvement process:

- Evaluation of the technical structure to determine whether a PIP's initiation (i.e., topic rationale, PIP team, aims, key driver diagram, and data collection methodology) is based on sound methods and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
- Evaluation of the quality improvement activities conducted. Once designed, a PIP's effectiveness in improving outcomes depends on thoughtful and relevant intervention determination, intervention testing and evaluation through the use of PDSA cycles, and sustainability and spreading successful change. This component evaluates how well the health plan executed its quality improvement activities and whether the desired aim was achieved and sustained.

Findings, Conclusions, and Recommendations

All of the health plans progressed to testing interventions for the rapid-cycle PIPs in the 2016 annual validation cycle and submitted a Module 4 (PDSA cycle) for each intervention selected for testing. The health plans received recommendations from HSAG for the initial review of the Module 4 submissions. All of the health plans satisfactorily addressed HSAG's recommendations and feedback in the resubmitted Module 4s. The health plans had not yet progressed to reporting healthcare measure outcomes at the time of the validation. Following the review and validation of the health plans' 2016 PIPs, HSAG concluded that overall:

- The performance on the PIPs suggests that the health plans were able to successfully complete the first Module 4 submission (intervention testing using PDSA) for each PIP topic after receiving feedback from HSAG.
- The health plans should be cognizant of timing of interventions. If there are delays with beginning intervention testing, there may not be enough data points to determine meaningful and sustained improvement by the specific, measurable, attainable, relevant, and time-bound (SMART) Aim end date.
- The PIP process should be a learning experience that provides participating team members and organizations with new knowledge and skills that can be applied in ongoing quality improvement efforts.

- Module 5 (PIP conclusions) will be submitted within a few weeks of the SMART Aim end date (December 31, 2016). The conclusion of the PIP should be used as a springboard for sustaining improvement achieved and attaining new improvement.
- In Module 5, the health plans should provide an accurate summary of the overall key findings and interpretation of results.
- In Module 5, the health plans should document lessons learned and a plan for spreading successful interventions beyond the initial scope of the project.
- The health plans should request technical assistance from HSAG at any point in the process, if needed.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Plan-Specific Adult Medicaid Survey and Statewide CHIP Survey

Description

The CAHPS health plan surveys are standardized survey instruments which measure members' satisfaction levels with their healthcare. For 2016, HSAG administered the CAHPS 5.0H Adult Medicaid Health Plan Survey to adult Medicaid members of the QI health plans, as well as a CHIP-eligible CAHPS 5.0 survey of members via a statewide sampling methodology, who met age and enrollment criteria. All members of sampled adult Medicaid and CHIP members completed the surveys from February to May 2016 and received an English version of the survey with the option to complete the survey in one of four non-English languages predominant in the State of Hawaii: Chinese, Ilocano, Korean, or Vietnamese.[1-11] Standard survey administration protocols were followed in accordance with NCQA specifications. These standard protocols promote the comparability of resulting health plan and/or State-level CAHPS data.

For each survey, the results of 11 measures of satisfaction were reported. These measures included four global ratings (*Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often*) and five composite measures (*Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Customer Service*, and *Shared Decision Making*). In addition, two individual items were assessed (*Coordination of Care* and *Health Promotion and Education*).

Findings and Conclusions for the QI Health Plans

For the QI health plans and the statewide QI Program aggregate, 2016 scores were compared to the 2015 NCQA national adult Medicaid average, and the following results were noted:

- The QI Program aggregate scores exceeded the NCQA national adult Medicaid average on nine of the 11 measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*,

[1-11] Please note that administration of the CAHPS survey in these alternate non-English languages (i.e., Chinese, Ilocano, Korean, and Vietnamese) deviates from standard NCQA protocol. The CAHPS 5.0H Adult Medicaid Health Plan Survey is made available by NCQA in English and Spanish only. NCQA's approval of this survey protocol enhancement was required in order to allow members the option to complete the CAHPS survey questionnaire in these alternate languages.

Rating of Specialist Seen Most Often, *Getting Needed Care*, *How Well Doctors Communicate*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.

- AlohaCare QI scored above the NCQA national adult Medicaid average on seven of the 11 measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, *How Well Doctors Communicate*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.
- HMSA QI scored above the NCQA national adult Medicaid average on seven of the 11 measures: *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *How Well Doctors Communicate*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.
- Kaiser QI scored above the NCQA national adult Medicaid average on 10 of the 11 measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *How Well Doctors Communicate*, *Customer Service*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.
- 'Ohana QI scored above the NCQA national adult Medicaid average on nine of the 11 measures: *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.
- UHC CP QI scored above the NCQA national adult Medicaid average on eight of the 11 measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Customer Service*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.

Figure 1-5 depicts the 2016 top-box scores for the statewide QI Program aggregate and the 2015 NCQA national adult Medicaid average for each of the global ratings.

Figure 1-5—QI Program Aggregate: Global Ratings

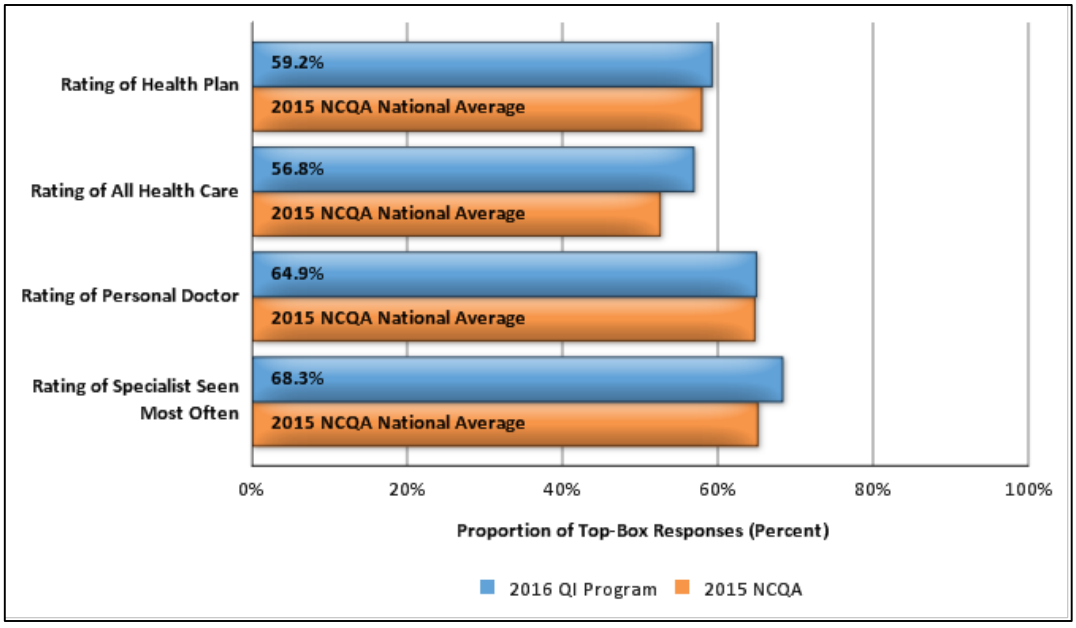


Figure 1-6 depicts the 2016 top-box scores for the statewide QI Program aggregate and the 2015 NCQA national adult Medicaid average for each of the composite measures.

Figure 1-6—QI Program Aggregate: Composite Measures

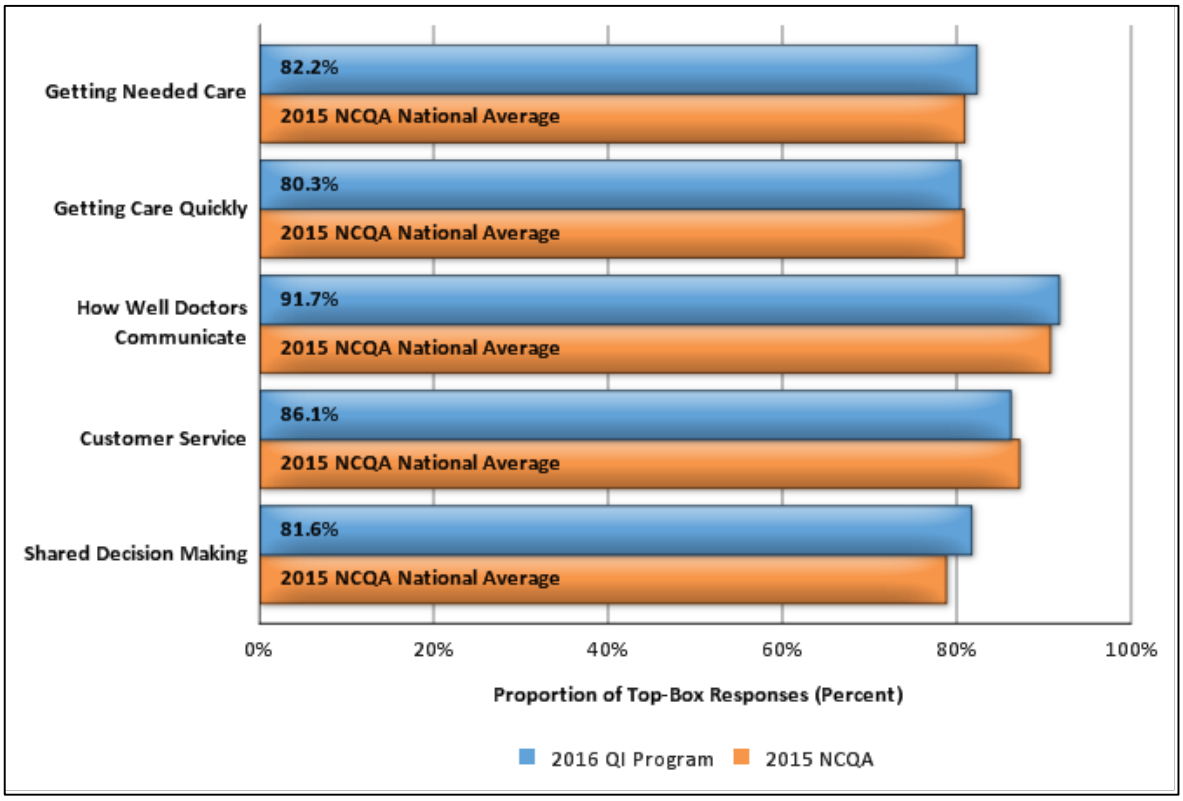
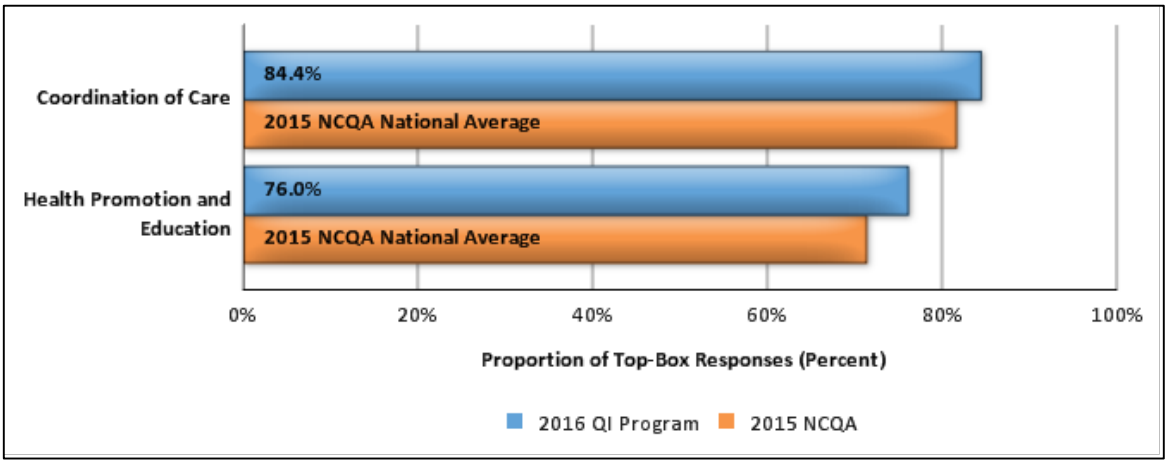


Figure 1-7 depicts the 2016 top-box scores for the statewide QI Program aggregate and the 2015 NCQA national adult Medicaid average for each of the individual item measures.

Figure 1-7—QI Program Aggregate: Individual Item Measures



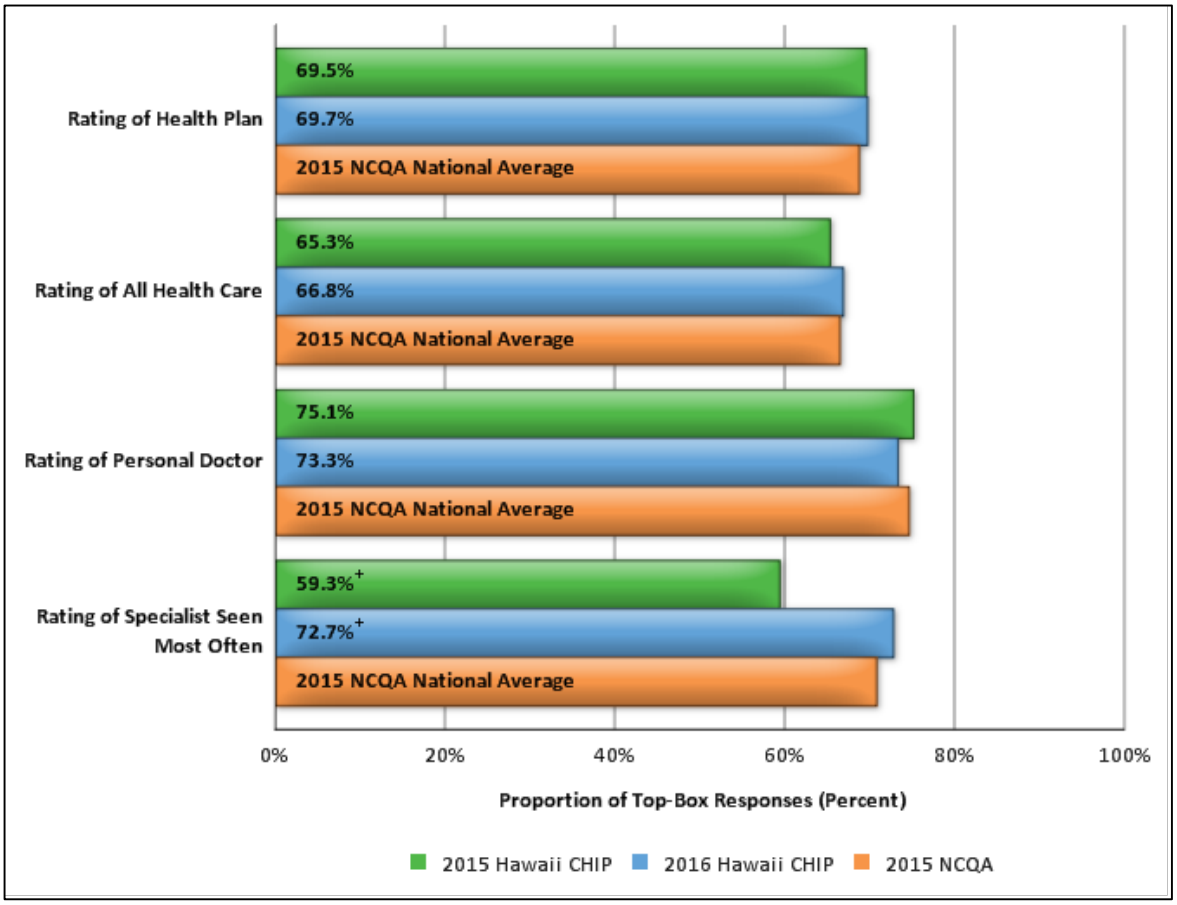
Findings and Conclusions for CHIP

As NCQA does not publish separate benchmarking data for the CHIP population, the NCQA national averages for the child Medicaid population were used for comparative purposes. As compared to the 2015 NCQA national child Medicaid average, the following results were noted for the CHIP population:

The 2016 CHIP Program scores were above the 2015 NCQA national child Medicaid average on six of the 11 reportable measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, *How Well Doctors Communicate*, *Shared Decision Making*, and *Health Promotion and Education*.

Figure 1-8 depicts the 2015 and 2016 top-box scores for CHIP and the 2015 NCQA national child Medicaid average for each of the global ratings.

Figure 1-8—CHIP: Global Ratings



+ There were fewer than 100 respondents for the CAHPS measure; therefore, caution should be exercised when interpreting these results.

Figure 1-9 depicts the 2015 and 2016 top-box scores for CHIP and the 2015 NCQA national child Medicaid average for each of the composite measures.

Figure 1-9—CHIP: Composite Measures

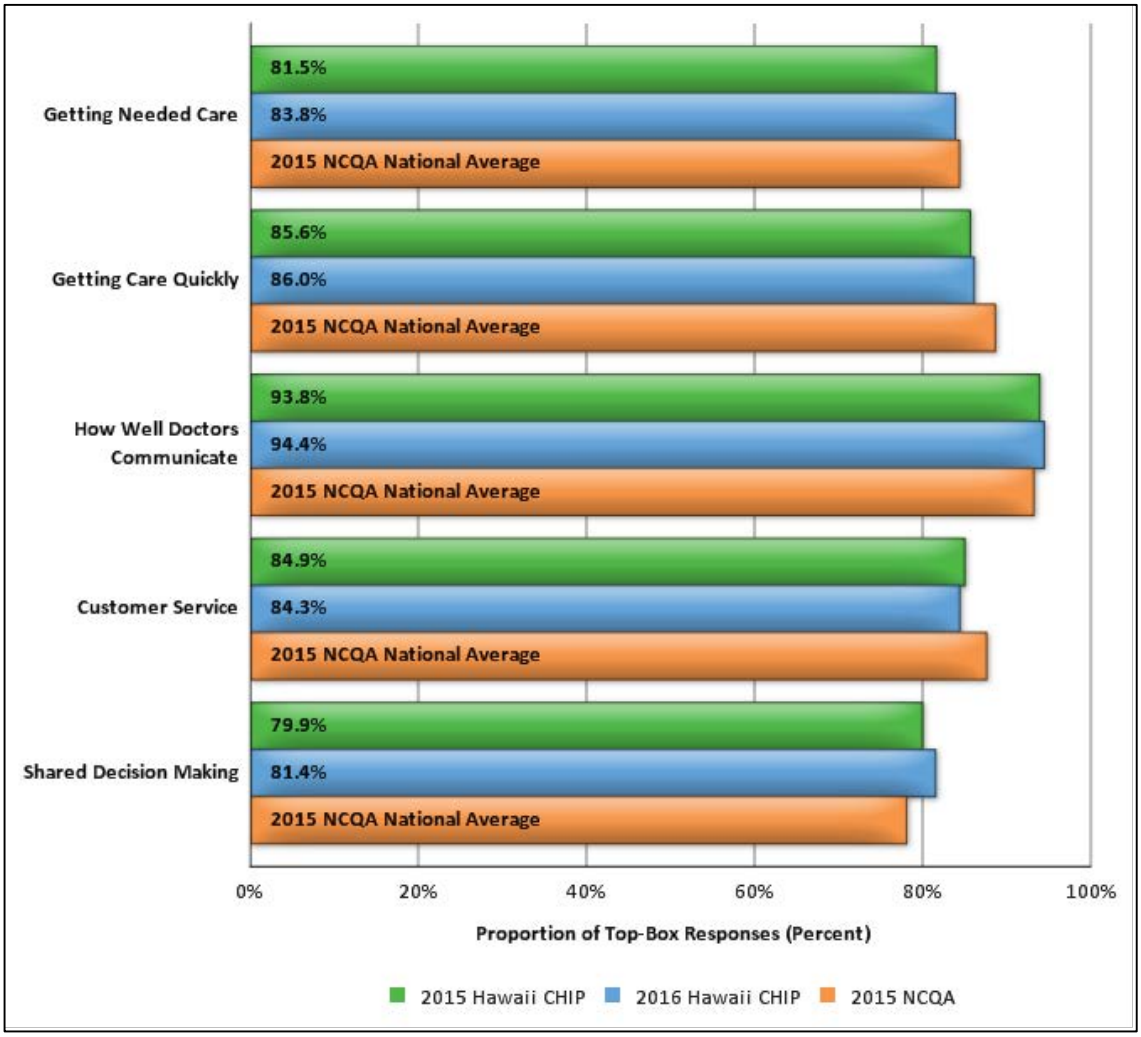
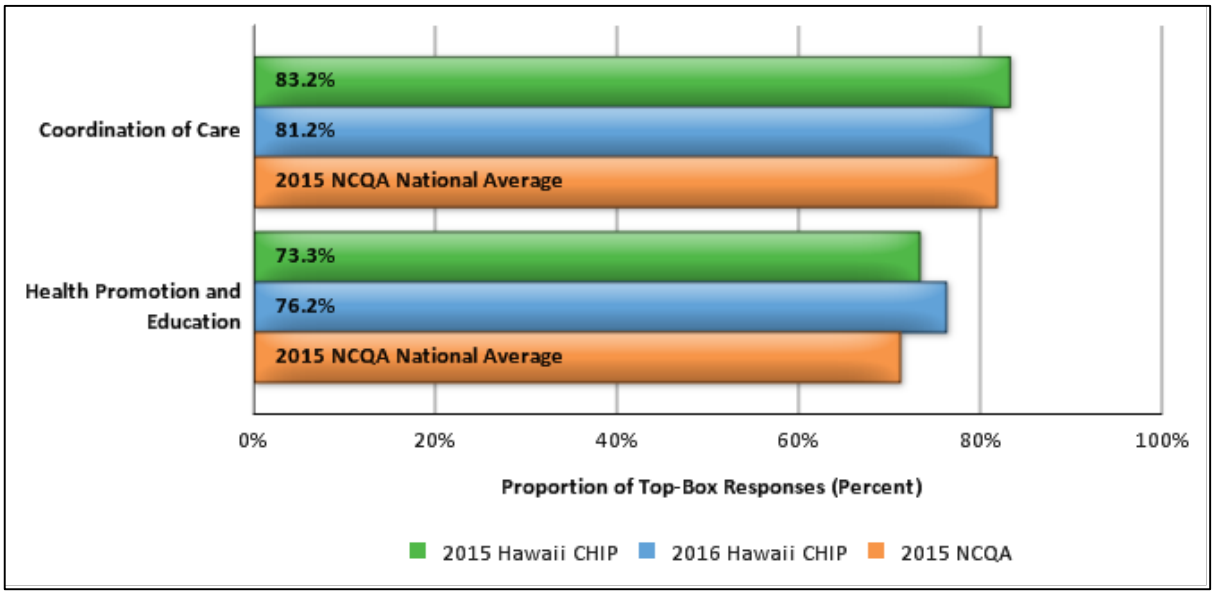


Figure 1-10 depicts the 2015 and 2016 top-box scores for the statewide CHIP aggregate and the 2015 NCQA national child Medicaid average for each of the individual item measures.

Figure 1-10—CHIP: Individual Item Measures



Provider Survey

HSAG conducted a provider survey during 2016 at the request of the MQD. The objective of this activity was to provide meaningful information to the MQD and the QI health plans about providers' perceptions of the QI health plans. The results of the 2016 Hawaii Provider Survey questions were presented by five domains of satisfaction related to general positions, providing quality care, non-formulary, service coordinators, and specialists.

Findings and Conclusions

Standard tests of statistical significance were conducted to determine if statistically significant differences in QI health plan performance existed between the QI health plans' 2016 top-box rates. As is standard in most survey implementations, a "top-box" rate is defined by a positive or satisfied response. Below is a summary of the statistically significant differences that existed between the 2016 "top-box" rates of the QI health plans.

- AlohaCare QI's 2016 top-box rate for adequacy of specialists (6.6 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- HMSA QI's 2016 top-box rates for compensation satisfaction and timeliness of claims payments (35.7 percent and 58.0 percent, respectively) were both higher than the aggregate rates of the other QI health plans, and the differences were statistically significant.

- HMSA QI's 2016 top-box rate for prior authorization process (16.8 percent) was higher than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- HMSA QI's 2016 top-box rate for adequacy of specialists (21.6 percent) was higher than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- Kaiser QI's 2016 top-box rates for compensation satisfaction and timeliness of claims payments (63.4 percent and 61.5 percent, respectively) were both higher than the aggregate rates of the other QI health plans, and the differences were statistically significant. Also, no providers were dissatisfied with the timeliness of claims payments from Kaiser QI.
- Kaiser QI's 2016 top-box rates for prior authorization process and formulary (32.4 percent and 56.3 percent, respectively) were both higher than the aggregate rates of the other QI health plans, and the differences were statistically significant. Also, no providers indicated that Kaiser QI's formulary negatively impacted their ability to provide quality care.
- Kaiser QI's 2016 top-box rate for adequate access to non-formulary drugs (72.9 percent) was higher than the aggregate rate of the other QI health plans, and the difference was statistically significant. Also, no providers were dissatisfied with the adequacy of Kaiser QI's access to non-formulary drugs.
- Kaiser QI's 2016 top-box rate for helpfulness of service coordinators (75.0 percent) was higher than the aggregate of the other QI health plans, and the difference was statistically significant. Also, no providers were dissatisfied with the adequacy of the help provided by Kaiser QI's service coordinators.
- Kaiser QI's 2016 top-box rates for adequacy of specialists and adequacy of behavioral health specialists (80.0 percent and 23.9 percent, respectively) were both higher than the aggregate rates of the other QI health plans, and the differences were statistically significant.
- 'Ohana QI's 2016 top-box rates for compensation satisfaction and timeliness of claims payments (12.6 percent and 24.0 percent, respectively) were both lower than the aggregate rates of the other QI health plans, and the differences were statistically significant.
- 'Ohana QI's 2016 top-box rate for formulary (6.1 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- 'Ohana QI's 2016 top-box rate for adequate access to non-formulary drugs (1.3 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- 'Ohana QI's 2016 top-box rate for helpfulness of service coordinators (9.2 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- 'Ohana QI's 2016 top-box rate for adequacy of specialists (5.0 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- UHC CP QI's 2016 top-box rates for compensation satisfaction and timeliness of claims payments (15.6 percent and 29.8 percent, respectively) were both lower than the aggregate rates of the other QI health plans, and the differences were statistically significant.
- UHC CP QI's 2016 top-box rate for formulary (8.4 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- UHC CP QI's 2016 top-box rate for adequate access to non-formulary drugs (1.3 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.

- UHC CP QI's 2016 top-box rate for helpfulness of service coordinators (10.3 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- UHC CP QI's 2016 top-box rates for adequacy of specialists and adequacy of behavioral health specialists (both 3.7 percent) were both lower than the aggregate rates of the other QI health plans, and the differences were statistically significant.

Recommendations

The Provider Survey revealed opportunities to improve provider satisfaction. Kaiser QI's rate was higher than the aggregate rate of the other plans on all domains, and the difference was statistically significant. Conversely, 'Ohana (WellCare) QI and UHC CP QI exhibited the most opportunity for improvement, with rates lower than the aggregate rate of the other plans on nearly all domains.

Based on these results, the following are general quality improvement recommendations that the plans and the MQD should consider to increase or maintain a high level of provider satisfaction.[1-12] The MQD and each plan should evaluate these general recommendations in the context of their own operational and quality improvement activities.

- HSAG recommends that the MQD evaluate 'Ohana (WellCare) QI's and UHC CP QI's performance on the various domains evaluated as part of the survey, based on the provider's feedback. The issues/concerns expressed by providers with these two plans may cause some providers to leave the Medicaid market, which would add to the provider shortage and provider access issue in the State of Hawaii.
- Providers consistently expressed concerns in getting adequate specialty care due to the immense lack of specialists. The process to refer patients to specialists was noted as especially difficult. The shortage of specialists on the island requires patients to travel to get care, but limitations related to availability and travel arrangements prevent many patients from being seen in a timely manner. Providers are becoming overwhelmed by the growing demand, while many members are being left with nowhere to go. HSAG recommends the MQD and the QI health plans collaborate on a solution to this issue, such as provider recruitment and retention, and focus on the patient-centered medical home (PCMH) model of care.
- Some providers indicated that the prior authorization process has a negative impact on their ability to provide quality care. QI health plans could work toward programming medical services and drugs that require prior authorization into their systems and workflows to automate the process (e.g., expand availability and interoperability of health information technology). The MQD can work with the QI health plans to support the simplification and standardization of the preauthorization forms and process.
- Providers' feedback indicated that opportunities still exist to ensure that QI health plans have adequate access to non-formulary drugs. QI health plans typically choose which drugs to include in

[1-12] Brodsky, Karen L. "Best Practices in Specialty Provider Recruitment and Retention: Challenges and Solutions." *HealthWorks Consulting, LLC*, 2005.

the formulary. The MQD should consider working with the QI health plans to establish standard policies and procedures to ensure adequate access to non-formulary drugs.

- Periodic provider focus groups could be implemented to gain further valuable information and insight into areas of poor performance as described in the survey feedback. Hearing about specific scenarios and examples of provider issues may help the QI health plans in understanding and targeting areas needing performance improvement. QI health plans could then use a performance improvement project approach to determine interventions and perform a targeted remeasurement of provider satisfaction at a later date.

Future Survey Administration Recommendations for the MQD

HSAG recommends continued administration of the provider survey every two years. This remeasurement would provide valuable trending information to the MQD, providers, the general public, as well as the QI health plans. Trending the data will allow QI health plans to determine which areas they have improved and which areas require direct improvement efforts. HSAG recommends that the MQD use the same survey instrument to allow for trending. HSAG also recommends that the MQD continue to oversample in order to increase the number of providers that participate in the survey.

HSAG recommends that the MQD continue to employ alternative approaches to increase provider participation in the survey. Increasing the overall number of respondents to the survey reduces the likelihood of nonresponse bias and increases the likelihood that the responses reflect those of all providers serving QI members. Some specific recommended strategies follow:

- Informing QI health plans and/or providers of a future survey can greatly increase the number of responses. A survey notification, in the form of a letter or an email, could be sent from the MQD prior to administering the survey to inform QI health plans and/or providers about the upcoming survey, estimated timeline for administration, and when and how the survey results will be made available. Additionally, to augment the cover letter included with the mailed survey, the MQD could stress the importance of provider participation in the reminder notice and encourage providers to complete the survey when it arrives. The MQD should continue its work with QI health plans and request that they send reminder notifications to providers or publish an announcement in provider newsletters, encouraging them to participate in the survey.
- HSAG recommends that the MQD collect email addresses for its QI providers to ensure this information is captured in the MQD's provider database system from which the provider survey sample is taken. Alternatively, the MQD could work with the QI health plans to obtain this email contact information.
- A web-based survey is an easy and convenient way for providers to respond to the survey. HSAG recommends that the MQD continue to use a mixed-mode approach (e.g., mail survey, email reminders, or web-based survey) to help yield higher response rates. An email with a direct link to the web-based survey and customized to include a provider's specific login promotes provider participation by allowing immediate and convenient access to the web-based survey. The potential for initial and follow-up distribution of the survey via provider email as opposed to only mailed paper copies would increase the likelihood of higher response rates by allowing ease of access to the web-based component of the survey.

2. Overview

Overview of the Hawaii Medicaid Service Delivery System

The Hawaii Medicaid Program

Medicaid covers more than 343,000[2-1] individuals in the State of Hawaii. The MQD, the division of the Department of Human Services responsible for the overall administration of the State's Medicaid managed care program, has as its mission statement, "To be a leader for improving the health status of Hawaii residents and to ensure that those eligible for Med-QUEST programs have access to and receive coordinated and comprehensive high quality care." The MQD has adapted the Institute of Medicine's (IOM's) framework of quality and strive for our beneficiaries to receive care that is:

- *Safe*—prevents medical errors and minimizes risk of patient harm.
- *Effective*—evidence-based services consistently delivered to the population known to benefit from them.
- *Efficient*—cost-effective utilization that avoids waste, including waste of equipment, supplies, ideas, and energy.
- *Patient-centered*—respectful of and responsive to an individual's preferences, needs, and values.
- *Timely*—medically appropriate access to care and healthcare decisions with minimal delay.
- *Equitable*—without disparities based on gender, race, ethnicity, geography, and socioeconomic status.

Over the past several years, Hawaii's Medicaid program has undergone significant transition. Formerly, Hawaii's service delivery system used two main program and health plan types to enroll members and provide care and services. Most Medicaid recipients received primary and acute care service coverage through the QUEST program, a managed care model operating under an 1115 research and demonstration waiver since 1994. Members had a choice of five QUEST health plans. (The QUEST program also included the State's CHIP members, operating as a Medicaid expansion program.) Beginning February 1, 2009, Medicaid-eligible individuals 65 years of age and older and individuals certified as blind or disabled were enrolled in Hawaii's QExA Medicaid managed care program, receiving primary and acute services as well as long-term services and supports through a choice of two health plans.

As part of its overall improvement and realignment strategy, the MQD implemented the QI program beginning January 1, 2015. The QI program melded several previous programs—QUEST, QUEST-ACE, QUEST-Net, and QExA—into one statewide program model that provides managed healthcare

[2-1] All Medicaid enrollment statistics cited in this section are as of September 2016, as cited in *Hawaii Medicaid Managed Care Enrollment*, available at: http://www.med-quest.us/PDFs/queststatistics/EnrollmentReports2016.pdf. Accessed on: January 8, 2017.

services to Hawaii's Medicaid/CHIP population. Each of the QI health plans administer all benefits to enrolled members, including primary, preventive, acute, and long-term services and supports. The goals of the QI program are to:

- Improve the healthcare status of the member population.
- Minimize administrative burdens, streamline access to care for enrollees with changing health status, and improve health outcomes by integrating programs and benefits.
- Align the program with the Affordable Care Act (ACA) of 2010.
- Improve care coordination by establishing a "provider home" for members through the use of assigned primary care providers (PCPs).
- Expand access to home and community-based services (HCBS) and allow members choice between institutional services and home and community based services (HCBS).
- Maintain a managed care delivery system that assures access to high quality, cost-effective care that is provided, whenever possible, in the members' community.
- Establish contractual accountability among the State, the health plans, and healthcare providers.
- Continue the predictable and slower rate of expenditure growth associated with managed care.
- Expand and strengthen a sense of member responsibility and promote independence and choice among members that leads to a more appropriate utilization of the healthcare system.

The MQD awarded contracts to five health plans, which became operational as QI program plans effective January 1, 2015:

- AlohaCare
- Hawaii Medical Service Association (HMSA)
- Kaiser Foundation Health Plan
- 'Ohana Health Plan
- UnitedHealthcare Community Plan

All QI health plans provide Medicaid services statewide (i.e., on all islands) except for Kaiser, which chose to focus efforts on the islands of Oahu and Maui. In addition to the QI health plans, Hawaii's Medicaid program includes the Community Care Services (CCS) behavioral health carve-out, a program providing managed specialty behavioral health services for Medicaid individuals with a serious mental illness. 'Ohana Health Plan was awarded the CCS contract and has been operational statewide since March 1, 2013.

While each of the QI health plans also has at least one other line of health insurance business (e.g., Medicare, commercial), the focus of this report is on the health plans' and CCS' performance and quality outcomes for the Medicaid-eligible population.

The QUEST Integration Health Plans

AlohaCare

AlohaCare is a nonprofit health plan founded in 1994 by Hawaii's community health centers. As one of the largest health plans in Hawaii, and administering both Medicaid and Medicare health plan products, AlohaCare QI serves over 67,000 Medicaid enrollees in its QI health plan and also provides a dual special needs plan for dually eligible Medicare and Medicaid beneficiaries. AlohaCare QI contracts with a large network of providers statewide, emphasizing prevention and primary care. AlohaCare QI works very closely with 14 community health centers and the Queen Emma clinics to support the needs of the underserved, medically fragile members of Hawaii's communities on all of the islands.

Hawaii Medical Service Association (HMSA)

HMSA QI, an independent licensee of the Blue Cross and Blue Shield Association, is a nonprofit health plan established in Hawaii in 1938. Administering Medicaid, Medicare Advantage, Health Insurance Marketplace, and commercial health plans, HMSA QI is the largest provider of healthcare coverage in the State and the largest QI plan, serving over 158,750 enrolled Medicaid members. The vast majority of Hawaii's doctors, hospitals, and other providers participate in HMSA's network. HMSA QI has been a Medicaid contracted health plan since 1994.

Kaiser Permanente Hawaii

Established by Henry J. Kaiser in Honolulu in 1958, Kaiser's service delivery in Hawaii is based on a relationship between the Kaiser Permanente Health Plan and the Hawaii Permanente Medical Group of physicians and specialists. With its largely "staff-model" approach, Kaiser QI operates clinics on several islands and a medical center on Oahu, with additional hospitals and specialists participating through contract arrangements. Kaiser QI administers Medicaid, Medicare Advantage, Health Insurance Marketplace, and commercial health plans, and provides care to over 31,000 enrolled Medicaid members on the islands of Maui and Oahu through the Kaiser QI health plan.

'Ohana Health Plan

'Ohana Health Plan QI is offered by WellCare Health Insurance of Arizona, Inc., a subsidiary of WellCare Health Plans, Inc., which provides managed care services exclusively for government-sponsored healthcare programs, with Medicaid and Medicare Advantage health plans. 'Ohana began operating in Hawaii on February 1, 2009, initially as a QExA plan, then in July 2012 also as a QUEST plan. 'Ohana Health Plan QI currently provides services to nearly 43,000 QI enrollees.

UnitedHealthcare Community Plan

UHC CP QI is offered by UnitedHealthcare Insurance Company, one of the largest Medicaid health plan providers in the nation. Providing care to more than 42,750 QI members in Hawaii, UHC CP also administers Medicare dual-eligible special needs plans and commercial health plans. UHC CP initially

began operating as a QExA health plan in Hawaii on February 1, 2009, and then also as a QUEST plan on July 1, 2012.

The Community Care Services Program

'Ohana Health Plan became operational as the State's Community Care Services (CCS) behavioral health program in March 2013, serving seriously mentally ill Medicaid recipients enrolled in the QI plans. The 'Ohana CCS program is a specialty behavioral health services carve-out program with responsibilities for behavioral care management and for coordination of behavioral health services with the QI plans' services and providers.

The State's Quality Strategy[2-2]

In keeping with the requirements specified by the Code of Federal Regulations (CFR) 438.202, the MQD QUEST Integration Quality Strategy was filed with CMS in 2014 and approved in July 2016. The *purpose* of the strategy is:

- Monitoring that services provided to beneficiaries conform to professionally recognized standards of practice and code of ethics.
- Identifying and pursuing opportunities for improvements in health outcomes, accessibility, efficiency, beneficiary and provider satisfaction with care and service, safety, and equitability.
- Providing a framework for the MQD to guide and prioritize activities related to quality.
- Assuring that an information system is in place to support the efforts of the quality strategy.

The MQD's *approach* to quality stresses:

- Collaborative partnerships with the health plans and providers.
  - The same providers deliver healthcare to patients who have public or private health insurance.
  - By implementing quality measure alignment among Medicaid and private health plans, the State will promote evidence-based care, value/quality-based care, simplify reporting measurement for providers, and allow easier and more transparent comparison for consumers.
- Promotion of patient-centered medical homes where care is facilitated by information technology, health information exchange, and other means to assure that patients get necessary care that is effective, prompt, safe, and culturally/linguistically appropriate.
- Transparency through the external quality review organization (EQRO) annual technical report, which has been posted on the MQD's website annually for years. The MQD also uses charts and graphs that provide information on various health plan performance measurements and quality

[2-2] QUEST Integration Quality Strategy. State of Hawaii, Department of Human Services, Med-QUEST Division. Available at: http://www.med-quest.us/PDFs/Quality%20Strategy/HI%20MQD%20Quality%20Strategy%20Approved.pdf. Accessed on Nov 7, 2016.

results related to members, providers, behavioral health services, service coordination, and utilization of Medicaid services.

As noted above, the MQD's Quality Strategy strives to ensure beneficiaries receive high-quality care that is safe, efficient, patient-*centered*, timely, value/quality-based, data-driven, and equitable by providing oversight of health plans and other contracted entities to promote accountability and transparency for improving health outcomes. The MQD identified six key goals for the Hawaii Medicaid program:

1. Improve preventive care for women and children.
2. Improve healthcare for individual who have chronic illnesses.
3. Improve beneficiary satisfaction with health plan services.
4. Improve cost efficiency of health plan services.
5. Expand access to HCBS and assure that individuals have a choice of institutional and HCBS.
6. Improve access to community living and the opportunity to receive services in the most integrated setting appropriate for individuals receiving HCBS.

In the upcoming year, additional goals focused on the integration of behavioral health and supporting Healthy Communities/Healthy Families will be developed.

All six goals/measures target improvement in key Medicaid populations: children under 19 years of age; former foster care *children* under 26 years of age; pregnant women; parent or caretaker relatives; adults (19–64 years of age); and, aged, blind, or with a disability (includes dual-eligible individuals). Baseline rates have been defined and communicated to the health plans.

The MQD will *monitor* and assess the effectiveness of health plans in achieving the above goals through external quality review (EQR) activities and reports, The MQD has contracted with HSAG, as its EQRO. HSAG and each of its subcontractors must continue to meet the competency and independence requirements as specified in 42 CFR 438.354. HSAG is responsible for performing mandatory and optional activities as described in 42 CFR 438.358.

Mandatory activities for each managed care organization (MCO) include:

- Validation of performance improvement projects.
- Validation of performance measures reported as required by the State of Hawaii.
- A review, conducted within the previous three-year period, to determine compliance with standards established by the State with regard to access to care, structure and operations, and quality measurement and improvement.

Optional activities required by the State of Hawaii include:

- Administration of the CAHPS Consumer Survey.
- Administration of a provider satisfaction survey.

- Provision of technical assistance to the MCOs to assist in conducting activities related to EQR activities.

The MQD will also use monthly, quarterly, biannual, and annual reporting from the MCOs to monitor their success in meeting the key goals/measures. The Hawaii Prepaid Medical Management Information System (HPMMIS) continues to support MQD's administration of the QUEST Integration programs by providing enrollment processing, encounter record processing, claims processing, premium collection, per capita payments to the health plans, and related tracking and reporting. The MQD uses HPMMIS information to generate reports which identify and aid in the investigation of provider abuse or misuse. The MQD's Data Warehouse also enhances quality improvement efforts by giving the MQD the ability to monitor HEDIS-like quality and utilization measures for specific populations.

The MQD is instrumental in coordinating the ongoing development of a statewide health information exchange network to give healthcare professionals access to all available beneficiary records that have the potential to improve healthcare quality by eliminating medical errors, increasing the efficiency of care, reducing healthcare costs, decreasing paperwork, and expanding access to affordable care.

Through interventions focused on quality improvement activities, the MQD will continue to further assess quality improvement programs. The MQD is in regular communication with Department of Health (DOH) branches including Chronic Disease Prevention and Control Branches, Maternal and Child Health Programs, the Mental Health Division, the Developmental Disabilities Division, and the MCOs to identify and implement strategies to address common issues.

The Quality Strategy will be reviewed at least annually by the MQD and will be revised based on the analysis of each review. An annual work plan will be developed to supplement the Quality Strategy review process. The work plan will include an assessment of accomplishments and challenges from the previous year's work plan. The work plan will incorporate input from all stakeholders impacted by the Quality Strategy. The revised Quality Strategy and work plan will be submitted to CMS annually.

Development of the Quality Strategy provided the opportunity for the MQD to evaluate how it has worked in the past and how it will work in the future with the MCOs and other State programs to improve the overall quality of health for Medicaid beneficiaries and the population of Hawaii in general.

The MQD understands the importance of continually assessing the quality processes of the QUEST Integration program and the MCOs. Performance measures will be evaluated on an ongoing basis to ensure they meet appropriate populations and needed levels of care. Future plans include the establishment of performance measures and improvement activities for inpatient hospitals and long-term care.

The MQD will submit a revised quality strategy that incorporates any changes brought about by the final Managed Care *R*ules.

3. Plan-Specific Results, Conclusions, and Recommendations

Introduction

This section of the report describes the results of HSAG's 2016 EQR activities and conclusions as to the strengths and weaknesses of each health plan about the quality and timeliness of, and access to, care furnished by the Hawaii Medicaid health plans serving the QUEST Integration members. Additionally, recommendations are offered to each health plan to facilitate continued quality improvement in the Medicaid program.

Appendix A of this report contains detailed information about the methodologies used to conduct each of the 2016 EQR activities. It also includes the objectives, technical methods of data collection and analysis, descriptions of data obtained, and descriptions of scoring terms and methods. In addition, a complete, detailed description of each activity conducted and the results obtained appear in the individual activity reports prepared by HSAG for the health plans and the MQD.

Compliance Monitoring Review

The 2016 compliance monitoring review activities included review of select standards for the five QI health plans and the ‘Ohana CCS program. The reviews were completed on June 24, 2016.

The 2016 compliance monitoring review activity included reviews of each health plan’s compliance with a set of federal managed care regulations and related MQD contract requirements. The review initiated a new three-year cycle of compliance evaluations for the health plans and focused on approximately half of the required standard areas. The five standard areas assessed the health plans’ processes and performance in communicating key rights and information requirements to members; administering the member grievance system, which included the health plans’ processing of member grievances and appeals; providing access to covered services through a contracted and/or employed provider network; authorizing services; and providing for care coordination and continuity.

HSAG performed the compliance reviews by conducting both a pre-visit desk review of documentation furnished by each health plan and a two-day on-site visit at each health plan. Representatives of the MQD accompanied HSAG during all on-site review activities. The results of the compliance reviews were documented in plan-specific reports to create a permanent record of how each health plan performed. Deficiencies in meeting standards were captured in a corrective action plan (CAP) document provided to each health plan with its final report. Following review and approval of each submitted CAP, the MQD and HSAG will perform follow-up monitoring with each health plan to ensure deficiencies are resolved and full compliance is achieved within the agreed-upon time frames.

Following are summaries of each health plan’s compliance review results.

AlohaCare QUEST Integration

Results

AlohaCare QI’s scores from HSAG’s 2016 compliance review are displayed in Table 3-1:

Table 3-1—Standards and Compliance Scores—AlohaCare QUEST Integration

Standard #	Standard Name	Total # of Elements	Total # of Applicable Elements	# *Met*	# *Partially Met*	# *Not Met*	# *NA*	Total Compliance Score
I	Member Rights and Protections and Member Information	28	28	25	3	0	0	95%
II	Member Grievance System	33	33	32	1	0	0	98%
III	Access and Availability	11	11	11	0	0	0	100%
IV	Coverage and Authorization	24	24	24	0	0	0	100%
V	Coordination and Continuity of Care	10	10	10	0	0	0	100%
	Totals	**106**	**106**	**102**	**4**	**0**	**0**	**98%**

Standard #	Standard Name	Total # of Elements	Total # of Applicable Elements	# *Met*	# *Partially Met*	# *Not Met*	# *NA*	Total Compliance Score
	***Total # of Elements*:** The total number of elements in each standard.							
	***Total # of Applicable Elements*:** The total number of elements within each standard minus any elements that received a score of *NA*.							
	***Total Compliance Score*:** The percentages obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.							

Conclusions and Recommendations

AlohaCare QUEST Integration (AlohaCare QI) was found to be compliant with 95 percent of the Member Rights and Protections and Member Information standard. The health plan demonstrated it had policies, processes, procedures, and staff training designed to ensure that members' rights were taken into account, and written materials provided rights and important information to members in required alternative languages and through oral interpretation services. The member handbook, member newsletter, frequently asked questions (FAQs), and a variety of health information topics were provided to members and available on AlohaCare QI's website. AlohaCare QI had additional comprehensive policies and procedures related to the use and disclosure of protected health information.

The health plan also had policies and procedures that addressed processes for providing information for specific member needs related to visual or hearing impairments as well as for limited English proficiency.

The health plan had processes and staff training modules for communication of member demographic information changes and other enrollment/disenrollment changes to the MQD. AlohaCare QI also had policies, procedures, and other informational materials regarding its compliance with advance directives, providing specialty referrals and emergency and poststabilization services, and notifying members of significant changes in plan or program information.

AlohaCare QI demonstrated evidence that it accurately provided required reports in a timely manner to the MQD regarding call center activity and translation/interpreter services provided.

AlohaCare QI received recommendations and was required to implement corrective actions in several Member Rights and Protections and Member Information areas.

- AlohaCare QI's Provider Termination policy contained a time frame for mailing a provider termination notice to members that would possibly result in the members receiving notice after the provider had already left the network. AlohaCare QI changed its policy and procedure on notifying members of a provider termination using a more definitive time frame for the notice that was consistent with the intent of the contract requirement to ensure the member was given adequate time to select a new provider, request records for transfer, and transition their care.
- The member handbook information on conditions that must be met for continuation of benefits during the appeal and State administrative hearing process did not include the appeal process.

AlohaCare QI revised its member handbook to clarify and include appeals in the circumstances that must be met for continuation of benefits to be implemented.

- AlohaCare QI had training modules and a narrative description but no formal policy or procedure for notification to DHS of changes in member status that affect eligibility or enrollment. To meet the contract requirement, AlohaCare QI developed a policy/procedure related to these functions that assigned specific responsibilities, procedures, and time frames for notification to DHS of these changes.

AlohaCare QI was found to be compliant with 98 percent of the Member Grievance System standards. The health plan had policies, procedures, and designated staff for processing member grievances and appeals. AlohaCare QI informed members and providers of grievance and appeal processes via the member and provider handbooks, member newsletters, and AlohaCare QI's website.

The health plan's grievance coordinator also managed the member appeals process and interfaced with medical management, pharmacy management, and the medical director to receive the appeal decisions and respond to members. AlohaCare QI's medical director reviewed and approved the appeal resolution letters prior to mailing to ensure accuracy and clarity of message. If AlohaCare QI needed a specialty physician or independent decision, the health plan used its delegate, Alicare, to provide an opinion.

AlohaCare QI received recommendations and was required to implement corrective actions in several Member Grievance System areas. AlohaCare QI:

- Took steps to ensure the appeal requests were routed internally and received by the grievance coordinator in a timely manner, and ensured that there was a mechanism to date stamp or attach the envelope to the written appeal to document the receipt date and generate a timely acknowledgment letter.

AlohaCare QI was found to be compliant with 100 percent of the Access and Availability standards. The health plan had the structure, systems, policies, and processes in place to frequently evaluate and monitor access to and availability of its services and network providers for enrolled members. AlohaCare QI measured geographic accessibility against time and distance standards and monitored timeliness of appointments through vendor and member surveys.

The Provider Relations Department staff included internal and field provider services representatives who managed provider inquiries and communications, assisted with credentialing and contracting functions, and served in other provider support roles, as needed. The Provider Relations Department monitored and managed its network through provider and member feedback, as well as any grievances and appeals related to network access. AlohaCare QI had a provider manual available online on its website portal for contracted providers; the manual contained detailed information about appointment access standards, office accessibility, hours of operation, and after-hours availability procedures.

There were no corrective actions required for this standard area.

AlohaCare QI was found to be compliant with 100 percent of the Coverage and Authorization standards. The health plan had policies and procedures for initial service authorization and concurrent reviews that included input from the requesting provider before requests were denied. Members were referred to a specialist by their primary care physician (PCP) with a written notification that was faxed to AlohaCare QI by the PCP or specialist. The form was also available online through AlohaCare QI' provider portal. The health plan met the policy requirements for providing and paying for emergency and poststabilization services. AlohaCare QI demonstrated policies and procedures prohibiting the denial of or reduction in authorizing services because of diagnosis, type of illness, the condition of the member, or the result of a financial incentive.

AlohaCare QI's Utilization Management (UM) program relied on nationally recognized guidelines and criteria to evaluate medical necessity while conducing prior authorization reviews.

There were no corrective actions required for this standard area.

AlohaCare QI was found to be compliant with 100 percent of the Coordination and Continuity of Care standards. The health plan demonstrated through its policies, procedures, reports, and dialog during the on-site review that it had systems and processes in place to assess, plan, implement, coordinate, and monitor care provision through the plan's care coordination/case management program. AlohaCare QI used a care risk assessment tool to identify and classify members in need of case/care management services. AlohaCare QI's policies and procedures and a demonstration of its compliance with this standard included an overview of how service coordination was conducted for members meeting special health care needs (SHCN) criteria, members who were activated in the AlohaCare QI Population Management or Service Coordination programs, and how all the programs included assessments and surveys to evaluate the condition of the member. Once enrolled in a program, the member underwent condition-specific assessments to determine the level of services needed. The health plan also demonstrated its systems and processes for collecting and reporting information for the MQD-required reports on over- and underutilization of medical services, and had submitted timely service coordination reports to the MQD during the period under review.

AlohaCare QI provided information to members through its member handbook on services available from other agencies in the community whether those services were covered or not covered by AlohaCare QI or Medicaid. PCPs were also instructed on how to assist members in obtaining these services based on the potential for improvement to each member's overall medical and behavioral health.

AlohaCare QI had policies and procedures regarding member privacy and the protection of personal health information (PHI). The policies and member handbook offered definitions for both terms, how AlohaCare QI could use PHI information, and AlohaCare QI's responsibilities to protect that information.

There were no corrective actions required for this standard area.

Hawaii Medical Service Association QUEST Integration

Results

HMSA QI's scores from HSAG's 2016 compliance review are displayed in Table 3-2:

Table 3-2—Standards and Compliance Scores—Hawaii Medical Service Association QUEST Integration

Standard #	Standard Name	Total # of Elements	Total # of Applicable Elements	# *Met*	# *Partially Met*	# *Not Met*	# *NA*	Total Compliance Score
I	Member Rights and Protections and Member Information	28	28	24	4	0	0	93%
II	Member Grievance System	33	33	29	4	0	0	94%
III	Access and Availability	11	11	10	1	0	0	95%
IV	Coverage and Authorization	24	24	24	0	0	0	100%
V	Coordination and Continuity of Care	10	10	10	0	0	0	100%
	Totals	**106**	**106**	**97**	**9**	**0**	**0**	**96%**

***Total # of Elements*:** The total number of elements in each standard.

***Total # of Applicable Elements*:** The total number of elements within each standard minus any elements that received a score of *NA*.

***Total Compliance Score*:** The percentages obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Conclusions and Recommendations

Hawaii Medical Service Association QUEST Integration (HMSA QI) was found to be compliant with 93 percent of the Member Rights and Protections and Member Information standard. HMSA QI had policies and procedures and written member and provider information to effectively communicate its expectations for and commitment to protecting member rights. Policies and procedures that described health plan processes for specific rights such as advance directives, confidentiality, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) were presented. HMSA QI staff members articulated a clear understanding of member rights, HIPAA-related requirements, and processes to ensure privacy of member information.

HMSA QI had policies and procedures that described its processes for ensuring general member written information was provided in a manner that met the language and reading level needs of its members and as required by its QI contract. The health plan also had policies and procedures that addressed its processes for providing information for specific member needs related to visual or hearing impairments as well as for limited English proficiency. Member handbooks were readily available in the four predominant non-English languages in Hawaii. Translated handbooks had been certified as accurate by the translation vendor, TransPerfect. HMSA QI had mechanisms for translation and interpretation services to be provided through either a vendor (Language Services Associates) or by HMSA QI's bilingual staff. The health plan provided two quarterly reports documenting that translation and

interpreter services were provided to members upon request and for a variety of languages, including sign language, and in addition to the four predominant non-English languages in Hawaii.

The health plan had a written process and staff training modules for communication of member demographic information changes and other enrollment/disenrollment changes to the MQD. HMSA QI also had policies, procedures, and other informational materials regarding its compliance with advance directives, providing specialty referrals and emergency and poststabilization services, and notifying members of significant changes in health plan or program information and for provider termination.

HMSA QI received recommendations and was required to implement corrective actions in several Member Rights and Protections and Member Information areas. HMSA QI:

- Revised the language in its policies and procedures as well as its member handbook to include a member's right to direct access to specialists if he or she has a special health care need (SHCN).
- Worked with its internal team as well as CVS (pharmacy benefit manager [PBM] vendor) to improve its presentation of information to members in the notice of action (NOA) letters to ensure that not only grade reading level requirements were met, but also that the presentation of information to members is understandable and consistently stated as far as "person" (HMSA QI selected first person).
- Added the non-English language(s) spoken by providers in its long-term services and supports (LTSS) directory.
- Revised its policy and procedure and the member handbook to include how and where to access any benefits available to members under the State plan but not covered under HMSA QI's Medicaid managed care contract and how transportation is provided.

HMSA QI was found to be compliant with 94 percent of the Member Grievance System standards. HMSA QI had grievance and appeal policies and procedures and processed its grievances and appeals locally. Grievances and appeals were handled locally by staff with an excellent understanding of the Medicaid managed care requirements. Policies, procedures, and member materials accurately described HMSA QI's grievance and appeal processes and addressed most requirements. Through the on-site appeals record review, the appeals staff members demonstrated that they worked with providers to obtain information needed to make well-informed appeal decisions. Grievances that involved quality of care issues were coordinated through the HMSA QI medical director. Coordination between customer service representatives, the grievance and appeal coordinators, and care management staff was demonstrated during the on-site.

HMSA QI received recommendations and was required to implement corrective actions in several Member Grievance System areas. HMSA QI:

- Revised the language in its Policy and Procedures QMS 014 Member Grievance System to ensure it completed the investigation and sent a resolution to the member for grievances filed by someone other than the member after unsuccessful attempts were made to obtain the member's signed authorization. The grievance processing policy was changed to align with the MQD's intent to investigate and resolve grievances with resolution sent to the member, if written consent was not obtained.

- Updated the language in its Policy and Procedures QMS 014 Member Grievance System to include the health plan's failure to act within prescribed time frames for resolving grievances in the definition of "action" in Section A-5.
- Modified its policy and procedure to indicate that an expedited State administrative hearing can only be requested following an appeal that had been expedited and that upheld the original adverse determination.
- Used its Member Advocacy and Appeals (MAA) unit to develop a Quality Assurance Checklist that requires the signatures of the report preparer, validation review, and signature of validator/reviewer to ensure the accuracy of the information being submitted by MAA. This process was implemented to address discrepancies found during the on-site review with dates used on acknowledgement and resolution letters versus the dates reflected in submitted reports. The process also requires a secondary review of the data by a validator/reviewer to verify the accuracy of the data.

HMSA QI was found to be compliant with 95 percent of the Access and Availability standards. The health plan demonstrated that it had implemented policies, processes and procedures for ensuring an adequate network of providers and for assessing and reporting geographic availability and timeliness of access to appointments. HMSA QI regularly reviewed member-to-provider ratios in the required categories of PCP and specialists, and also reviewed member complaints and the timely access survey results. HMSA QI had procedures using single case agreements to provide care to members, and for authorizing out-of-network and out-of-state providers/services when necessary and appropriate to do so.

The health plan subcontracted with a vendor to conduct the timely access to care survey of members and providers, and results were discussed in quality committees. HMSA QI provided documentation and described its processes for informing members of a significant change in the network and ensuring transition of impacted members to new providers.

For some provider specialties, HMSA QI had assessed network gaps existing in all service areas, especially on the Big Island. The health plan staff members described several strategies implemented by HMSA QI's provider relations department to increase access to certain services. This included provider recruitment efforts, a travel subsidy program for providers willing to travel to neighbor islands to provide specialty services, and recruitment subsidies to assist clinics in markets that were challenged by a shortage of providers to relocate to Hawaii.

During 2016, HMSA QI imposed prior authorization requirements on diagnostic imaging while lessening the prior authorization requirements for other procedures. HMSA QI also discontinued its "gold card" waiver for physicians who over time had demonstrated good performance in documentation of criteria for HMSA QI's UM decisions. These physicians had been waived from requirements to obtain prior authorization for certain covered services.

Navigation of HMSA QI's website was intuitive in locating the member handbook and provider resources. The provider handbook was offered online (e-Library), with links to specific categories of provider responsibilities and functions. The website included provider resources and required forms to print or download.

HMSA QI received a recommendation and was required to implement a corrective action in the Access and Availability area. HMSA QI's:

- Legal Department drafted an amendment to the federally qualified health centers/rural health clinics (FQHCs/RHCs) provider contracts to ensure compliance with the requirement to allow members who have not designated these entities as their PCP to receive covered services that were urgent without a prior authorization. In addition, the FQHC/RHC amendment requires the FQHC to refer the patient back to and inform the assigned PCP or help the individual select a new PCP.
- Provider Services area was required to perform outreach to the FQHCs/RHCs with the contract amendment and educated them on the requirement through provider newsletters.

HMSA QI was found to be compliant with 100 percent of the Coverage and Authorization standards. HMSA QI provided evidence through written documents and interview responses that it had mechanisms for communicating its policies and procedures for service coverage decisions to members and providers. HMSA QI had policies that described its prior authorization requirements for services and procedures, and it also had policies and procedures in place for concurrent and retrospective review. HMSA QI delegated some service authorization decision making to vendors (i.e., Landmark, CVS, National Imaging Associates [NIA], and Beacon Health Strategies). However, the health plan had procedures in place for delegation oversight, and all service authorization decisions followed HMSA QI's QUEST Integration guidelines and criteria. It is important to note that, until first quarter 2016, data from delegates' authorization decisions were not included in HMSA QI-required reports to the MQD (i.e., the Prior Authorization Denials and Deferrals reports). HMSA QI used its Aerial system to capture all approvals and denials, and to provide management reports for validation, quality assurance, reasonableness testing, and primary source verification.

HMSA QI met the requirements for providing and paying emergency and poststabilization services, for ensuring consistent application of UM criteria (conducted interrater reliability reviews), and for providing the required covered array of Medicaid services.

There were no corrective actions required for this standard area.

HMSA QI was found to be compliant with 100 percent of the Coordination and Continuity of Care standards. HMSA QI had policies and procedures in place that addressed the requirements for compliance with federal regulations and the contract with the State of Hawaii. Service coordination systems and processes were in place to assess, plan, implement, coordinate, and monitor care provided to members through the health plan's service coordination and case management programs.

HMSA QI demonstrated the ability to coordinate the care of its members through two case presentations. Service coordination staff presented a case about a newly enrolled member assessed to have a SHCN. Based on the completion of an in-home health and functional assessment, the service coordinator was able to identify LTSS needs to assist both the member and the family. A service plan was developed, and the member was provided the necessary services to avoid institutionalization and prevent caregiver burnout. HMSA QI's contracted behavioral health provider, Beacon, presented a case to demonstrate the assessment and coordination of care for a member with behavioral health needs. In

this case, the service coordinator worked to engage the member, develop a service plan, implement interventions, and continuously reevaluate the member's progress and needs.

The health plan used a corporate data warehouse to collect and analyze data reported to the MQD in the Over-Utilization and Under-Utilization of Services and Drugs reports. HMSA QI's Service Coordination department received utilization reports monthly and used the information to identify members who may benefit from case management. Members identified on the high utilization of narcotic medications report were discussed by an interdisciplinary team that included care coordination, pharmacy, medical management, and HMSA QI's behavioral health contractor, Beacon. This drug safety program sought to engage members and providers to prevent overutilization of narcotic medications when members used multiple prescribing providers and pharmacies to obtain medications. HMSA QI submitted required reports to the MQD in a timely manner.

There were no required corrective actions for this standard.

Kaiser Permanente Hawaii QUEST Integration

Results

Kaiser QI's scores from HSAG's 2016 compliance review are displayed in Table 3-3:

Table 3-3—Standards and Compliance Scores—Kaiser Permanente Hawaii QUEST Integration

Standard #	Standard Name	Total # of Elements	Total # of Applicable Elements	# *Met*	# *Partially Met*	# *Not Met*	# *NA*	Total Compliance Score
I	Member Rights and Protections and Member Information	28	28	19	9	0	0	84%
II	Member Grievance System	33	33	31	2	0	0	97%
III	Access and Availability	11	11	10	1	0	0	95%
IV	Coverage and Authorization	24	24	22	2	0	0	96%
V	Coordination and Continuity of Care	10	10	10	0	0	0	100%
	Totals	**106**	**106**	**92**	**14**	**0**	**0**	**93%**

***Total # of Elements*:** The total number of elements in each standard.

***Total # of Applicable Elements*:** The total number of elements within each standard minus any elements that received a score of *NA*.

***Total Compliance Score*:** The percentages obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Conclusions and Recommendations

Kaiser Permanente Hawaii QUEST Integration (Kaiser QI) was found to be compliant with 84 percent of the Member Rights and Protections and Member Information standard. Kaiser QI had policies and procedures and written member and provider information to communicate its expectations for protecting member rights. The health plan also had processes for specific rights such as advance directives,

confidentiality, and HIPAA procedures. Kaiser QI had additional documents (i.e., provider agreement, provider manual, and staff and provider "Principles of Responsibility") that communicated expectations related to the use and disclosure of protected health information. During the on-site interview, Kaiser QI described mechanisms for using feedback from members about the service, care, and treatment they obtained from its clinics, staff, and affiliated providers to gauge performance and member satisfaction. Feedback mechanisms included the "Let Us Hear from You" forms, member surveys, and grievance trend monitoring.

The health plan had policies and procedures that described Kaiser QI's processes for ensuring general member written information was provided in a manner that met the language and reading level needs of its members and as required by its QI contract. The health plan also had policies and procedures that addressed processes for providing information for specific member needs related to visual or hearing impairments as well as for limited English proficiency. Member handbooks were translated by a vendor, Global Solutions, and were available in the four predominant non-English languages in Hawaii and in large print. Kaiser QI had mechanisms for translation and interpretation services to be provided through a language line vendor or by Kaiser QI's bilingual staff. The health plan provided two quarterly reports documenting that translation and interpreter services were provided to members upon request and for a variety of languages in addition to the four predominant non-English languages in Hawaii. Kaiser QI's printed clinic and primary care provider (PCP) directory and its separate LTSS provider directory included the non-English languages spoken by providers. The member portal was operational for members to view explanations of benefits (EOBs) and prior authorization data.

Kaiser QI's new member information packet letter and flyer, and member handbook were presented in an easy-to-use format. Kaiser QI's website also was well-organized, clear, and easy to navigate and contained links to frequently needed member information such as the member handbook, provider directory, formulary updates, and health and wellness publication links for a variety of topic areas. During the on-site review, the health plan provided additional information and a demonstration of its member portal on the website. Kaiser QI's searchable online provider directory contained relevant information about providers' board certification, location, specialty, and whether or not the provider was accepting new patients. An additional printable PDF version of the directory sorted by island and specialty and a separate LTSS provider directory were also posted and printable.

Kaiser QI received recommendations and was required to implement corrective actions in nine Member Rights and Protections and Member Information areas. Kaiser QI:

- Revised its policies and procedures to include a description of the practices and mechanisms the health plan used to ensure that staff and affiliated providers take member rights into account when furnishing services.
- Revised its listing of member rights throughout all applicable documents to be consistent with its practices to describe how it allows direct access to specialists of women's health services to all women, not just those with specific conditions. Kaiser's member handbook will be updated to be consistent with the policy revisions by February 28, 2017.
- Implemented mechanisms (retrained staff, established quarterly meetings between QI Administration and the Member and Marketing Communications departments, and established a new process to

ensure quarterly member newsletters were produced and sent to members) to make available to members educational materials as described in its policy and in the QI contract. The health plan changed processes to ensure that member educational materials it intends to distribute widely to all QI members or groups of members are provided to the MQD for review and approval prior to dissemination.

- Updated its member portal to meet the requirements established in an MQD-approved waiver that granted partial compliance with Kaiser QI's contractually required member web portal requirements until July 22, 2017. Kaiser QI conducted a webinar with the MQD and HSAG as part of the CAP to demonstrate current member portal capabilities.
- Will revise its QI member handbook to accurately reflect the QI member pharmacy benefits.
- Will revise its member handbook information on benefits available under the State plan but not covered by Kaiser QI so that it would be complete, clearly communicated, and consistent throughout the different sections within the handbook.
- Will revise its member handbook messaging regarding how and when to select a PCP to be accurate and consistent across member materials.
- Developed a written policy and procedure to describe its processes for informing the MQD of member changes and other circumstances that may affect eligibility or enrollment in the health plan.
- Will develop and implement a fillable PCP selection form for inclusion in its new member packet.

Additional Comments

While not a finding, Kaiser QI's online searchable provider directory, "Find a Doctor," included instructions on how to search the directory for providers who speak non-English languages. However, these instructions were not easily found by the auditors and therefore may be difficult for members to find. Kaiser QI changed the "See more filters" link on the provider search page to instructions that are more obvious to members. For example, "Search for providers by language spoken" or simply make the row of four additional search filters visible.

Kaiser QI was found to be compliant with 97 percent of the Member Grievance System standards. Kaiser QI had policies, procedures, and systems for logging, tracking, and reporting member grievances and appeals. During the on-site review, the health plan provided an overview of its organizational structure and staffing for management of grievances and appeals. A Microsoft Access database was used for logging and tracking all grievances and appeals.

The health plan had a grievance coordinator who managed member grievances and interfaced with other departments in the process of investigating and responding to members. Sample grievance cases were reviewed on-site, and records were found to contain timely member correspondence (acknowledgment and resolution letters). Letters to members were empathetic and understandable. Documentation of Flesch-Kincaid readability testing results demonstrated that each letter was written at or below the required reading level. Kaiser QI used the templates required by the MQD to communicate grievance acknowledgment and disposition to the member.

The health plan also had an appeals coordinator and process that interfaced with the authorization and referral management department, pharmacy management, and the medical director to make the appeal decisions and respond to members. Individuals making appeal decisions had the appropriate credentials and were not involved in the initial decision. One appeal case was reviewed during the on-site visit, which represented 100 percent of appeals received during the last six months of 2015. Kaiser QI stated that its low appeal rate was due to the low number of services it prior-authorized, as staff physicians have approval authority for most services and only out-of-network specialty referrals require authorization. The one appeal record reviewed on-site met timeliness requirements for the decision letter, and the MQD-required templates were being used for member correspondence.

Kaiser QI received recommendations and was required to implement corrective actions in two Member Grievance System areas. Kaiser QI:

- Changed processes and procedures, and retrained the grievance coordinator to ensure that he or she acknowledged, investigated, and resolved each complaint issue presented by the member/representative and addressed each issue in the resolution letter.
- Revised the provider manual information to include the full definition of an "action."

Kaiser QI was found to be compliant with 95 percent of the Access and Availability standards. Kaiser QI demonstrated that it had the structure, systems, policies, and processes in place to regularly evaluate and monitor access to and availability of its services and network providers for enrolled members.

Kaiser QI's program contract required that it offered Medicaid coverage to members located on the islands of Oahu and Maui. Kaiser QI used a combination of the Kaiser Foundation Hospital, Permanente Medical Group physicians and health services-related professionals, and affiliated (non-Kaiser QI employed providers and hospitals) to provide covered services to QI members. Kaiser QI's staff offered a high-level overview of the provider services operation and the processes and procedures followed to monitor and manage its network to assure services were available and accessible to QI members. The demonstration included discussion on the challenges faced by Kaiser QI in recruiting and maintaining network providers, especially the behavioral health (BH) specialties. Kaiser's QI governance structure included a Steering Committee consisting of senior leadership representatives who met quarterly with QI operations and clinical leaders to provide oversight of strategic direction, guidance, and issue resolution. Members of the leadership team met weekly to discuss clinical service coordination and business operations issues. Clinical operations and business operations representatives met biweekly to discuss clinical service coordination and overall department coordination issues.

During the on-site review, staff members were able to express the mechanisms the health plan used to evaluate both geographic accessibility (by time and distance) and timeliness of appointments. Kaiser QI provided a description of its processes used to produce required access and availability reports. The GeoAccess reports were created at the Kaiser QI national level for review and interpretation by the local health plan. The health plan used an encounter data extract by visit type to compare the date of the encounter with the date the appointment was made in order to determine timeliness. Kaiser QI's delivery of care/services model provided the opportunity to evaluate timely access measures using actual appointment data rather than through member and provider surveys. Using actual data, Kaiser QI had

the ability to identify potential deficiencies and promptly develop strategies to address issues through outreach to Permanente Medical Group or affiliated providers. Kaiser QI representatives also noted that timely access data may be slightly understated as reported to the MQD due to missing information with respect to members referred to out-of-network specialists.

The health plan's provider directory for members displayed available providers by island, by clinic, and by specialty. Facilities (clinics) on each island provided a selection of specialists, such as pediatricians and obstetricians, while other clinics may have had mostly PCPs. The health plan staff also described that clinic case managers assisted members in selecting a PCP and scheduling appointments, and that appointment reminder calls were made from a Kaiser QI corporate location.

The health plan submitted quarterly GeoAccess, Timely Access, and Network Adequacy and Capacity reports on a timely basis to the MQD and in the required format during the period under review. The health plan's discussion of its overall assessment and evaluation of the reported data included a description of the difficulty addressing timeliness deficiencies for some key in-network services.

Kaiser QI staff also described mechanisms it used to ensure specialty providers' availability for appointments on neighbor islands (e.g., flying a practitioner to another island one or two days a week, as needed). Kaiser QI also transported patients to Oahu for needed services. Kaiser QI provided members with transportation services that included intra- and inter-flight services and shuttle services to and from the airport to the Moanalua Hospital site. Kaiser QI also provided shuttle transportation between clinic sites when a member needed to access a specialty provider who practiced at a different clinic site.

Kaiser QI received recommendations and was required to implement corrective actions in one Access and Availability area. Kaiser QI:

- Expanded its quarterly Network Summary Report to include a more detailed summary of its provider network analysis to identify and address network deficiencies.

Kaiser QI was found to be compliant with 96 percent of the Coverage and Authorization standards. Kaiser QI provided evidence, through both written documents and interview responses, that it had mechanisms for communicating its policies and procedures for service coverage decisions to members and providers. The plan's provider network of PCPs and other practitioners had authority to make decisions to authorize and provide services for members when the service and/or provider are within Kaiser QI's network. Referrals to out-of-network sites or specialists must be pre-approved via a clinical review by a registered nurse (RN) according to referral authorization guidelines and policies. The member received an approval letter with service, provider, and dates of authorization, and can then be scheduled for the appointment or service. Denials were managed through a second-level review by the plan medical director. Behavioral health service authorizations were managed separately, and the medical director and the clinical specialty chief were involved in the review and made medical necessity denial decisions.

Kaiser QI met the requirements for providing and paying for emergency and poststabilization services, for ensuring consistent application of UM criteria, and for providing the covered array of Medicaid services. The health plan had and was able to articulate its policies and procedures for prior

authorization, and concurrent and retrospective reviews. In addition to the prior approval requirements described above, Kaiser QI performed concurrent and retrospective reviews on select services. Urgent and emergent services where reviewed when provided at a non-Kaiser QI facility or on the mainland, with a review of chief complaint and length of presenting symptoms. Kaiser QI used national utilization management criteria as well as a set of published triage criteria that met the prudent layperson standard.

There was evidence of the health plan's use of qualified staff and recognized criteria for making UM decisions. The process for using peer-to-peer consultation with the requesting provider was followed, when appropriate. The medical director would receive an email with applicable screen shots of the UM nurse's review documentation and criteria. If needed, the medical director contacted the requesting provider via email or telephonically for a consultation prior to issuing a denial decision.

Kaiser QI received recommendations and was required to implement corrective actions in two Coverage and Authorization areas:

- Kaiser QI modified its denial letters to reflect that services were denied due to being performed by an out-of-network provider rather than being a non-covered QI benefit.
- Kaiser QI revised how it systematically categorized service denials related to being performed by out-of-network providers.

Kaiser QI was found to be compliant with 100 percent of the Coordination and Continuity of Care standards. Kaiser QI had policies and procedures in place that addressed the requirements for compliance with federal regulations and the contract with the MQD. Service coordination systems and processes were in place to assess, plan, implement, coordinate, and monitor care provided to members through the health plan's service coordination and case management programs. In addition to service coordination, Kaiser QI had a chronic disease management program, clinical pharmacy services to assist members with medication reconciliation, and behavioral health (BH) care coordination.

Kaiser QI demonstrated the ability to coordinate the care of its members through the case presentation of a member with both medical and BH needs. The member's service coordinator demonstrated how the integrated managed care consortium allowed for seamless care coordination of members enrolled in Kaiser QI. The member was able to establish care with a PCP and specialists to get treatment for his chronic medical conditions. He was also connected with BH services. After developing a service/treatment plan, the service coordinator worked to keep the member engaged, reevaluated the member's needs, and coordinated with the Community Care Services (CCS) program for the member's BH services. The presentation demonstrated the health plan's understanding and application of this requirement.

Kaiser QI had systems and processes in place to collect and analyze data that were reported to the MQD in the Over-Utilization and Under-Utilization of Services and Drugs reports. Kaiser QI's Utilization Management and Service Coordination departments used the information to identify members who may benefit from case management by identifying those with frequent emergency room visits or hospital admissions. Kaiser QI also identified members with chronic conditions who were underutilizing clinical services. Members identified on the high utilization of narcotic medications report were referred to the

pain clinic and to service coordination. In addition, high utilizers of narcotic medications must adhere to Kaiser QI's pain medication agreements and must pick up medications at a designated pharmacy. Kaiser QI also used these reports to identify potential fraud, waste, and abuse.

There were no required corrective actions for this standard.

'Ohana Community Care Services (CCS)

Results

CCS' scores from HSAG's 2016 compliance review are displayed in Table 3-4:

Table 3-4—Standards and Compliance Scores—'Ohana Health Plan Community Care Services Program

Standard #	Standard Name	Total # of Elements	Total # of Applicable Elements	# *Met*	# *Partially Met*	# *Not Met*	# *NA*	# *Not Scored*	Total Compliance Score
I	Member Rights and Protections and Member Information	25	25	23	2	0	0	0	96%
II	Member Grievance System	32	31	30	1	0	0	1	98%
III	Access and Availability	11	11	11	0	0	0	0	100%
IV	Coverage and Authorization	24	24	24	0	0	0	0	100%
V	Coordination and Continuity of Care	7	7	7	0	0	0	0	100%
	Totals	**99**	**98**	**95**	**3**	**0**	**0**	**1**	**98%**

***Total # of Elements*:** The total number of elements in each standard.

***Total # of Applicable Elements*:** The total number of elements within each standard minus any elements that received a score of *NA* or *Not Scored*.

***Total Compliance Score*:** The percentages obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Conclusions and Recommendations

'Ohana Community Care Services ('Ohana CCS) was found to be compliant with 96 percent of the Member Rights and Protections and Member Information standard. 'Ohana CCS had policies, procedures, and written member and provider information (e.g., manuals, newsletters) to communicate its expectations for and commitment to protecting member rights. The health plan provided staff education and training on member rights and monitored its call center practices for adherence to rights and also monitored member grievances related to potential rights violations. As part of its website available to members and providers, the health plan had a prominent link to the list of member rights and responsibilities. Noted as a best practice, 'Ohana also developed, and facilitates on a regular basis, a Members Matter Advisory Committee composed of active 'Ohana-enrolled members. The health plan's goal for the committee is to solicit input from members regarding their experiences with 'Ohana, any issues or complaints, as well as to voice their appreciation and note positive experiences. 'Ohana also

established a "Mahalo Line" to provide an avenue for expressing compliments in response to the committee's input that there was great emphasis placed on grievances and complaints, but that they also needed an avenue to share positive experiences.

'Ohana CCS had policies and procedures and written materials that addressed member rights in general and additional policies and procedures that described health plan processes for specific rights such as confidentiality, and HIPAA requirements. The health plan had policies and procedures that described 'Ohana CCS' processes for ensuring general member written information was provided in a manner that met the language and reading level needs of its members and as required by its CCS contract. The health plan also had policies and procedures that addressed processes for providing information for specific member needs related to visual or hearing impairments as well as for limited English proficiency. Member handbooks were translated by a vendor and were readily available in the four predominant non-English languages in Hawaii and in large print, both as paper copies and on the CCS website. Translated handbooks had been certified as accurate by a translation vendor.

'Ohana CCS' website was well-organized, clear, and easy to navigate and contained links to frequently needed member information such as the member handbook, provider directory, formulary updates, and health and wellness publication links for a variety of topic areas. The member handbook could be readily viewed online in English as well as in all four predominant non-English languages in Hawaii via a drop-down menu. The website also featured a "+" and "–" feature for the reader to increase or decrease the font size of posted materials for those with a visual impairment. CCS' searchable online provider directory contained relevant information about providers' language(s) spoken, board certification, location, specialty, extended office hours available, and whether or not the provider was accepting new patients. A printable PDF version of the directory was also posted on the website

The health plan had a written process and staff training modules for communication of member demographic information changes and other enrollment/disenrollment changes to the MQD. 'Ohana CCS also had policies, procedures, and other informational materials regarding its compliance with advance directives, providing specialty referrals and emergency and poststabilization services, and notifying members of significant changes in plan or program information.

CCS received recommendations and was required to implement corrective actions in two Member Rights and Protections and Member Information areas. 'Ohana CCS:

- Implemented a new process to track the reading level testing results of the "free text" information to ensure the required grade reading level is met, is easily understandable, and conveys the intended message specific to the member's situation for grievance letters and notices of actions (NOAs).
- Updated its online member handbook to include required language regarding poststabilization services.

'Ohana CCS was found to be compliant with 98 percent of the Member Grievance System standards. 'Ohana CCS had policies, procedures, and systems for logging, tracking, and reporting member grievances and appeals. During the on-site review, the health plan provided an overview of its organizational structure and staffing for management of grievances and appeals.

The health plan's member grievances were managed locally by 'Ohana's grievance coordinators, with support from the corporate WellCare office in Florida. Documentation of grievance processing was thorough, and a sample of grievances was reviewed. All cases met timeliness requirements for sending acknowledgment and resolution letters, and the decision makers were not previously involved. The health plan used the grievance templates required by the MQD. It was noted as a best practice that the staff's approach to member grievances, as evidenced by the resolution letters, was sensitive, empathetic, apologetic when applicable, and addressed each complaint issue separately within the letters.

'Ohana CCS' appeal system was managed through the WellCare corporate office, with interface and coordination with the Hawaii health plan staff as indicated. A sample of three appeal cases was reviewed during the on-site visit—the total for the two quarters used for the record review. All three were pharmacy appeals. The cases met timeliness requirements for acknowledgment letters (for standard appeals) and decision letters, and the MQD-required templates were in use. 'Ohana CCS had evidence of providing notice to the MQD as required for expedited appeals. Appeal decision makers were appropriately qualified and were not involved in a previous level of decision making.

During the on-site interview, 'Ohana CCS staff described the health plan's use of grievance and appeal data for trending and quality improvement and for monitoring staff, services, and providers.

'Ohana CCS received recommendations and was required to implement a corrective action for one Member Grievance System area. In addition, one Member Grievance System area pertaining to the grievance resolution letter template was not scored due to differences between the letter template language provided by the MQD and the contract between the MQD and 'Ohana CCS. Despite not being scored, HSAG suggested action on the part of both 'Ohana CCS and the MQD. 'Ohana CCS:

- Revised its grievance process and policy to send the outcome of any grievance filed by a member's representative without oral or written consent (i.e., appointment of representative [AOR] form) to the member. All grievances will be processed through to resolution. In addition, 'Ohana CCS updated its acknowledgment of grievance letter and memorandum template to reflect the new MQD-approved language.
- Resolved the issue of the required time frame for State-level grievance review decisions with the MQD. Policies, procedures, letter templates, and member/provider materials are all consistent with the required time frame.

'Ohana CCS was found to be compliant with 100 percent of the Access and Availability standards. 'Ohana CCS demonstrated that it had the organizational structure, systems, policies, and processes to regularly evaluate and monitor access to and availability of its services and network providers for enrolled members. 'Ohana CCS' organizational structure for its Network Management department included functional area leaders and staff related to external provider relations, provider operations (credentialing and contracting), and provider solutions (claims resolutions and provider education).

Staff members demonstrated the mechanisms used to measure both geographic accessibility (by time and distance) and timeliness of appointments. 'Ohana CCS used GeoAccess reporting/analysis and a network adequacy tool to evaluate its network and generate reports showing, at a ZIP code level, any

gaps in the network as measured by the distance from the members' residence to the nearest BH provider or specialist. Quarterly, 'Ohana CCS submitted accurate and complete reports to the MQD in the required format during the period under review. 'Ohana CCS periodically conducted member and provider surveys (utilizing an external vendor) to determine provider availability for appointments and member satisfaction regarding timely access to appointments.

'Ohana CCS delegated pharmacy network management to a PBM (Catamaran—through December 31, 2015, and CVS Caremark—beginning January 1, 2016). The plan also used a delegation contract with LogistiCare (through December 31, 2015) and IntelliRide (beginning January 1, 2016) for transportation services. The delegation agreement with these vendors included network development and management of their respective services for the CCS program. 'Ohana CCS monitored and managed these delegates daily to assure they were meeting federal regulations and MQD requirements as specified in their contracts. 'Ohana's audit team evaluated these vendors formally at least once every year.

'Ohana CCS' policies and procedures focused on the diversity of its member population to assist members in identifying providers based on known language needs. The program's Cultural Competency Plan was comprehensive and defined the practices followed to identify members with cultural requirements and to ultimately meet the healthcare needs of those members.

If access to an out-of-network provider was needed, 'Ohana CCS executed a single case agreement with the provider to assure the member is treated appropriately and not balance billed for any services.

'Ohana CCS implemented a Members Matter Advisory Committee during fourth quarter 2015. The committee included 'Ohana members, quality management, customer service, and compliance staffs as well as providers and community advocates. The committee met quarterly to discuss and provide feedback to the health plan regarding member perception on a number of key program measurements including access to and availability of care. 'Ohana CCS also solicited feedback from the physicians and other committee members of the UM Advisory Committee. Health Services, Provider Relations, and Customer Service departments worked collaboratively on action plans to address gaps in coverage. Such discussions took into consideration the need to add more advisory providers to the committee.

'Ohana CCS published a comprehensive provider manual for its network providers, which was available online. The manual contained detailed information about 'Ohana CCS' requirements for network providers. In addition, 'Ohana published an online CCS preferred drug list, provider bulletins/newsletters containing information on changes to the program, as well as a variety of other topics to assist and support providers. Providers used a secured provider portal to check eligibility, request authorizations, submit claims (electronic data interchange [EDI]), check claim status, and complete required training.

There were no required corrective actions for this standard.

'Ohana CCS was found to be compliant with 100 percent of the Coverage and Authorization standards. 'Ohana CCS had a UM unit and utilized a staff of RNs for all authorization reviews, with referrals to the medical director for any denial decisions related to medical necessity as well as for benefit denials and reductions in requested services. The pharmacy authorizations unit provided reviews and authorization

decisions at the point of sale. The plan had policies and procedures for prior authorization, concurrent, and retrospective review and for denial of services. Prior authorizations were stored and managed in ‘Ohana’s Enterprise Medical Management Application (EMMA) system. CCS demonstrated through record reviews and interviews that it sent NOAs to providers and members when a service was denied or approved at an amount or duration less than requested. Members of the CCS team described the health plan’s approach to monitoring daily turnaround times for review decision timeliness.

‘Ohana CCS provided timely authorizations. The staff described the health plan’s use of committee structure (pharmacy and therapeutics, hospital review and readmission, and the UM committees) to review high utilization and hospital readmission rates, perform case reviews, and analyze and trend the top “users” report. The UM team met with the provider relations team weekly to discuss network deficiencies that impacted member care. ‘Ohana CCS demonstrated through its presentation that it had implemented the needed services and network to support the CCS program.

‘Ohana CCS described its approach to providing and paying for emergency and poststabilization services. The plan requires notification within 24 hours for hospital admissions following an emergency event/visit, and performs retrospective review of the hospital admission but not of the emergency room visit.

A review of ‘Ohana CCS’ medical and pharmacy service denial decisions was conducted during the on-site review by accessing ‘Ohana CCS’ electronic tracking system and through screen shots from that system. A sample of pre-selected service denial decisions was reviewed. All records demonstrated that decision and notification time frames were met. The pharmacy unit also successfully demonstrated “fixes” made to the pharmacy reporting process and system that were implemented during first quarter 2016. This change corrected a discrepancy between total denied prior authorizations in one report to the total denied prior authorizations—by age group—in a subsequent report. ‘Ohana CCS indicated a significant increase in transportation denials was reported during the review period due in part to the transition from LogistiCare to a new transportation vendor, IntelliRide.

There were no required corrective actions for this standard.

‘Ohana CCS was found to be compliant with 100 percent of the Coordination and Continuity of Care standards. CCS demonstrated, through its policies, procedures, and reports the health plan’s commitment to providing person-centered service to address the member’s level of need. Systems and processes were in place to assess, plan, implement, coordinate, and monitor care provision through the plan’s care coordination/case management programs.

‘Ohana CCS staff provided a case presentation of a member with behavioral healthcare needs to demonstrate the health plan’s processes and communication during all phases of care management. The case study spotlighted the outreach, assessment, identification of needs, and the processes deployed by ‘Ohana CCS’ Service Coordination and Case Management teams. The presentation included how ‘Ohana CCS worked with all parties involved to establish a member-centered care plan, and how the health plan communicated and coordinated that care plan with providers, the family, and caregivers. The demonstration reflected the responsiveness of the team to changes in the member’s condition and needs while still promoting an environment that ensured privacy and confidentiality. The presentation included

how the service coordinator used social and support services to better meet the individual member's needs. 'Ohana CCS also confirmed its understanding and application of the federal regulations and contract requirements for coordinating care and services to enrolled members.

'Ohana CCS demonstrated its systems and processes for collecting and reporting information for the MQD-required reports dealing with over- and underutilization of medical services. The health plan also discussed how it used the data, especially on over- and underutilization, hospital readmissions, and use of the emergency room (ER). The health plan submitted timely service coordination reports to the MQD during the period under review.

There were no required corrective actions for this standard. However, the 2015 CCS Program Description contained outdated references pertaining to QUEST Expanded Access (QExA). 'Ohana CCS should revise its CCS Program Description to remove references to the QExA program and use QUEST Integration and/or Community Care Services (CCS) references, as appropriate.

'Ohana Health Plan QUEST Integration

Results

'Ohana QI's scores from HSAG's 2016 compliance review are displayed in Table 3-5:

Table 3-5—Standards and Compliance Scores—'Ohana Health Plan QUEST Integration

Standard #	Standard Name	Total # of Elements	Total # of Applicable Elements	# *Met*	# *Partially Met*	# *Not Met*	# *NA*	Total Compliance Score
I	Member Rights and Protections and Member Information	28	28	25	3	0	0	95%
II	Member Grievance System	33	33	32	1	0	0	98%
III	Access and Availability	11	11	10	1	0	0	95%
IV	Coverage and Authorization	24	24	24	0	0	0	100%
V	Coordination and Continuity of Care	10	10	10	0	0	0	100%
	Totals	**106**	**106**	**101**	**5**	**0**	**0**	**98%**

	***Total # of Elements*:** The total number of elements in each standard.
	***Total # of Applicable Elements*:** The total number of elements within each standard minus any elements that received a score of *NA*.
	***Total Compliance Score*:** The percentages obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Conclusions and Recommendations

Ohana Health Plan QUEST Integration ('Ohana QI) maintained standardized policies and processes for the areas under review.

'Ohana QI was found to be compliant with 95 percent of the Member Rights and Protections and Member Information standard. 'Ohana QI had policies, procedures, and written member and provider information (e.g., manuals, newsletters) to communicate its expectations for and commitment to protecting member rights. The health plan provided staff education and training on member rights and monitored its call center practices for adherence to rights (six calls per month per agent) and also monitored member grievances related to potential rights violations. As part of the health plan's website available to members and providers, 'Ohana QI had a prominent link to the list of member rights and responsibilities. Noted as a best practice, 'Ohana QI also developed, and regularly facilitates, a Members Matter Advisory Committee composed of active 'Ohana QI-enrolled members. The health plan's goal for the committee is to solicit input from members regarding their experiences with 'Ohana QI, any issues or complaints, as well as to voice their appreciation and note positive experiences. 'Ohana QI also established a "Mahalo Line" to provide members with an avenue for expressing compliments. The program was in response to the committee's input that there was great emphasis placed on grievances and complaints, but member's also needed an avenue to share positive experiences.

The health plan had policies and procedures that described 'Ohana QI's processes for ensuring general member written information was provided in a manner that met the language and reading level needs of its members and as required by its QI contract. The health plan also had policies and procedures that addressed processes for providing information for specific member needs related to visual or hearing impairments as well as for limited English proficiency. Member handbooks were translated by a vendor and were readily available in the four predominant non-English languages in Hawaii and in large print, both as paper copies and on the 'Ohana QI website. Translated handbooks had been certified as accurate by a translation vendor. 'Ohana QI had mechanisms for translation and interpretation services to be provided through either a vendor or by 'Ohana QI's bilingual staff. The health plan provided two quarterly reports documenting that translation and interpreter services were provided to members upon request and for a variety of languages in addition to the four predominant non-English languages in Hawaii.

'Ohana QI had policies and procedures that described health plan processes for specific rights such as advance directives, confidentiality, and HIPAA requirements. Communication with staff members as well as providers included clear expectations and frequent contacts and reminders. 'Ohana QI used the State's eligibility file to identify language spoken and send the new member enrollment packet in the language identified. 'Ohana QI staff articulated a clear understanding of member rights, HIPAA-related requirements, and related health plan processes to ensure privacy of member information.

The new member information packet and member handbook contained the required informational items and were presented in an understandable and easy-to-use format. 'Ohana QI's website was well-organized, clear, and easy to navigate and contained links to frequently needed member information such as the member handbook, provider directory, formulary updates, and health and wellness publication links for a variety of topic areas. The member handbook could be readily viewed online in English as well as in all four predominant non-English languages in Hawaii via a drop-down menu. The website also featured a "+" and "–" feature for the reader to increase or decrease the font size of posted materials for those with visual impairment. During the on-site review, the health plan provided additional information and a demonstration of its member portal features, with functionality that

exceeded the QI contract requirements for member access to information, including prior authorization requests, service plans, and mechanisms for communication with the health plan service coordinator. 'Ohana QI's searchable online provider directory contained relevant information about providers' language(s) spoken, board certification, location, specialty, extended office hours available, and whether or not the provider was accepting new patients. A printable PDF version of the directory was also posted on the website, sorted alphabetically and by island and specialty.

The health plan had a written process and staff training modules for communication of member demographic information changes and other enrollment/disenrollment changes to the MQD. 'Ohana QI also had policies, procedures, and other informational materials regarding its compliance with advance directives, providing specialty referrals and emergency and poststabilization services, and notifying members of significant changes in plan or program information.

'Ohana QI received recommendations and was required to implement corrective actions in three Member Rights and Protections and Member Information areas. 'Ohana QI:

- Implemented a new process to track the reading level testing results of the "free text" information to ensure the required grade reading level is met, is easily understandable and conveys the intended message specific to the member's situation for grievance letters and NOAs.
- Updated its online member handbook to include required language regarding poststabilization services.
- Revised its Member Data Change Form to provide clearer direction to new members selecting a PCP for the first time as opposed to only those members requesting a PCP change.

'Ohana QI was found to be compliant with 98 percent of the Member Grievance System standards. 'Ohana QI had policies, procedures, and systems for logging, tracking, and reporting member grievances and appeals. During the on-site review, the health plan provided an overview of its organizational structure and staffing for management of grievances and appeals.

The health plan's member grievances were managed locally by 'Ohana QI's grievance coordinators, with support from the corporate WellCare office in Florida. Documentation of grievance processing was thorough, and a sample of grievances was reviewed during the on-site visit. All cases met timeliness requirements for sending acknowledgment and resolution letters, and the decision makers were not previously involved. The health plan used the grievance templates required by the MQD. It was noted as a best practice that the staff's approach to member grievances, as evidenced by the resolution letters, was sensitive, empathetic, apologetic when applicable, and addressed each complaint issue separately within the letters.

'Ohana QI's appeal system was managed through the WellCare corporate office, with interface and coordination with the Hawaii health plan staff as indicated. A sample of appeal cases was reviewed during the on-site visit, consisting of a mix of pharmacy appeals and medical service appeals. All cases met timeliness requirements for acknowledgment letters (for standard appeals) and decision letters, and the MQD-required templates were in use. 'Ohana QI had evidence of providing notice to the MQD as

required for expedited appeals. Appeal decision makers were appropriately qualified and were not involved in a previous level of decision making.

During the interview, ‘Ohana QI staff described the health plan’s use of grievance and appeal data for trending and quality improvement and for monitoring staff, services, and providers.

Ohana received recommendations and was required to implement one corrective action in the Member Grievance System areas. ‘Ohana QI:

- Revised its grievance process and policy to send the outcome of any grievance filed by a member’s representative without oral or written consent (i.e., AOR form) to the member. All grievances will be processed through to resolution. In addition, ‘Ohana QI updated its acknowledgment of grievance letter and memo template to reflect current MQD-approved language.

‘Ohana QI was found to be compliant with 95 percent of the Access and Availability standards. ‘Ohana QI demonstrated that it had the systems, policies, processes, and organizational structure in place to regularly evaluate and monitor access to and availability of its services and network providers for enrolled members. ‘Ohana QI’s organizational structure for its Network Management department included a director and functional area leaders and staff related to external provider relations, provider operations (credentialing and contracting), and provider issues (claims resolutions and provider education).

Staff members demonstrated the mechanisms used to measure both geographic accessibility (by time and distance) and timeliness of appointments. ‘Ohana QI used GeoAccess reporting/analysis and a network adequacy tool to evaluate its network and generate reports showing, at a ZIP code level, any gaps in the network as measured by the distance from the members’ residence to the nearest provider or specialist. Quarterly, the health plan submitted accurate and complete reports to the MQD in the required format during the period under review. The health plan periodically conducted member and provider surveys (using an external vendor) to determine provider availability for appointments and member satisfaction regarding timely access to appointments.

‘Ohana QI delegated pharmacy network management to a PBM (Catamaran—through December 31, 2015, and CVS Caremark—beginning January 1, 2016). ‘Ohana QI also used delegation contracts with Premier Eye Care for vision, HearUSA for hearing, and LogistiCare (through December 31, 2015) and IntelliRide (beginning January 1, 2016) for transportation services. The delegation agreement with these vendors included network development and management of their respective services for the health plan. ‘Ohana QI monitored and managed these vendors daily to assure they were meeting federal regulations and MQD requirements as specified in their contracts. ‘Ohana QI’s audit team evaluated these delegates formally at least once every year.

‘Ohana QI’s policies and procedures focused on the diversity of its member population to assign new members to providers based on known language needs (using the enrollment file from the MQD). The health plan’s Cultural Competency Plan was comprehensive and defined the practices followed to identify members with cultural requirements and to ultimately meet the healthcare needs of those members.

'Ohana QI implemented a Members Matter Advisory Committee during fourth quarter 2015. The committee included 'Ohana QI members, quality management, customer service, and compliance staffs as well as providers and community advocates. The committee met quarterly to discuss and provide feedback to the health plan regarding member perception on a number of key program measurements including access to and availability of care. 'Ohana QI also solicited feedback from the physicians and other committee members of the UM Advisory Committee. Health Services, Provider Relations, and Customer Service departments worked collaboratively on action plans to address gaps in coverage. Such discussions took into consideration the need to add more advisory providers to the committee.

'Ohana QI's third and fourth quarter 2015 network strategies identified network gaps and documented plans to recruit additional providers, to open panels of existing closed providers, and to keep abreast of all new network providers that were recruited. 'Ohana QI gauged limited access to care by examining network providers not accepting new members and then took into consideration distance, travel time, the means of transportation ordinarily used by members, and whether the location provided physical access for members with disabilities. Interventions to fill network gaps and barriers to those interventions included face-to-face provider visits, which were conducted by provider services representatives. During every visit the provider services representative would discuss the potential for opening the panel status with the provider. 'Ohana QI anticipated more providers would open their panels as a result of these focused site visits. 'Ohana QI's presentation and the subsequent discussion of its overall network assessment and evaluation of provider adequacy was comprehensive and included information on network gaps and the health plan's current strategy for addressing those deficiencies. 'Ohana QI staff members also relayed several mechanisms being used to identify and engage potential new providers to add to its network.

The health plan had a comprehensive provider manual for its network providers, which was available online. The manual contained detailed information about 'Ohana QI's requirements for network providers. In addition, 'Ohana QI published an online QI preferred drug list, provider bulletins/newsletters containing information on changes to the program, as well as a variety of other topics to assist and support providers. Providers used a secured provider portal to check eligibility, request authorizations, submit claims through electronic data interchange (EDI), check claim status, and complete required training.

Ohana received recommendations and was required to implement one corrective action in Access and Availability. 'Ohana QI:

- Updated its provider manual to require FQHC or RHC providers who provide urgent care to refer patients back to and inform their assigned PCP or help the individual select a new PCP. The update to the provider manual was required as the 'Ohana QI provider contracts with FQHC and RHC providers incorporate the provider manual into the agreement. 'Ohana QI also deployed a provider training campaign to educate the FQHC and RHC providers on these responsibilities.

'Ohana QI was found to be compliant with 100 percent of the Coverage and Authorization standards. 'Ohana QI had a UM unit and utilized a staff of RNs for all authorization reviews, with referrals to the medical director for any denial decisions related to medical necessity as well as for benefit denials. The

pharmacy authorizations unit provided reviews and authorization decisions at the point of sale. The health plan had policies and procedures for prior authorization, concurrent, and retrospective review and for denial of services that were consistent with federal and state requirements. The plan also provided evidence through record reviews and interviews that it sent NOAs to providers and members when a service was denied or approved at an amount or duration less than requested. Members of the 'Ohana QI team described the health plan's approach to monitoring daily turnaround times for review decision timeliness.

Overall, 'Ohana QI provided timely authorizations. 'Ohana QI staff described the health plan's use of committee structure (pharmacy and therapeutics, hospital review and readmission, and the UM committees) to review high utilization and hospital readmission rates, perform case reviews, and analyze and trend the top "users" report. 'Ohana QI demonstrated through its presentation that it had also successfully instilled BH aspects into the UM team's processes and procedures.

'Ohana QI described its approach to providing and paying for emergency and poststabilization services. The health plan required a notification within 24 hours for hospital admissions following an emergency event, and it performed a retrospective review of the hospital admission but not of the emergency room visit.

A review of medical and pharmacy service denial decisions was conducted during the on-site review by accessing 'Ohana QI's electronic tracking system and through screen shots from that system. All demonstrated that decision and notification time frames were met. The pharmacy unit also successfully demonstrated "fixes" made to the pharmacy reporting process and system that were implemented during first quarter 2016. This change corrected a discrepancy between total denied prior authorizations in one report to the total denied prior authorizations—by age group—in a subsequent report. 'Ohana QI indicated the significant increase in transportation denials was due in part to the transition from LogistiCare to IntelliRide, the new transportation vendor.

There were no required corrective actions for this standard.

'Ohana QI was found to be compliant with 100 percent of the Coordination and Continuity of Care standards. 'Ohana demonstrated, through its policies, procedures, and reports, the health plan's commitment to providing person-centered service to address the member's level of need. Systems and processes were in place to assess, plan, implement, coordinate, and monitor care provision through the health plan's care coordination/case management programs.

'Ohana QI staff selected a case presentation of a member with SHCN to demonstrate the health plan's processes and communication during all phases of care management. The case study spotlighted the outreach, assessment, and identification of member needs and the processes deployed by 'Ohana QI's Service Coordination and Case Management teams. The presentation included how 'Ohana QI worked with all parties involved to establish a member-centered care plan, and how the health plan communicated and coordinated that care plan with providers, the family, and caregivers. The demonstration reflected the responsiveness of the team to changes in the member's condition and needs while still promoting an environment that ensured privacy and confidentiality. The presentation included how the service coordinator used social and support services to meet the individual member's needs.

'Ohana QI also confirmed its understanding and application of the federal regulations and contract requirements for coordinating care and services to enrolled members.

'Ohana QI had systems and processes for collecting and reporting information for the MQD-required reports on over- and underutilization of medical services. The health plan provided information on its processes for "mining" the data, especially on over- and underutilization, hospital readmissions, and use of the ER. The health plan submitted timely service coordination reports to the MQD during the period under review.

There were no required corrective actions for this standard.

UnitedHealthcare Community Plan QUEST Integration

Results

UHC CP QI's scores from HSAG's 2016 compliance review are displayed in Table 3-6:

Table 3-6—Standards and Compliance Scores—UnitedHealthcare Community Plan QUEST Integration

Standard #	Standard Name	Total # of Elements	Total # of Applicable Elements	# *Met*	# *Partially Met*	# *Not Met*	# *NA*	Total Compliance Score
I	Member Rights and Protections and Member Information	28	28	25	3	0	0	95%
II	Member Grievance System	33	33	32	1	0	0	98%
III	Access and Availability	11	11	11	0	0	0	100%
IV	Coverage and Authorization	24	24	24	0	0	0	100%
V	Coordination and Continuity of Care	10	10	10	0	0	0	100%
	Totals	**106**	**106**	**102**	**4**	**0**	**0**	**98%**

	***Total # of Elements*:** The total number of elements in each standard.
	***Total # of Applicable Elements*:** The total number of elements within each standard minus any elements that received a score of *NA*.
	***Total Compliance Score*:** The percentages obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Conclusions and Recommendations

UnitedHealthcare Community Plan QUEST Integration (UHC CP QI) maintained standardized policies and processes for the areas under review.

UHC CP QI was found to be compliant with 95 percent of the Member Rights and Protections and Member Information standard. UHC CP QI had policies, procedures and written member and provider information (e.g., manuals and newsletters) to communicate its expectations for and commitment to protecting member rights. The health plan provided staff education and training on member rights, and monitored both its call center practices for adherence to rights and its member grievances related to potential rights violations. Noted as a best practice, UHC CP QI had developed a "HIPAA [Health

Insurance Portability and Accountability Act of 1996] Job Aid" to assist its staff during phone encounters with members, their representatives and family, and providers or other agencies that might make inquiries. This job aid guided staff regarding disclosure of information and steps to take in protecting a member's right to privacy and the confidentiality of personally identifying and protected health information.

During the on-site staff interviews, UHC CP QI gave an overview of its Customer Service Department staffing and functions in support of member needs. The health plan had an eight-week training course specifically for its Medicaid customer service agents, followed by a six-week supervision period. The health plan described its Integrated System Experience Table (ISET), which provided tracking and online call routing. The ISET also fed data and metrics used to produce call center reports, as well as interpretation and translation statistics for quarterly reporting to the MQD.

The health plan had policies and procedures that described UHC CP QI's processes for ensuring that general member written information was provided in a manner that met the language and reading level needs of its members and as required by the health plan's QI contract. UHC CP QI also had policies and procedures that addressed processes for providing information for specific member needs related to visual or hearing impairments as well as for limited English proficiency. Member handbooks were translated by a vendor and were readily available in the four predominant non-English languages in Hawaii, both as paper copies and on the health plan's website.

The member information packet and member handbook were presented in an understandable and easy-to-use format. UHC CP QI's website was well-organized, clear, and easy to navigate and contained links to frequently needed member information such as the member handbook, provider directory (printable and searchable versions), frequently asked questions, the preferred drug list, and health and wellness publications/member newsletter with a variety of topic areas which were provided in English as well as the four predominant non-English languages in Hawaii. The member handbook could be readily viewed online in English and also in all four predominant non-English languages. The health plan provided additional information on its member portal features, with functionality that met the QI contract requirements for member access to information, including prior authorization requests, service plans, and mechanisms for communication with the health plan service coordinator. UHC CP QI's searchable online provider directory contained relevant information about providers' language(s) spoken, board certification, location, specialty, and whether or not the provider was accepting new patients. A printable PDF version of the directory was also posted on the website, sorted by island and specialty.

The health plan had a written process for communication of member demographic information changes and other enrollment/disenrollment changes to the MQD. UHC CP QI also had policies, procedures, and other informational materials regarding its compliance with advance directives, providing specialty referrals and emergency and poststabilization services, and notifying members of significant changes in plan or program information.

UHC CP QI received recommendations and was required to implement corrective actions in three Member Rights and Protections and Member Information areas. UHC CP QI:

- Developed a desktop procedure that provided a standardized methodology to test grade reading levels of member materials and letters/other correspondence in a manner that used the language resembling their presentation in the actual member materials (i.e., same number of paragraphs and number of sentences).
- Removed the non-Hawaii hospitals from the provider information to prevent possible member confusion.
- Aligned its member informational materials and presentation to be consistent with the contract-required time frame to allow members 10 days (excluding mailing time) for PCP selection before auto-assignment. UHC CP QI also developed and implemented a fillable PCP selection form and include it in the new member enrollment packet.

UHC CP QI was found to be compliant with 98 percent of the Member Grievance System standards. UHC CP QI had fully compliant policies and procedures and a system (the Escalation Tracking System, or ETS) for logging, tracking, and reporting member grievances and appeals. During the on-site review, the health plan provided an overview of its organizational structure and staffing for management of grievances and appeals.

The health plan's member grievances were managed locally by grievance coordinators. Documentation of grievance processing was thorough, and a sample of grievances was reviewed during the on-site visit. All cases met timeliness requirements for sending acknowledgment and resolution letters, and the decision makers were not previously involved. The health plan used the grievance templates required by the MQD.

Sample appeal cases were reviewed during the on-site visit, composed of a mix of pharmacy appeals and medical service appeals. All cases met timeliness requirements for acknowledgment and decision letters. Appeal decision makers were appropriately qualified and were not involved in a previous level of decision making. UHC CP QI used Hawaii-licensed physicians on the mainland as needed for appeal decisions.

UHC CP QI received recommendations and was required to implement one corrective action in the Member Grievance System area. UHC CP QI:

- Implemented a "letter quality checklist" to ensure that it used the correct template for member correspondence related to appeals processing, and that the message is accurate, understandable, error-free, and relevant to the situation and decision being communicated. In addition, UHC CP QI updated its version of the acknowledgement of grievance letter and memorandum template with the revised MQD-approved version.

UHC CP QI was found to be compliant with 100 percent of the Access and Availability standards. UHC CP QI demonstrated that it has the structure, systems, policies, and processes to regularly evaluate and monitor access to and availability of its services and network providers for its enrolled members. UHC CP QI staff members were able to communicate the mechanisms of the health plan to measure both geographic accessibility (by time and distance) and timeliness of appointments. UHC CP QI also demonstrated the system and processes used to produce required reporting. Quarterly, the health plan

submitted accurate, timely, and complete reports to the MQD in the required format during the period under review for the QI program. The health plan's discussion of its overall assessment and evaluation of the reported data was thorough. It included information about efforts to improve availability of certain specialty provider types where regional deficiencies had been identified. UHC CP QI staff also described numerous mechanisms being used to identify and engage potential new providers to add to its network that included single case agreements with non-network providers.

The health plan's staff responsible for provider services and network management described the plan's processes for regular outreach to existing network providers. This included on-site visits, distribution of written materials on a variety of topics, and educational opportunities. While several network management functions were delegated (i.e., MDX Hawaii for non-HCBS [home and community-based services] provider credentialing activities; OptumHealth for the BH network; OptumRx for long-term care and specialty pharmacies; and LogistiCare for nonemergent medical transportation [i.e., ground, air, lodging, and meals]), UHC CP QI staff members demonstrated a high level of knowledge and accountability for the UHC CP QI network status and close collaboration with its delegates. The health plan had a comprehensive provider manual for its contracted providers available in print and online. The manual contained detailed information regarding UHC CP QI's requirements for providers, including appointment access standards, office accessibility, hours of operation, and after-hours availability procedures.

UHC CP QI implemented a number of innovative methods to increase access to care in areas (islands) where required providers (PCPs and specialists) were not readily accessible to QUEST Integration members. This included periodically deploying specialists to islands, arranging and paying for members to be treated by specialists on neighboring islands, and capitalizing on recent legislative changes that promoted the use of "tele-medicine."

UHC CP QI Provider Services call center conducted quarterly surveys of members (first and third quarter) and providers (second and fourth quarter) to evaluate timely access to appointments. The survey results were analyzed at senior levels within the organization including the Physician Advisory Committee and the Quality Improvement Committee to assess and address network deficiencies. Strategies were developed and implemented to address those deficiencies.

There were no required corrective actions for this standard.

UHC CP QI was found to be compliant with 100 percent of the Coverage and Authorization standards. UHC CP QI provided evidence, through both written documents and interview responses, that it had the mechanisms for communicating to members and providers its policies and procedures for service coverage decisions. UHC CP QI demonstrated consistency across its policies, procedures, member and provider materials, and interview responses when describing how members could access services directly from a PCP, through a PCP referral to specialty services, by direct access or self-referral for certain services, or by obtaining prior authorization for a limited set of services. Members were referred to a specialist by their PCP, and no formal notification or referral form to the health plan was required for emergencies.

UHC CP QI met the requirements for providing and paying for emergency and poststabilization services, for ensuring consistent application of UM criteria, and for providing the covered array of Medicaid services. The UM staff and processes were an area of strength for UHC CP QI. The health plan had and was able to clearly demonstrate its policies and procedures for prior authorization and for concurrent and retrospective reviews. Staff members were qualified and knowledgeable; during the interviews, they reflected a strong working relationship and linkages across functional areas, including UM; case management/service coordination; customer service; and the office of the medical director, which was ultimately responsible for the UM program.

A review of medical and pharmacy service denial decisions was conducted during the on-site review. A demonstration of UHC CP QI's electronic tracking system was included in the process. All cases met the required decision time frames.

There was clear evidence of the health plan's use of qualified staff and recognized criteria for making UM decisions. The process for using peer-to-peer consultation with the requesting provider was also documented in the system (initiated when the UM nurse reached out to the requesting provider for information or clarification). During that conversation the health plan's review nurse would offer the opportunity for peer-to-peer discussions with the reviewing provider. UHC CP's UM process required three attempts to obtain additional information, time permitting, before a denial was rendered. This resulted in fewer overturned decisions upon appeal when additional clinical information could be considered. UHC CP QI's delegated vendors that were contracted to authorize services and/or make denial decisions used the same MQD-approved NOA template and followed the same readability level requirements as UHC CP QI. Those delegated vendors provided authorizations for pharmacy and BH services.

UHC CP QI demonstrated its system (CareOne) and processes for capturing data for the MQD-required reporting of authorizations. Delegated vendor services data (authorizations and denials) were represented in the quarterly reports.

There were no required corrective actions for this standard.

UHC CP QI was found to be compliant with 100 percent of the Coordination and Continuity of Care standards. UHC CP QI had policies and procedures in place that addressed the requirements for compliance with federal regulations and the contract with the State of Hawaii. Service coordination systems and processes were in place to assess, plan, implement, coordinate, and monitor care provided to members through the health plan's service coordination and case management programs. In addition to service coordination, UHC CP QI had a chronic disease management program for members with diabetes, asthma, and high-risk pregnancies. Health plan staff complete an annual training called "Safe and Secure with Me" to ensure that the members' privacy is protected during care coordination activities.

UHC CP QI demonstrated the ability to coordinate the care of its members through the case presentation of a member with both medical and BH needs. After developing a service/treatment plan, the service coordinator worked to keep the member engaged, reevaluated the member's needs, and coordinated with the CCS program for the member's BH services. Although not required by contract, UHC CP QI

provided recovery and peer support to facilitate recovery and help this member strive to reach his full potential. The presentation demonstrated the health plan's understanding and application of this standard.

UHC CP QI had systems and processes in place to collect and analyze data reported to the MQD in the Over-Utilization and Under-Utilization of Services and Drugs reports. UHC CP QI used the information to identify members who may benefit from case management or service coordination by identifying those with frequent emergency room visits or hospital admissions. The health plan is currently working to implement a pharmacy lock-in program for members identified as high utilizers of narcotic medications. UHC CP QI also used these reports to identify potential fraud, waste, and abuse. The health plan submitted required reports to the MQD in a timely manner.

There were no required corrective actions for this standard.

Health Plan Follow-Up CAP Reviews

Follow-up monitoring for CAPs was not required during 2016. 'Ohana CCS was the only plan that had a compliance monitoring review in 2015 (to bring it in line with the QI plans). 'Ohana CCS successfully implemented its CAP during 2015. None of the health plans had outstanding CAPs requiring re-evaluation or follow-up during 2016.

Validation of Performance Measures—NCQA HEDIS Compliance Audits

This section reports results of the 2016 NCQA HEDIS Compliance Audits and performance measure validation for the QI and CCS health plans. Also presented in this section are the actual HEDIS and non-HEDIS performance measure rates reported by each health plan on the required performance measures validated by HSAG, with comparisons to the NCQA national Medicaid HEDIS 2015 Audits Means and Percentiles and to the previous year's rates, where applicable.

Measure rates reported by the health plans but not audited by HSAG in 2015 are not presented within this report and were not compared to this year's results. Additionally, certain measures do not have applicable benchmarks. For these reasons, HEDIS 2015 rate, percentage point change, and 2016 performance level values are denoted with a double-dash (--) within the tables below for these measures.

The health plan results tables below show the current year's performance for each measure compared to the prior year's rate and the performance level relative to the NCQA national Medicaid HEDIS 2015 percentiles, where applicable. The performance level column illustrated in the tables rates the health plans' performance as follows:

★★★★★ = At or above the 90th percentile
★★★★ = From the 75th percentile to the 89th percentile
★★★ = From the 50th percentile to the 74th percentile
★★ = From the 25th percentile to the 49th percentile
★ = Below the national Medicaid 25th percentile

In the tables following, rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a *p* value <0.05. Additionally, rates shaded yellow with one cross (+) indicate that the rate met or exceeded the MQD Quality Strategy target. The MQD Quality Strategy targets are defined below in Table 3-7.

A 2015 or 2016 measure result of "*Not Applicable (NA)*" indicates that the health plan followed technical measure specifications, but the denominator was too small (i.e., fewer than 30) to report a valid rate.

Of note, when calculating HEDIS performance measure rates for the ABD population, enrollees who were dually eligible (i.e., enrollees with both Medicaid and Medicare coverage) when the Medicare coverage was through fee-for-service Medicare or an unknown/other Medicare plan were excluded. Because these data on Medicare services and encounters would not be readily available to the plans, excluding this dually eligible population from the measure calculations reduced the chance of negatively affecting performance measure results. However, members dually enrolled in the plan's Medicaid program and Medicare plan were expected to be included in the rate calculations, which was consistent with the measure specifications.

For the following measures, a lower rate indicates better performance: *Well-Child Visits in the First 15 Months of Life—Zero Visits, Frequency of Prenatal Care—<21 Percent of Expected Visits, Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* and *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%).* For performance level evaluation of these measures, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures for the following measure indicators: *Well-Child Visits in the First 15 Months of Life—Zero Visits, Frequency of Prenatal Care—<21 Percent of Expected Visits,* and *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

For each population (i.e., QI, Non-ABD, ABD, and CCS), Table 3-7 presents a list of the HEDIS and non-HEDIS measures evaluated and discussed in this report along with their abbreviations, an indication of whether the measure was collected and calculated using an administrative (admin) or hybrid methodology, and the corresponding MQD Quality Strategy targets, as applicable.

Table 3-7—Validated Measures for 2016

Performance Measure	QI	Non-ABD	ABD	CCS	MQD Quality Strategy Target[1]	Methodology
Access to Care						
Adults' Access to Preventive/Ambulatory Health Services	√	√	√	—	—	Admin
Children and Adolescents' Access to Primary Care Practitioners	√	√	√	—	—	Admin
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	√	√	√	√	—	Admin
Effectiveness of Care						
Adult BMI Assessment	√	√	√	—	—	Hybrid†
Colorectal Cancer Screening	√	√	√	—	—	Hybrid†
Care for Older Adults	√	—	√	—	—	Hybrid
Medication Reconciliation Post-Discharge	√	—	√	—	75th Percentile	Hybrid
Children's Preventive Care						
Adolescent Well-Care Visits	√	√	√	—	—	Hybrid†
Childhood Immunization Status	√	√	√	—	75th Percentile[2]	Hybrid†
Immunizations for Adolescents	√	√	√	—	—	Hybrid†
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	√	√	√	—	—	Hybrid
Well-Child Visits in the First 15 Months of Life	√	√	√	—	—	Hybrid

Performance Measure	QI	Non-ABD	ABD	CCS	MQD Quality Strategy Target[1]	Methodology
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	√	√	√	—	—	Hybrid
Women's Health						
Breast Cancer Screening	√	√	√	—	75th Percentile	Admin
Cervical Cancer Screening	√	√	√	—	75th Percentile	Hybrid
Chlamydia Screening in Women	√	√	√	—	—	Admin
Human Papillomavirus Vaccine for Female Adolescents	√	√	√	—	—	Hybrid†
Prenatal and Postpartum Care	√	√	√	—	75th Percentile[3]	Hybrid
Frequency of Ongoing Prenatal Care	√	√	√	—	75th Percentile	Hybrid†
Care for Chronic Conditions						
Comprehensive Diabetes Care	√	√	√	—	50th and 75th Percentiles[4]	Hybrid†
Controlling High Blood Pressure	√	√	√	—	75th Percentile	Hybrid
Annual Monitoring for Patients on Persistent Medications	√	√	√	—	—	Admin
Medication Management for People With Asthma	√	√	√	—	75th Percentile	Admin
Behavioral Health						
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	√	√	√	√	—	Admin
Antidepressant Medication Management	√	√	√	—	—	Admin
Follow-Up After Hospitalization for Mental Illness	√	√	√	√	75th Percentile	Admin
Follow-up Care for Children Prescribed ADHD Medication	√	√	√	—	—	Admin
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	—	—	—	√	—	Admin
Diabetes Monitoring for People with Diabetes and Schizophrenia	—	—	—	√	—	Admin
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	—	—	√	—	Admin
*Behavioral Health Assessment**	—	—	—	√	—	Hybrid

Performance Measure	QI	Non-ABD	ABD	CCS	MQD Quality Strategy Target[1]	Methodology
*Follow-up With Assigned PCP Following Hospitalization for Mental Illness**	—	—	—	√	—	Admin
Utilization and Health Plan Descriptive Information						
Ambulatory Care	√	√	√	—	90th Percentile[5]	Admin
Inpatient Utilization—General Hospital/Acute Care	√	√	√	—	—	Admin
Mental Health Utilization	√	√	√	√	—	Admin
Plan All-Cause Readmissions	√	√	√	√	—	Admin
Enrollment by Product Line	—	√	√	—	—	Admin

[1] The MQD Quality Strategy targets are based on NCQA's HEDIS Audit Means and Percentiles national Medicaid HMO percentiles for HEDIS 2015. Of note, national Medicaid benchmarks are not available for the Medication Reconciliation Post-Discharge measure; therefore, this measure was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

[2] For this measure, an MQD Quality Strategy target was established only for the Childhood Immunization Status—Combination 2 measure indicator.

[3] For this measure, an MQD Quality Strategy target was established only for the Prenatal and Postpartum Care—Timeliness of Prenatal Care measure indicator.

[4] For this measure, MQD Quality Strategy targets were established only for the Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, and Blood Pressure Control (<140/90 mm Hg) measure indicators. The HbA1c Testing, Eye Exam (Retinal) Performed, and Blood Pressure Control (<140/90 mm Hg) measure indicators were assessed compared to the national Medicaid 75th percentile, and the HbA1c Poor Control (>9.0%) and HbA1c Control (<8.0%) measure indicators were assessed compared to the national Medicaid 50th percentile as part of the MQD Quality Strategy.

[5] For this measure, an MQD Quality Strategy target was established only for the Ambulatory Care—Emergency Department Visits per 1,000 Member Months measure indicator. The MQD defined the national Medicaid 10th percentile as the Quality Strategy target; however, because HSAG reversed the order of the national Medicaid percentiles for this measure since a lower rate indicates better performance, this measure was assessed compared to the national Medicaid 90th percentile as part of the MQD Quality Strategy.

— Indicates the measure was not required for reporting for this population or an MQD Quality Strategy target was not established for this measure.

** Indicates this measure is a state-specified, non-HEDIS measure.*

† Kaiser reported seven measures via the administrative methodology. These measures were Adult BMI Assessment, Colorectal Cancer Screening, Adolescent Well-Care Visits, Childhood Immunization Status, Immunizations for Adolescents, Human Papillomavirus Vaccine for Female Adolescents, Frequency of Ongoing Prenatal Care, and Comprehensive Diabetes Care. Of note, Kaiser reported the Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) and Eye Exam (Retinal) Performed measure indicators using the hybrid methodology; all other Comprehensive Diabetes Care indicators were reported administratively.

AlohaCare QI's Performance

NCQA HEDIS Compliance Audit

HSAG's review team validated AlohaCare QI's IS capabilities for accurate HEDIS reporting. (Note: The call center standards [IS 6.0] were not applicable to the measures HSAG validated.) AlohaCare QI was found to be *Fully Compliant* with all IS assessment standards. This demonstrated that AlohaCare QI had the automated systems, information management practices, processing environment, and control procedures in place to capture, access, translate, analyze, and report the selected measures. AlohaCare QI elected to use three standard and four nonstandard supplemental data sources for its performance measure reporting. During the validation process of these supplemental data sources, errors were discovered within three of the four nonstandard data sources. AlohaCare QI removed the errors, and the data sources were approved for HEDIS 2016 measure reporting.

Due to changes in AlohaCare QI's medical record review process for 2016, a full convenience sample was required. All convenience samples passed HSAG's review. Upon validation of the *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* measure, an error was detected. According to the NCQA Medical Record Review Validation (MRRV) protocol, a validation of a second sample was required and subsequently passed. AlohaCare QI passed the MRRV on its set of samples.

Based on AlohaCare QI's data systems and processes, the auditors made one recommendation:

- Regarding its data integration process, AlohaCare QI was advised to work with Verisk to identify the rate impact by each supplemental data source file so that AlohaCare QI could assess the costs of producing these files against the impact on rates.

All QI measures which AlohaCare QI was required to report received the audit results of *Reportable*, where a reportable rate was submitted for the measure. All non-ABD measures which AlohaCare QI was required to report received the audit results of *Reportable*. The enrollment of the ABD population for AlohaCare QI began January 1, 2015. AlohaCare QI experienced no enrollment complications related to properly identifying these members on the daily and monthly enrollment files. ABD eligibility was properly identified within the QNXT enrollment system. AlohaCare QI passed the MRRV process for the following measure groups:

- Group A: Biometrics (BMI, BP) & Maternity—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment Documentation—Total*
- Group B: Anticipatory Guidance & Counseling—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*
- Group C: Laboratory—*Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- Group D: Immunization & Other Screenings—*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- Group E: SNP—Care for Older Adults—Medication Review

Performance Measure Results—QI Population

Access to Care

Table 3-8 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Access to Care domain for the QI population.

Table 3-8—AlohaCare QI's HEDIS Results for QI Measures Under Access to Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	65.59%	★
Ages 45 to 64 Years	76.08%	★
Ages 65 Years and Older	84.82%	★★
Total	69.59%	★
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	94.11%	★
Ages 25 Months to 6 Years	83.38%	★
Ages 7 to 11 Years	87.17%	★
Ages 12 to 19 Years	84.34%	★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of Alcohol or Other Drug Treatment	30.21%	★
Engagement of Alcohol or Other Drug Treatment	7.02%	★

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the QI population, one of AlohaCare QI's 10 rates ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile: *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older.* All of the remaining measure indicator rates in this domain fell below the national Medicaid 25th percentile. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-9 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the QI population.

Table 3-9—AlohaCare QI's HEDIS Results for QI Measures Under Effectiveness of Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	78.83%	★★
Colorectal Cancer Screening[1]		
Colorectal Cancer Screening	27.25%	--
Care for Older Adults[1]		
Advance Care Planning	25.55%	--
Medication Review	56.20%	--
Functional Status Assessment	48.66%	--
Pain Assessment	64.72%	--
Medication Reconciliation Post-Discharge[2]		
Medication Reconciliation Post-Discharge	15.33%	★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the QI population, the one measure rate that was comparable to national Medicaid benchmarks, *Adult BMI Assessment*, ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. AlohaCare QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-10 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the QI population.

Table 3-10—AlohaCare QI's HEDIS Results for QI Measures Under Children's Preventive Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	35.28%	★
Childhood Immunization Status		
DtaP	69.34%	★
IPV	81.02%	★
MMR	81.51%	★
HiB	81.27%	★
Hepatitis B	82.73%	★
VZV	80.29%	★
Pneumococcal Conjugate	71.53%	★
Hepatitis A	73.72%	★
Rotavirus	60.83%	★
Influenza	52.31%	★★★
Combination 2	65.94%	★
Combination 3	64.72%	★
Combination 4	59.61%	★
Combination 5	49.88%	★
Combination 6	45.74%	★★★
Combination 7	45.74%	★
Combination 8	43.07%	★★★
Combination 9	36.25%	★★
Combination 10	34.55%	★★
Immunizations for Adolescents		
Meningococcal	45.01%	★
Tdap/Td	48.66%	★
Combination 1 (Meningococcal, Tdap/Td)	43.55%	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Total	60.83%	★★
Counseling for Nutrition—Total	50.36%	★
Counseling for Physical Activity—Total	46.47%	★★
Well-Child Visits in the First 15 Months of Life		
Zero Visits[1]	1.70%	★★
Six or More Visits	65.45%	★★★

Measure	HEDIS 2016 Rate	2016 Performance Level
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	64.48%	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the QI population, 20 of AlohaCare QI's 29 HEDIS 2016 rates ranked below the national Medicaid 25th percentile: *Adolescent Well-Care Visits*; *Childhood Immunization Status* (14 of 19 indicators); *Immunizations for Adolescents* (all indicators); *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. AlohaCare QI did not meet the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-11 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Women's Health domain for the QI population.

Table 3-11—AlohaCare QI's HEDIS Results for QI Measures Under Women's Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Breast Cancer Screening		
Breast Cancer Screening	50.11%	★
Cervical Cancer Screening		
Cervical Cancer Screening	51.58%	★
Chlamydia Screening in Women		
Ages 16 to 20 Years	40.15%	★
Ages 21 to 24 Years	44.65%	★
Total	42.35%	★
Human Papillomavirus Vaccine for Female Adolescents		
Human Papillomavirus Vaccine for Female Adolescents	12.90%	★

Measure	HEDIS 2016 Rate	2016 Performance Level
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	66.91%	★
Postpartum Care	51.58%	★
Frequency of Ongoing Prenatal Care		
<21 Percent of Expected Visits[1]	22.63%	★
≥81 Percent of Expected Visits	31.39%	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the QI population, all of AlohaCare QI's HEDIS 2016 rates ranked below the national Medicaid 25th percentile. AlohaCare QI did not meet any of the MQD Quality Strategy targets in this domain.

Care for Chronic Conditions

Table 3-12 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the QI population.

Table 3-12—AlohaCare QI's HEDIS Results for QI Measures Under Care for Chronic Conditions

Measure	HEDIS 2016 Rate	2016 Performance Level
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	79.20%	★
HbA1c Poor Control (>9.0%)[1]	56.02%	★
HbA1c Control (<8.0%)	33.03%	★
HbA1c Control (<7%)	21.54%	★
Eye Exam (Retinal) Performed	52.01%	★★
Medical Attention for Nephropathy	85.58%	★★★★
Blood Pressure Control (<140/90 mm Hg)	44.89%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	44.88%	★
Annual Monitoring for Patients on Persistent Medications		

Measure	HEDIS 2016 Rate	2016 Performance Level
ACE Inhibitors or ARBs	85.01%	★★
Digoxin	NA	--
Diuretics	84.79%	★★
Total	84.88%	★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	54.25%	★★★
Medication Compliance 75%—Total	31.80%	★★★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the QI population, one measure demonstrated performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*.

Conversely, six of AlohaCare QI's 13 HEDIS 2016 rates ranked below the national Medicaid 25th percentile, including *Comprehensive Diabetes Care* (five of seven indicators) and *Controlling High Blood Pressure*. AlohaCare QI did not meet any of the MQD Quality Strategy targets in this domain.

Behavioral Health

Table 3-13 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the QI population.

Table 3-13—AlohaCare QI's HEDIS Results for QI Measures Under Behavioral Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	38.02%	★
Antidepressant Medication Management		
Effective Acute Phase Treatment	48.51%	★★
Effective Continuation Phase Treatment	32.05%	★★
Follow-Up After Hospitalization for Mental Illness		
Follow-Up Within 7 Days of Discharge	19.17%	★
Follow-Up Within 30 Days of Discharge	39.17%	★
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	42.65%	★★★
Continuation and Maintenance Phase	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the QI population, the highest-performing measure indicator rate, *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase*, demonstrated performance at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Conversely, three of AlohaCare QI's six HEDIS 2016 rates ranked below the national Medicaid 25th percentile, including *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* and *Follow-Up After Hospitalization for Mental Illness* (both indicators). AlohaCare QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-14 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the QI population.

Table 3-14—AlohaCare QI's HEDIS Results for QI Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2016 Rate	2016 Performance Level
Ambulatory Care		
Emergency Department Visits per 1,000 Member Months[1]	50.41	★★★★
Outpatient Visits per 1,000 Member Months[2]	286.77	--
Inpatient Utilization—General Hospital/Acute Care[2]		
Discharges per 1,000 Member Months (Total Inpatient)	7.22	--
Days per 1,000 Member Months (Total Inpatient)	34.73	--
Average Length of Stay (Total Inpatient)	4.81	--
Discharges per 1,000 Member Months (Medicine)	3.36	--
Days per 1,000 Member Months (Medicine)	14.46	--
Average Length of Stay (Medicine)	4.30	--
Discharges per 1,000 Member Months (Surgery)	1.61	--
Days per 1,000 Member Months (Surgery)	14.58	--
Average Length of Stay (Surgery)	9.08	--
Discharges per 1,000 Member Months (Maternity)	3.26	--
Days per 1,000 Member Months (Maternity)	8.24	--
Average Length of Stay (Maternity)	2.53	--
Mental Health Utilization[2]		
Any Service—Total	8.13%	--
Inpatient—Total	0.41%	--
Intensive Outpatient or Partial Hospitalization—Total	0.06%	--
Outpatient or Emergency Department—Total	7.96%	--
Plan All-Cause Readmissions[3]		
Plan All-Cause Readmissions[4]	11.32%	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison.

[4] In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.

2016 performance levels represent the following national Medicaid percentile comparisons:

★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the QI population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. AlohaCare QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results and identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of AlohaCare QI's QI population rates, two of AlohaCare QI's 71 measures that were comparable to national Medicaid benchmarks demonstrated performance at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, indicating positive performance relating to medical attention for diabetic members with nephropathy and emergency department visits for patients requiring ambulatory care.

Conversely, most of AlohaCare QI's rates that were comparable to national benchmarks (49 of 71 rates) ranked below the national Medicaid 25th percentile in HEDIS 2016, suggesting opportunities for improvement across all domains of care. AlohaCare QI did not meet any of the MQD Quality Strategy targets for HEDIS 2016. HSAG recommends that AlohaCare QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the QI population:

- Access to Care
  - *Adults' Access to Preventive/Ambulatory Health Services*
  - *Children and Adolescents' Access to Primary Care Practitioners*
  - *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
- Effectiveness of Care
  - *Medication Reconciliation Post-Discharge*
- Children's Preventive Care
  - *Adolescent Well-Care Visits*

  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women*
  - *Human Papillomavirus Vaccine for Female Adolescents*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*
  - *Controlling High Blood Pressure*
- Behavioral Health
  - *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*
  - *Follow-Up After Hospitalization for Mental Illness*

Performance Measure Results—Non-ABD Population

Access to Care

Table 3-15 shows AlohaCare QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Access to Care domain for the non-ABD population.

Table 3-15—AlohaCare QI's HEDIS Results for Non-ABD Measures Under Access to Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	70.48%	65.36%	**-5.12^^**	★
Ages 45 to 64 Years	79.17%	74.89%	**-4.28^^**	★
Ages 65 Years and Older	NA	NA	--	--
Total	73.41%	68.53%	**-4.88^^**	★
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	95.80%	94.08%	**-1.72^^**	★
Ages 25 Months to 6 Years	85.42%	83.34%	**-2.08^^**	★
Ages 7 to 11 Years	87.95%	87.15%	-0.80	★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Ages 12 to 19 Years	84.18%	84.32%	0.14	★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of Alcohol or Other Drug Treatment	33.24%	29.53%	**-3.71^^**	★
Engagement of Alcohol or Other Drug Treatment	7.84%	7.14%	-0.70	★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the non-ABD population, all nine of AlohaCare QI's 2016 rates that were comparable to national benchmarks fell below the national Medicaid 25th percentile. Additionally, six of the nine 2016 performance measure indicator rates with comparable 2015 rates demonstrated a statistically significant decline from 2015. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-16 shows AlohaCare QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the non-ABD population.

Table 3-16—AlohaCare QI's HEDIS Results for Non-ABD Measures Under Effectiveness of Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adult BMI Assessment				
Adult BMI Assessment	83.94%	78.83%	-5.11	★★
Colorectal Cancer Screening[1]				
Colorectal Cancer Screening	26.76%	26.76%	0.00	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the non-ABD population, only one of AlohaCare QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile for 2016. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Children's Preventive Care

Table 3-17 shows AlohaCare QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the non-ABD population.

Table 3-17—AlohaCare QI's HEDIS Results for Non-ABD Measures Under Children's Preventive Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	47.45%	35.77%	**-11.68^^**	★
Childhood Immunization Status				
DtaP	64.23%	69.59%	5.36	★
IPV	79.56%	81.51%	1.95	★
MMR	79.56%	81.51%	1.95	★
HiB	79.32%	81.51%	2.19	★
Hepatitis B	80.54%	82.97%	2.43	★
VZV	79.56%	80.29%	0.73	★
Pneumococcal Conjugate	65.69%	71.53%	5.84	★
Hepatitis A	71.53%	74.21%	2.68	★
Rotavirus	55.23%	61.80%	6.57	★
Influenza	56.69%	53.28%	-3.41	★★★
Combination 2	60.83%	65.94%	5.11	★
Combination 3	58.39%	64.23%	5.84	★
Combination 4	56.20%	59.37%	3.17	★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Combination 5	42.58%	49.39%	6.81	★
Combination 6	45.50%	45.50%	0.00	★★★
Combination 7	41.36%	45.26%	3.90	★
Combination 8	44.04%	43.07%	-0.97	★★★
Combination 9	32.60%	35.77%	3.17	★★
Combination 10	31.87%	34.06%	2.19	★★
Immunizations for Adolescents				
Meningococcal	57.42%	45.74%	**-11.68^^**	★
Tdap/Td	66.42%	49.39%	**-17.03^^**	★
Combination 1 (Meningococcal, Tdap/Td)	55.23%	44.04%	**-11.19^^**	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	61.07%	60.34%	-0.73	★★
Counseling for Nutrition—Total	54.01%	49.88%	-4.13	★
Counseling for Physical Activity—Total[1]	52.07%	45.50%	-6.57	★★
Well-Child Visits in the First 15 Months of Life				
Zero Visits[2]	1.70%	1.70%	0.00	★★
Six or More Visits	57.91%	65.69%	7.78^	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	64.72%	65.21%	0.49	★

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

[1] *Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.*

[2] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:

★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the non-ABD population, one measure rate demonstrated statistically significant improvement between HEDIS 2015 and HEDIS 2016, *Well-Child Visits in the First 15 Months of Life—Six or More Visits.*

Conversely, 20 of AlohaCare QI's 29 rates that were comparable to national Medicaid benchmarks fell below the national Medicaid 25th percentile. Additionally, four of AlohaCare QI's 29 HEDIS 2016 rates with comparable 2015 rates demonstrated a statistically significant decline, including *Adolescent Well-*

Care Visits and *Immunizations for Adolescents* (all indicators). AlohaCare QI did not meet the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-18 shows AlohaCare QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Women's Health domain for the non-ABD population.

Table 3-18—AlohaCare QI's HEDIS Results for Non-ABD Measures Under Women's Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Breast Cancer Screening				
Breast Cancer Screening	53.52%	49.29%	**-4.23^^**	★
Cervical Cancer Screening				
Cervical Cancer Screening	62.53%	53.53%	**-9.00^^**	★
Chlamydia Screening in Women				
Ages 16 to 20 Years	42.17%	40.05%	-2.12	★
Ages 21 to 24 Years	47.39%	44.64%	-2.75	★
Total	44.79%	42.30%	-2.49	★
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	10.71%	13.38%	2.67	★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	67.64%	66.42%	-1.22	★
Postpartum Care	51.82%	51.58%	-0.24	★
Frequency of Ongoing Prenatal Care				
<21 Percent of Expected Visits[1]	15.09%	23.84%	**8.75^^**	★
≥81 Percent of Expected Visits	36.50%	30.66%	-5.84	★

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the non-ABD population, all 10 of AlohaCare QI's 2016 rates that were comparable to national benchmarks ranked below the national Medicaid 25th percentile. Additionally, three of AlohaCare QI's 10 2016 performance measure indicator rates with comparable 2015 rates demonstrated a statistically significant decline, including *Breast Cancer Screening*, *Cervical Cancer Screening*, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits.* AlohaCare QI did not meet any of the MQD Quality Strategy targets in this domain.

Care for Chronic Conditions

Table 3-19 shows AlohaCare QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the non-ABD population.

Table 3-19—AlohaCare QI's HEDIS Results for Non-ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Comprehensive Diabetes Care[1]				
Hemoglobin A1c (HbA1c) Testing	84.52%	79.20%	**-5.32^^**	★
HbA1c Poor Control (>9.0%)[2]	55.74%	56.93%	1.19	★
HbA1c Control (<8.0%)	35.34%	32.12%	-3.22	★
HbA1c Control (<7%)	21.70%	21.52%	-0.18	★
Eye Exam (Retinal) Performed	55.74%	51.28%	-4.46	★★
Medical Attention for Nephropathy	79.05%	84.85%	5.80^	★★★
Blood Pressure Control (<140/90 mm Hg)	60.29%	43.98%	**-16.31^^**	★
Controlling High Blood Pressure				
Controlling High Blood Pressure	45.26%	41.56%	-3.70	★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	86.91%	84.17%	**-2.74^^**	★
Digoxin	NA	NA	--	--
Diuretics	85.75%	83.39%	-2.36	★
Total	86.12%	83.88%	**-2.24^^**	★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	54.42%	54.31%	-0.11	★★★
Medication Compliance 75%—Total	30.45%	31.90%	1.45	★★★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] *Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.*

[2] *A lower rate indicates better performance for this measure.*

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the non-ABD population, one of AlohaCare QI's 2016 measure indicator rates with comparable 2015 rates demonstrated statistically significant improvement between HEDIS 2015 and HEDIS 2016, *Comprehensive Diabetes Care—Medical Attention for Nephropathy.*

Conversely, nine of AlohaCare QI's 13 2016 rates with comparable national benchmarks ranked below the national Medicaid 25th percentile: *Comprehensive Diabetes Care* (five of seven indicators), *Controlling High Blood Pressure*, and *Annual Monitoring for Patients on Persistent Medications* (three of four indicators). Additionally, four of AlohaCare QI's 13 2016 performance measure indicator rates with comparable 2015 rates demonstrated a statistically significant decline, including *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing* and *Blood Pressure Control (<140/90 mm Hg)*, and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs* and *Total.* AlohaCare QI did not meet any of the MQD Quality Strategy targets in this domain. Due to changes in the technical specifications, differences between HEDIS 2015 and HEDIS 2016 *Comprehensive Diabetes Care* measure indicator rates should be evaluated with caution.

Behavioral Health

Table 3-20 shows AlohaCare QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the non-ABD population.

Table 3-20—AlohaCare QI's HEDIS Results for Non-ABD Measures Under Behavioral Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia[1]				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	17.95%	37.63%	19.68^	★
Antidepressant Medication Management				
Effective Acute Phase Treatment	45.45%	48.20%	2.75	★★
Effective Continuation Phase Treatment	31.67%	31.47%	-0.20	★★
Follow-Up After Hospitalization for Mental Illness				

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Follow-Up Within 7 Days of Discharge	20.59%	19.64%	-0.95	★
Follow-Up Within 30 Days of Discharge	41.18%	39.29%	-1.89	★
Follow-up Care for Children Prescribed ADHD Medication				
Initiation Phase	40.38%	42.65%	2.27	★★★
Continuation and Maintenance Phase	NA	NA	--	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the non-ABD population, one of AlohaCare QI's 2016 performance measure indicator rates with comparable 2015 rates demonstrated statistically significant improvement from HEDIS 2015 and HEDIS 2016, *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*; however, this measure ranked below the national Medicaid 25th percentile. In addition, two more of AlohaCare QI's six 2016 rates that were comparable to national benchmarks ranked below the national Medicaid 25th percentile: *Follow-Up After Hospitalization for Mental Illness* (both indicators). AlohaCare QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-21 shows AlohaCare QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the non-ABD population.

Table 3-21—AlohaCare QI's HEDIS Results for Non-ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Ambulatory Care				
Emergency Department Visits per 1,000 Member Months[1]	48.26	49.87	1.61	★★★★
Outpatient Visits per 1,000 Member Months[2]	272.78	278.32	5.54	--
Inpatient Utilization—General Hospital/Acute Care[2]				
Discharges per 1,000 Member Months (Total Inpatient)	6.44	6.70	0.26	--
Days per 1,000 Member Months (Total Inpatient)	28.24	29.86	1.62	--
Average Length of Stay (Total Inpatient)	4.38	4.45	0.07	--
Discharges per 1,000 Member Months (Medicine)	2.74	2.97	0.23	--
Days per 1,000 Member Months (Medicine)	11.41	12.12	0.71	--
Average Length of Stay (Medicine)	4.16	4.08	-0.08	--
Discharges per 1,000 Member Months (Surgery)	1.33	1.43	0.10	--
Days per 1,000 Member Months (Surgery)	10.90	11.91	1.01	--
Average Length of Stay (Surgery)	8.19	8.36	0.17	--
Discharges per 1,000 Member Months (Maternity)	3.40	3.30	-0.10	--
Days per 1,000 Member Months (Maternity)	8.51	8.35	-0.16	--
Average Length of Stay (Maternity)	2.50	2.53	0.03	--
Mental Health Utilization[2]				
Any Service—Total	8.29%	8.02%	-0.27	--
Inpatient—Total	0.41%	0.39%	-0.02	--
Intensive Outpatient or Partial Hospitalization—Total	0.08%	0.05%	-0.03	--
Outpatient or Emergency Department—Total	8.12%	7.88%	-0.24	--
Plan All-Cause Readmissions[3]				
Plan All-Cause Readmissions[4]	11.99%	11.08%	-0.91	--
Enrollment by Product Line[5]				
Ages 0 to 19 Years	54.26%	54.59%	0.33	--
Ages 20 to 44 Years	31.24%	30.64%	-0.60	--
Ages 45 to 64 Years	14.45%	14.77%	0.32	--
Ages 65 Years and Older	0.04%	0.00%	-0.04	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison. Further, due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[4] In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.

[5] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the non-ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. AlohaCare QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results and identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of AlohaCare QI's non-ABD population rates, one of the 69 rates that were reported by AlohaCare QI that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, indicating positive performance related to emergency department visits for patients requiring ambulatory care. Additionally, three rates with comparable 2015 rates demonstrated statistically significant improvement from HEDIS 2015 to HEDIS 2016 but still ranked below the national Medicaid 75th percentile, *Well-Child Visits in the First 15 Months of Life—Six or More Visits, Comprehensive Diabetes Care—Medical Attention for Nephropathy,* and *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*.

Conversely, most of AlohaCare QI's 2016 rates that were comparable to national benchmarks (51 of 69 rates) ranked below the national Medicaid 25th percentile, suggesting overall opportunities for improvement. Additionally, nearly 25 percent of AlohaCare QI's performance measure indicator rates with comparable 2015 rates (17 of 69 rates) demonstrated a statistically significant decline from HEDIS 2015 to HEDIS 2016. AlohaCare QI did not meet any of the MQD Quality Strategy targets for HEDIS 2016. HSAG recommends that AlohaCare QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the non-ABD population:

- Access to Care
  - *Adults' Access to Preventive/Ambulatory Health Services*
  - *Children and Adolescents' Access to Primary Care Practitioners*
  - *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
- Children's Preventive Care
  - *Adolescent Well-Care Visits*
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women*
  - *Human Papillomavirus Vaccine for Female Adolescents*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*
  - *Controlling High Blood Pressure*

  - *Annual Monitoring for Patients on Persistent Medications*
- Behavioral Health
  - *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*
  - *Follow-Up After Hospitalization for Mental Illness*

Performance Measure Results—ABD Population

Access to Care

Table 3-22 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Access to Care domain for the ABD population.

Table 3-22—AlohaCare QI's HEDIS Results for ABD Measures Under Access to Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	80.79%	★★
Ages 45 to 64 Years	92.88%	★★★★★
Ages 65 Years and Older	84.72%	★★
Total	87.28%	★★★★
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	NA	--
Ages 25 Months to 6 Years	NA	--
Ages 7 to 11 Years	NA	--
Ages 12 to 19 Years	NA	--
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of Alcohol or Other Drug Treatment	43.40%	★★★★
Engagement of Alcohol or Other Drug Treatment	4.72%	★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the ABD population, one of AlohaCare QI's six rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile, *Adults' Access to Preventive/Ambulatory Health Services—Ages 45 to 64 Years*. Conversely, one of these six rates ranked below the national Medicaid 25th percentile, *Initiation and*

Engagement of Alcohol and Other Drug Dependence Treatment—Engagement of Alcohol or Other Drug Treatment. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-23 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the ABD population.

Table 3-23—AlohaCare QI's HEDIS Results for ABD Measures Under Effectiveness of Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	86.37%	★★★
Colorectal Cancer Screening[1]		
Colorectal Cancer Screening	35.17%	--
Care for Older Adults[1]		
Advance Care Planning	25.79%	--
Medication Review	55.47%	--
Functional Status Assessment	49.64%	--
Pain Assessment	64.48%	--
Medication Reconciliation Post-Discharge[2]		
Medication Reconciliation Post-Discharge	19.32%	★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Within the Effectiveness of Care performance measure domain for the ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Adult BMI Assessment*, ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. AlohaCare QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-24 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the ABD population.

Table 3-24—AlohaCare QI's HEDIS Results for ABD Measures Under Children's Preventive Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	33.33%	★
Childhood Immunization Status		
DtaP	NA	--
IPV	NA	--
MMR	NA	--
HiB	NA	--
Hepatitis B	NA	--
VZV	NA	--
Pneumococcal Conjugate	NA	--
Hepatitis A	NA	--
Rotavirus	NA	--
Influenza	NA	--
Combination 2	NA	--
Combination 3	NA	--
Combination 4	NA	--
Combination 5	NA	--
Combination 6	NA	--
Combination 7	NA	--
Combination 8	NA	--
Combination 9	NA	--
Combination 10	NA	--
Immunizations for Adolescents		
Meningococcal	NA	--
Tdap/Td	NA	--
Combination 1 (Meningococcal, Tdap/Td)	NA	--
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Total	66.18%	★★
Counseling for Nutrition—Total	47.06%	★
Counseling for Physical Activity—Total	39.71%	★

Measure	HEDIS 2016 Rate	2016 Performance Level
Well-Child Visits in the First 15 Months of Life		
Zero Visits[1]	NA	--
Six or More Visits	NA	--
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the ABD population, three of AlohaCare QI's four 2016 rates that were comparable to national benchmarks ranked below the national Medicaid 25th percentile: *Adolescent Well-Care Visits* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (two of three indicators). AlohaCare QI's rate for *Childhood Immunization Status—Combination 2* was designated as *Not Applicable (NA)* and, therefore, was not comparable to the MQD Quality Strategy target for this measure. This was the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016. Of note, the ABD population includes very few children; therefore, the rates for many of the measure indicators in this domain were presented as *NA*.

Women's Health

Table 3-25 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Women's Health domain for the ABD population.

Table 3-25—AlohaCare QI's HEDIS Results for ABD Measures Under Women's Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Breast Cancer Screening		
Breast Cancer Screening	58.47%	★★★
Cervical Cancer Screening		

Measure	HEDIS 2016 Rate	2016 Performance Level
Cervical Cancer Screening	44.38%	★
Chlamydia Screening in Women		
Ages 16 to 20 Years	NA	--
Ages 21 to 24 Years	NA	--
Total	NA	--
Human Papillomavirus Vaccine for Female Adolescents		
Human Papillomavirus Vaccine for Female Adolescents	NA	--
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	NA	--
Postpartum Care	NA	--
Frequency of Ongoing Prenatal Care		
<21 Percent of Expected Visits[1]	NA	--
≥81 Percent of Expected Visits	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the ABD population, one of AlohaCare QI's two measure indicator rates that were comparable to national benchmarks ranked below the national Medicaid 25th percentile, *Cervical Cancer Screening*. For the measures in this domain with MQD Quality Strategy targets, AlohaCare QI did not meet the targets or the rates were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy targets.

Care for Chronic Conditions

Table 3-26 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the ABD population.

Table 3-26—AlohaCare QI's HEDIS Results for ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2016 Rate	2016 Performance Level
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	83.81%	★★
HbA1c Poor Control (>9.0%)[1]	53.33%	★
HbA1c Control (<8.0%)	39.05%	★
HbA1c Control (<7%)	23.33%	★
Eye Exam (Retinal) Performed	53.33%	★★
Medical Attention for Nephropathy	93.33%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	45.71%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	48.17%	★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	91.38%	★★★★
Digoxin	NA	--
Diuretics	94.74%	★★★★★
Total	92.31%	★★★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	NA	--
Medication Compliance 75%—Total	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] *A lower rate indicates better performance for this measure.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the ABD population, three of AlohaCare QI's 11 measures that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Comprehensive Diabetes Care—Medical Attention for Nephropathy* and *Annual Monitoring for Patients on Persistent Medications* (two of three indicators).

Conversely, five of AlohaCare QI's 11 rates ranked below the national Medicaid 25th percentile: *Comprehensive Diabetes Care* (four of seven indicators) and *Controlling High Blood Pressure*. AlohaCare QI did not meet any of the MQD Quality Strategy targets in this domain.

Behavioral Health

Table 3-27 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the ABD population.

Table 3-27—AlohaCare QI's HEDIS Results for ABD Measures Under Behavioral Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NA	--
Antidepressant Medication Management		
Effective Acute Phase Treatment	NA	--
Effective Continuation Phase Treatment	NA	--
Follow-Up After Hospitalization for Mental Illness		
Follow-Up Within 7 Days of Discharge	NA	--
Follow-Up Within 30 Days of Discharge	NA	--
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	NA	--
Continuation and Maintenance Phase	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the ABD population, all of AlohaCare QI's rates were NA; therefore, none of the rates were comparable to national Medicaid benchmarks or the MQD Quality Strategy targets.

Utilization and Health Plan Descriptive Information

Table 3-28 shows AlohaCare QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the ABD population.

Table 3-28—AlohaCare QI's HEDIS Results for ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2016 Rate	2016 Performance Level
Ambulatory Care		
Emergency Department Visits per 1,000 Member Months[1]	70.20	★★
Outpatient Visits per 1,000 Member Months[2]	591.87	--
Inpatient Utilization—General Hospital/Acute Care[2]		
Discharges per 1,000 Member Months (Total Inpatient)	25.83	--
Days per 1,000 Member Months (Total Inpatient)	210.37	--
Average Length of Stay (Total Inpatient)	8.15	--
Discharges per 1,000 Member Months (Medicine)	17.50	--
Days per 1,000 Member Months (Medicine)	98.79	--
Average Length of Stay (Medicine)	5.64	--
Discharges per 1,000 Member Months (Surgery)	8.13	--
Days per 1,000 Member Months (Surgery)	110.82	--
Average Length of Stay (Surgery)	13.63	--
Discharges per 1,000 Member Months (Maternity)	0.45	--
Days per 1,000 Member Months (Maternity)	1.79	--
Average Length of Stay (Maternity)	4.00	--
Mental Health Utilization[2]		
Any Service—Total	17.86%	--
Inpatient—Total	1.08%	--
Intensive Outpatient or Partial Hospitalization—Total	0.29%	--
Outpatient or Emergency Department—Total	16.95%	--
Plan All-Cause Readmissions[3]		
Plan All-Cause Readmissions[4]	15.07%	--
Enrollment by Product Line[5]		
Ages 0 to 19 Years	4.93%	--
Ages 20 to 44 Years	12.51%	--
Ages 45 to 64 Years	27.53%	--
Ages 65 Years and Older	55.02%	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] *A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison.*

[4] *In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.*

[5] *Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. AlohaCare QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of AlohaCare QI's ABD population rates, four of AlohaCare QI's 26 rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016 indicating positive performance related to adults' access to preventive or ambulatory care, medical attention for diabetic members with nephropathy, and monitoring for patients on persistent medications.

Conversely, more than 42 percent of AlohaCare QI's HEDIS 2016 rates that were comparable to national benchmarks (11 of 26 rates) ranked below the national Medicaid 25th percentile suggesting opportunities for improvement. For the measures with MQD Quality Strategy targets, AlohaCare QI did

not meet the targets or the rates were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy targets. HSAG recommends that AlohaCare QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the ABD population:

- Access to Care
  - *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
- Effectiveness of Care
  - *Medication Reconciliation Post-Discharge*
- Children's Preventive Care
  - *Adolescent Well-Care Visits*
  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Women's Health
  - *Cervical Cancer Screening*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*
  - *Controlling High Blood Pressure*

HMSA QI's Performance

NCQA HEDIS Compliance Audit

HSAG's review team validated HMSA QI's IS capabilities for accurate HEDIS reporting. (Note: The call center standards [IS 6.0] were not applicable to the measures HSAG validated.) HMSA QI was found to be *Fully Compliant* with all applicable IS assessment standards. This demonstrated that HMSA QI had the automated systems, information management practices, processing environment, and control procedures in place to capture, access, translate, analyze, and report the selected measures.

HMSA QI elected to use three standard and one nonstandard supplemental data sources for its performance measure reporting. All supplemental data sources were validated and approved for measure reporting.

Due to changes in the 2016 measure specifications, a convenience sample was required for the *Adult BMI Assessment*, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation*, and *Counseling for Physical Activity* measure indicators. A convenience sample was also required for the *Care for Older Adults* and *Medication Reconciliation Post-Discharge* measures due to the complexities of the documentation required to meet criteria for these measures. Since HSAG did not receive the requested records for convenience sample review, these measures were included as part of the measure selection set for MRRV consideration. HMSA QI passed the MRRV process for the following measure groups:

- Group A: Biometrics (BMI, BP) & Maternity—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total*
- Group B: Anticipatory Guidance & Counseling—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*
- Group C: Laboratory—*Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- Group D: Immunization & Other Screenings—*Childhood Immunization Status—Combination 5*
- Group E: Special Needs Plans (SNP)—*Care for Older Adults—Medication Review*

There were no recommendations made by the auditor specific to HMSA QI's data systems or processes in HEDIS 2016.

All QI measures which HMSA QI was required to report received the audit results of *Reportable*. All non-ABD measures that HMSA QI was required to report received the audit results of *Reportable*. The enrollment of the ABD population for HMSA QI began January 1, 2015. There were no enrollment complications experienced by HMSA QI related to properly identifying these members on the daily and monthly enrollment files. ABD eligibility was properly identified within the QNXT enrollment system.

Performance Measure Results—QI Population

Access to Care

Table 3-29 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Access to Care domain for the QI population.

Table 3-29—HMSA QI's HEDIS Results for QI Measures Under Access to Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	74.54%	★
Ages 45 to 64 Years	83.48%	★
Ages 65 Years and Older	87.88%	★★★
Total	77.79%	★
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	96.52%	★★★
Ages 25 Months to 6 Years	91.01%	★★★
Ages 7 to 11 Years	93.34%	★★★
Ages 12 to 19 Years	91.05%	★★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of Alcohol or Other Drug Treatment	36.77%	★★
Engagement of Alcohol or Other Drug Treatment	15.92%	★★★★

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the QI population, one of HMSA QI's 10 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement of Alcohol or Other Drug Treatment*.

Conversely, three of HMSA QI's rates ranked below the national Medicaid 25th percentile: *Adults' Access to Preventive/Ambulatory Health Services* (three of four indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-30 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the QI population.

Table 3-30—HMSA QI's HEDIS Results for QI Measures Under Effectiveness of Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	75.67%	★★
Colorectal Cancer Screening[1]		
Colorectal Cancer Screening	46.23%	--
Care for Older Adults[1]		
Advance Care Planning	7.79%	--
Medication Review	17.52%	--
Functional Status Assessment	6.33%	--
Pain Assessment	7.54%	--
Medication Reconciliation Post-Discharge[2]		
Medication Reconciliation Post-Discharge	2.43%	★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Within the Effectiveness of Care performance measure domain for the QI population, only one of HMSA QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile for 2016. HMSA QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-31 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the QI population.

Table 3-31—HMSA QI's HEDIS Results for QI Measures Under Children's Preventive Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	45.26%	★★
Childhood Immunization Status		
DtaP	71.29%	★
IPV	81.51%	★
MMR	88.08%	★★
HiB	85.64%	★
Hepatitis B	77.37%	★
VZV	87.59%	★★
Pneumococcal Conjugate	72.26%	★
Hepatitis A	63.26%	★
Rotavirus	57.42%	★
Influenza	40.63%	★
Combination 2	65.45%	★
Combination 3	63.02%	★
Combination 4	54.74%	★
Combination 5	48.66%	★
Combination 6	35.04%	★
Combination 7	46.96%	★
Combination 8	34.31%	★
Combination 9	30.90%	★★
Combination 10	30.41%	★★
Immunizations for Adolescents		
Meningococcal	44.28%	★
Tdap/Td	47.20%	★
Combination 1 (Meningococcal, Tdap/Td)	41.12%	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Total	70.07%	★★★
Counseling for Nutrition—Total	40.88%	★
Counseling for Physical Activity—Total	33.82%	★
Well-Child Visits in the First 15 Months of Life		
Zero Visits[1]	2.19%	★★
Six or More Visits	68.13%	★★★★

Measure	HEDIS 2016 Rate	2016 Performance Level
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	73.97%	★★★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the QI population, one of the 29 measure indicator rates that were comparable to national benchmarks, *Well-Child Visits in the First 15 Months of Life—Six or More Visits*, ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Conversely, 20 rates ranked below the national Medicaid 25th percentile: *Childhood Immunization Status* (15 of 19 indicators), *Immunizations for Adolescents* (all indicators), and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (two of three indicators). HMSA QI did not meet the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-32 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Women's Health domain for the QI population.

Table 3-32—HMSA QI's HEDIS Results for QI Measures Under Women's Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Breast Cancer Screening		
Breast Cancer Screening	66.17%+	★★★★
Cervical Cancer Screening		
Cervical Cancer Screening	65.94%	★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	56.44%	★★★
Ages 21 to 24 Years	60.69%	★★
Total	58.54%	★★★

Measure	HEDIS 2016 Rate	2016 Performance Level
Human Papillomavirus Vaccine for Female Adolescents		
Human Papillomavirus Vaccine for Female Adolescents	3.16%	★
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	73.97%	★
Postpartum Care	48.42%	★
Frequency of Ongoing Prenatal Care		
<21 Percent of Expected Visits[1]	27.01%	★
≥81 Percent of Expected Visits	25.79%	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the QI population, 10 of HMSA QI's measure indicator rates were comparable to national Medicaid benchmarks. One measure rate ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, *Breast Cancer Screening*, and five rates fell below the national Medicaid 25th percentile for 2016: *Human Papillomavirus Vaccine for Female Adolescents*, *Prenatal and Postpartum Care* (both indicators), and *Frequency of Ongoing Prenatal Care* (both indicators). HMSA QI met or exceeded the MQD Quality Strategy target for one measure in this domain, *Breast Cancer Screening*.

Care for Chronic Conditions

Table 3-33 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the QI population.

Table 3-33—HMSA QI's HEDIS Results for QI Measures Under Care for Chronic Conditions

Measure	HEDIS 2016 Rate	2016 Performance Level
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	81.93%	★
HbA1c Poor Control (>9.0%)[1]	51.82%	★
HbA1c Control (<8.0%)	38.87%	★
HbA1c Control (<7%)	26.81%	★
Eye Exam (Retinal) Performed	53.28%	★★
Medical Attention for Nephropathy	86.86%	★★★★
Blood Pressure Control (<140/90 mm Hg)	47.26%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	37.71%	★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	87.53%	★★
Digoxin	46.15%	★
Diuretics	87.55%	★★★
Total	87.03%	★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	54.98%	★★★
Medication Compliance 75%—Total	29.34%	★★

[1] *A lower rate indicates better performance for this measure.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the QI population, one of the 14 measure indicator rates reported by HMSA QI that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*.

Conversely, seven of HMSA QI's rates ranked below the national Medicaid 25th percentile: *Comprehensive Diabetes Care* (five of the seven indicators), *Controlling High Blood Pressure*, and *Annual Monitoring for Patients on Persistent Medications—Digoxin.* HMSA QI did not meet any of the MQD Quality Strategy targets in this domain.

Behavioral Health

Table 3-34 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the QI population.

Table 3-34—HMSA QI's HEDIS Results for QI Measures Under Behavioral Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	43.63%	★
Antidepressant Medication Management		
Effective Acute Phase Treatment	48.32%	★★
Effective Continuation Phase Treatment	32.84%	★★
Follow-Up After Hospitalization for Mental Illness		
Follow-Up Within 7 Days of Discharge	40.67%	★★
Follow-Up Within 30 Days of Discharge	55.95%	★★
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	52.67%	★★★★
Continuation and Maintenance Phase	63.38%	★★★★

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the QI population, two of the seven measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, *Follow-up Care for Children Prescribed ADHD Medication* (both indicators).

Conversely, one of HMSA QI's seven HEDIS 2016 rates ranked below the national Medicaid 25th percentile: *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*. HMSA QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-35 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the QI population.

Table 3-35—HMSA QI's HEDIS Results for QI Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2016 Rate	2016 Performance Level
Ambulatory Care		
Emergency Department Visits per 1,000 Member Months[1]	39.84	★★★★
Outpatient Visits per 1,000 Member Months[2]	323.87	--
Inpatient Utilization—General Hospital/Acute Care[2]		
Discharges per 1,000 Member Months (Total Inpatient)	4.93	--
Days per 1,000 Member Months (Total Inpatient)	20.37	--
Average Length of Stay (Total Inpatient)	4.13	--
Discharges per 1,000 Member Months (Medicine)	2.01	--
Days per 1,000 Member Months (Medicine)	9.24	--
Average Length of Stay (Medicine)	4.60	--
Discharges per 1,000 Member Months (Surgery)	0.92	--
Days per 1,000 Member Months (Surgery)	6.13	--
Average Length of Stay (Surgery)	6.70	--
Discharges per 1,000 Member Months (Maternity)	2.92	--
Days per 1,000 Member Months (Maternity)	7.27	--
Average Length of Stay (Maternity)	2.49	--
Mental Health Utilization[2]		
Any Service—Total	10.01%	--
Inpatient—Total	0.32%	--
Intensive Outpatient or Partial Hospitalization—Total	0.06%	--
Outpatient or Emergency Department—Total	9.91%	--
Plan All-Cause Readmissions[3]		
Plan All-Cause Readmissions[4]	11.71%	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison.

[4] In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.

2016 performance levels represent the following national Medicaid percentile comparisons:

★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the QI population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. HMSA QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of HMSA QI's QI population rates, more than 9 percent of HMSA QI's measure indicator rates (seven of 73 rates) ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, indicating positive performance related to treatment of alcohol and other drug dependence, well-child visits during the first 15 months of life, screening for breast cancer, medical attention for diabetic members with nephropathy, follow-up care for children prescribed ADHD medication, and emergency department visits. HMSA QI met or exceeded the MQD Quality Strategy target for one measure for HEDIS 2016, *Breast Cancer Screening*.

Conversely, more than half of HMSA QI's HEDIS 2016 rates (37 of 73 rates) ranked below the national Medicaid 25th percentile, suggesting opportunities for improvement. HSAG recommends that HMSA QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the QI population:

- Access to Care
  - *Adults' Access to Preventive/Ambulatory Health Services*
- Effectiveness of Care
  - *Medication Reconciliation Post-Discharge*
- Children's Preventive Care
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*

- Women's Health
  - *Human Papillomavirus Vaccine for Female Adolescents*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*
  - *Controlling High Blood Pressure*
  - *Annual Monitoring for Patients on Persistent Medications*
- Behavioral Health
  - *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*

Performance Measure Results—Non-ABD Population

Access to Care

Table 3-36 shows HMSA QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Access to Care domain for the non-ABD population.

Table 3-36—HMSA QI's HEDIS Results for Non-ABD Measures Under Access to Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	78.08%	74.30%	**-3.78^^**	★
Ages 45 to 64 Years	85.79%	82.92%	**-2.87^^**	★
Ages 65 Years and Older	NA	NA	--	--
Total	80.70%	77.20%	**-3.50^^**	★
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	97.55%	96.53%	**-1.02^^**	★★★
Ages 25 Months to 6 Years	92.70%	91.00%	**-1.70^^**	★★★
Ages 7 to 11 Years	93.20%	93.32%	0.12	★★★
Ages 12 to 19 Years	91.47%	91.04%	-0.43	★★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of Alcohol or Other Drug Treatment	37.30%	36.91%	-0.39	★★
Engagement of Alcohol or Other Drug Treatment	17.08%	16.22%	-0.86	★★★★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a

performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the non-ABD population, one of the nine rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement of Alcohol or Other Drug Treatment*.

Conversely, three of HMSA QI's rates ranked below the national Medicaid 25th percentile: *Adults' Access to Preventive/Ambulatory Health Services* (all indicators). Additionally, five of HMSA QI's nine 2016 performance measure indicator rates with comparable 2015 rates demonstrated a statistically significant decline from HEDIS 2015: *Adults' Access to Preventive/Ambulatory Health Services* (all indicators) and *Children and Adolescents' Access to Primary Care Practitioners* (two of four indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-37 shows HMSA QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the non-ABD population.

Table 3-37—HMSA QI's HEDIS Results for Non-ABD Measures Under Effectiveness of Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adult BMI Assessment				
Adult BMI Assessment	69.21%	75.43%	6.22	★★
Colorectal Cancer Screening[1]				
Colorectal Cancer Screening	43.80%	45.50%	1.70	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] *Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the non-ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Adult BMI Assessment*, fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile for 2016. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Children's Preventive Care

Table 3-38 shows HMSA QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the non-ABD population.

Table 3-38—HMSA QI's HEDIS Results for Non-ABD Measures Under Children's Preventive Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	47.69%	44.04%	-3.65	★★
Childhood Immunization Status				
DtaP	70.07%	70.56%	0.49	★
IPV	82.00%	81.02%	-0.98	★
MMR	90.51%	87.35%	-3.16	★
HiB	87.59%	85.16%	-2.43	★
Hepatitis B	68.86%	77.13%	8.27^	★
VZV	89.05%	87.10%	-1.95	★
Pneumococcal Conjugate	72.02%	71.78%	-0.24	★
Hepatitis A	65.69%	62.53%	-3.16	★
Rotavirus	58.64%	57.42%	-1.22	★
Influenza	40.88%	39.17%	-1.71	★
Combination 2	55.96%	65.21%	9.25^	★
Combination 3	52.55%	62.77%	10.22^	★
Combination 4	46.96%	54.50%	7.54^	★
Combination 5	42.09%	48.91%	6.82^	★
Combination 6	32.12%	33.82%	1.70	★
Combination 7	39.66%	47.20%	7.54^	★
Combination 8	30.41%	33.09%	2.68	★
Combination 9	28.22%	30.66%	2.44	★★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Combination 10	27.01%	30.17%	3.16	★★
Immunizations for Adolescents				
Meningococcal	48.91%	44.28%	-4.63	★
Tdap/Td	54.50%	47.93%	-6.57	★
Combination 1 (Meningococcal, Tdap/Td)	45.99%	41.12%	-4.87	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	63.26%	70.56%	7.30^	★★★
Counseling for Nutrition—Total	38.93%	40.39%	1.46	★
Counseling for Physical Activity—Total[1]	35.77%	32.85%	-2.92	★
Well-Child Visits in the First 15 Months of Life				
Zero Visits[2]	1.72%	2.19%	0.47	★★
Six or More Visits	77.30%	69.34%	**-7.96^^**	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	79.02%	74.94%	-4.08	★★★

[1] *Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.*

[2] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the non-ABD population, one of the 29 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, *Well-Child Visits in the First 15 Months of Life—Six or More Visits.* Additionally, seven of the 29 performance measure indicator rates with comparable 2015 rates demonstrated statistically significant improvement from 2015 to 2016: *Childhood Immunization Status* (six of 19 indicators; however, these six indicators ranked below the national Medicaid 25th percentile) and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total.*

Conversely, 22 of HMSA QI's 2016 rates ranked below the national Medicaid 25th percentile, including *Childhood Immunization Status* (17 of 19 indicators), *Immunizations for Adolescents* (all indicators), and

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (two of three indicators). HMSA QI did not meet the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-39 shows HMSA QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Women's Health domain for the non-ABD population.

Table 3-39—HMSA QI's HEDIS Results for Non-ABD Measures Under Women's Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Breast Cancer Screening				
Breast Cancer Screening	67.14%	66.46%+	-0.68	★★★★
Cervical Cancer Screening				
Cervical Cancer Screening	66.39%	65.45%	-0.94	★★★
Chlamydia Screening in Women				
Ages 16 to 20 Years	59.00%	56.44%	**-2.56^^**	★★★
Ages 21 to 24 Years	63.30%	60.82%	-2.48	★★
Total	61.11%	58.60%	**-2.51^^**	★★★
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	17.03%	3.65%	**-13.38^^**	★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	67.64%	71.78%	4.14	★
Postpartum Care	46.96%	47.20%	0.24	★
Frequency of Ongoing Prenatal Care				
<21 Percent of Expected Visits[1]	21.41%	27.98%	**6.57^^**	★
≥81 Percent of Expected Visits	27.74%	25.06%	-2.68	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the non-ABD population, one of the 10 measures reported by HMSA QI that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, *Breast Cancer Screening.*

Conversely, five of HMSA QI's rates ranked below the national Medicaid 25th percentile, including *Human Papillomavirus Vaccine for Female Adolescents*, *Prenatal and Postpartum Care* (both indicators), and *Frequency of Ongoing Prenatal Care* (both indicators). Additionally, four of HMSA QI's 10 2016 performance measure indicator rates with comparable 2015 rates demonstrated a statistically significant decline: *Chlamydia Screening in Women* (two of three indicators), *Human Papillomavirus Vaccine for Female Adolescents*, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits.* HMSA QI met or exceeded the MQD Quality Strategy target for one measure in this domain, *Breast Cancer Screening*.

Care for Chronic Conditions

Table 3-40 shows HMSA QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the non-ABD population.

Table 3-40—HMSA QI's HEDIS Results for Non-ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Comprehensive Diabetes Care[1]				
Hemoglobin A1c (HbA1c) Testing	81.75%	83.58%	1.83	★★
HbA1c Poor Control (>9.0%)[2]	48.91%	49.82%	0.91	★★
HbA1c Control (<8.0%)	41.24%	42.15%	0.91	★★
HbA1c Control (<7%)	27.05%	30.19%	3.14	★★
Eye Exam (Retinal) Performed	57.85%	52.74%	-5.11	★★
Medical Attention for Nephropathy	81.57%	87.59%	6.02^	★★★★
Blood Pressure Control (<140/90 mm Hg)	50.36%	46.72%	-3.64	★
Controlling High Blood Pressure				
Controlling High Blood Pressure	39.66%	36.50%	-3.16	★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	89.13%	87.77%	-1.36	★★★
Digoxin	42.25%	43.42%	1.17	★
Diuretics	87.32%	86.95%	-0.37	★★
Total	87.98%	86.99%	-0.99	★★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	56.54%	54.80%	-1.74	★★★
Medication Compliance 75%—Total	31.56%	28.88%	-2.68	★★

[1] *Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.*

[2] *A lower rate indicates better performance for this measure.*

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the non-ABD population, one of the 14 measure indicator rates reported by HMSA QI with comparable national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile: *Comprehensive Diabetes Care—Medical Attention for Nephropathy*. This rate also showed statistically significant improvement from 2015 to 2016; however, due to changes in the technical specifications for *Comprehensive Diabetes Care*, differences between HEDIS 2015 and HEDIS 2016 measure indicator rates should be evaluated with caution.

Conversely, three of HMSA QI's rates ranked below the national Medicaid 25th percentile: *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*, *Controlling High Blood Pressure*, and *Annual Monitoring for Patients on Persistent Medications—Digoxin.* HMSA QI did not meet any of the MQD Quality Strategy targets in this domain.

Behavioral Health

Table 3-41 shows HMSA QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the non-ABD population.

Table 3-41—HMSA QI's HEDIS Results for Non-ABD Measures Under Behavioral Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia[1]				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	32.83%	40.26%	7.43	★
Antidepressant Medication Management				
Effective Acute Phase Treatment	46.97%	48.21%	1.24	★★
Effective Continuation Phase Treatment	31.45%	32.69%	1.24	★★
Follow-Up After Hospitalization for Mental Illness				
Follow-Up Within 7 Days of Discharge	29.30%	40.68%	11.38^	★★
Follow-Up Within 30 Days of Discharge	49.30%	55.93%	6.63^	★★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Follow-up Care for Children Prescribed ADHD Medication				
Initiation Phase	34.17%	52.67%	18.50^	★★★★
Continuation and Maintenance Phase	35.29%	63.38%	28.09^	★★★★

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the non-ABD population, two of the seven measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, *Follow-up Care for Children Prescribed ADHD Medication* (both indicators). These two indicator rates, along with rates for *Follow-Up After Hospitalization for Mental Illness* (both indicators), showed statistically significant improvement from 2015 to 2016.

Conversely, one of HMSA QI's rates ranked below the national Medicaid 25th percentile, *Adherence to Antipsychotic Medications for Individuals with Schizophrenia.* HMSA QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-42 shows HMSA QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the non-ABD population.

Table 3-42—HMSA QI's HEDIS Results for Non-ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Ambulatory Care				
Emergency Department Visits per 1,000 Member Months[1]	41.00	40.35	-0.65	★★★★
Outpatient Visits per 1,000 Member Months[2]	330.28	328.72	-1.56	--
Inpatient Utilization—General Hospital/Acute Care[2]				

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Discharges per 1,000 Member Months (Total Inpatient)	5.34	4.97	-0.37	--
Days per 1,000 Member Months (Total Inpatient)	21.36	20.28	-1.08	--
Average Length of Stay (Total Inpatient)	4.00	4.08	0.08	--
Discharges per 1,000 Member Months (Medicine)	2.14	2.01	-0.13	--
Days per 1,000 Member Months (Medicine)	8.97	9.14	0.17	--
Average Length of Stay (Medicine)	4.18	4.55	0.37	--
Discharges per 1,000 Member Months (Surgery)	1.00	0.91	-0.09	--
Days per 1,000 Member Months (Surgery)	6.80	6.04	-0.76	--
Average Length of Stay (Surgery)	6.83	6.60	-0.23	--
Discharges per 1,000 Member Months (Maternity)	3.23	2.97	-0.26	--
Days per 1,000 Member Months (Maternity)	8.20	7.40	-0.80	--
Average Length of Stay (Maternity)	2.54	2.49	-0.05	--
Mental Health Utilization[2]				
Any Service—Total	9.98%	10.08%	0.10	--
Inpatient—Total	0.42%	0.32%	-0.10	--
Intensive Outpatient or Partial Hospitalization—Total	0.09%	0.06%	-0.03	--
Outpatient or Emergency Department—Total	9.85%	9.97%	0.12	--
Plan All-Cause Readmissions[3]				
Plan All-Cause Readmissions[4]	11.27%	11.23%	-0.04	--
Enrollment by Product Line[5]				
Ages 0 to 19 Years	56.02%	54.97%	-1.05	--
Ages 20 to 44 Years	29.52%	30.02%	0.50	--
Ages 45 to 64 Years	14.44%	15.01%	0.57	--
Ages 65 Years and Older	0.02%	0.00%	-0.02	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] *A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison. Further, due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.*

[4] *In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.*

[5] *Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the non-ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. HMSA QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of HMSA QI's non-ABD population rates, nearly 10 percent of HMSA QI's measures (seven of 71 rates) ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, indicating positive performance related to treatment of alcohol and other drug dependence, well-child visits during the first 15 months of life, screening for breast cancer, medical attention for diabetic members with nephropathy, follow-up care for children prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) medication, and emergency department visits for patients requiring ambulatory care. Additionally, compared to HEDIS 2015, three of these seven HEDIS 2016 rates reported a statistically significant improvement. HMSA QI met or exceeded the MQD Quality Strategy target for one measure in this domain, *Breast Cancer Screening*.

Conversely, nearly 48 percent of HMSA QI's HEDIS 2016 rates (34 of 71 rates) ranked below the national Medicaid 25th percentile, suggesting opportunities for improvement. HSAG recommends that HMSA QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the non-ABD population:

- Access to Care
  - *Adults' Access to Preventive/Ambulatory Health Services*
- Children's Preventive Care
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Women's Health
  - *Human Papillomavirus Vaccine for Female Adolescents*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*
  - *Controlling High Blood Pressure*
  - *Annual Monitoring for Patients on Persistent Medications*
- Behavioral Health
  - *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*

Performance Measure Results—ABD Population

Access to Care

Table 3-43 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Access to Care domain for the ABD population.

Table 3-43—HMSA QI's HEDIS Results for ABD Measures Under Access to Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	87.40%	★★★★★
Ages 45 to 64 Years	92.07%	★★★★
Ages 65 Years and Older	87.87%	★★★
Total	89.56%	★★★★★
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	NA	--

Measure	HEDIS 2016 Rate	2016 Performance Level
Ages 25 Months to 6 Years	93.81%	★★★★★
Ages 7 to 11 Years	100.0%	★★★★★
Ages 12 to 19 Years	96.97%	★★★★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of Alcohol or Other Drug Treatment	33.33%	★
Engagement of Alcohol or Other Drug Treatment	8.18%	★★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the ABD population, five of the nine measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Adults' Access to Preventive/Ambulatory Health Services* (two of four indicators) and *Children and Adolescents' Access to Primary Care Practitioners* (all indicators).

Conversely, one of HMSA QI's rates fell below the national Medicaid 25th percentile, *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of Alcohol or Other Drug Treatment*. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-44 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the ABD population.

Table 3-44—HMSA QI's HEDIS Results for ABD Measures Under Effectiveness of Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	79.32%	★★
Colorectal Cancer Screening[1]		
Colorectal Cancer Screening	45.99%	--
Care for Older Adults[1]		
Advance Care Planning	8.52%	--

Measure	HEDIS 2016 Rate	2016 Performance Level
Medication Review	17.52%	--
Functional Status Assessment	6.33%	--
Pain Assessment	7.54%	--
Medication Reconciliation Post-Discharge[2]		
Medication Reconciliation Post-Discharge	8.31%	★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Within the Effectiveness of Care performance measure domain for the ABD population, only one of HMSA QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. HMSA QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-45 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the ABD population.

Table 3-45—HMSA QI's HEDIS Results for ABD Measures Under Children's Preventive Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	42.11%	★★
Childhood Immunization Status		
DtaP	NA	--
IPV	NA	--
MMR	NA	--
HiB	NA	--

Measure	HEDIS 2016 Rate	2016 Performance Level
Hepatitis B	NA	--
VZV	NA	--
Pneumococcal Conjugate	NA	--
Hepatitis A	NA	--
Rotavirus	NA	--
Influenza	NA	--
Combination 2	NA	--
Combination 3	NA	--
Combination 4	NA	--
Combination 5	NA	--
Combination 6	NA	--
Combination 7	NA	--
Combination 8	NA	--
Combination 9	NA	--
Combination 10	NA	--
Immunizations for Adolescents		
Meningococcal	NA	--
Tdap/Td	NA	--
Combination 1 (Meningococcal, Tdap/Td)	NA	--
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Total	65.75%	★★
Counseling for Nutrition—Total	32.68%	★
Counseling for Physical Activity—Total	26.77%	★
Well-Child Visits in the First 15 Months of Life		
Zero Visits[1]	NA	--
Six or More Visits	NA	--
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	66.67%	★★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ = *90th percentile and above*
★★★★ = *75th to 89th percentile*
★★★ = *50th to 74th percentile*
★★ = *25th to 49th percentile*
★ = *Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the ABD population, all five measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile, and of these rates, two indicators fell below the national Medicaid 25th percentile: *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (two of three indicators). HMSA QI's rate for *Childhood Immunization Status—Combination 2* was designated as *Not Applicable (NA)* and, therefore, was not comparable to the MQD Quality Strategy target for this measure. This was the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016. Of note, the ABD population includes very few children; therefore, the rates for many of the measure indicators in this domain were presented as *NA*.

Women's Health

Table 3-46 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Women's Health domain for the ABD population.

Table 3-46—HMSA QI's HEDIS Results for ABD Measures Under Women's Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Breast Cancer Screening		
Breast Cancer Screening	63.32%	★★★
Cervical Cancer Screening		
Cervical Cancer Screening	45.85%	★
Chlamydia Screening in Women		
Ages 16 to 20 Years	NA	--
Ages 21 to 24 Years	NA	--
Total	50.00%	★★
Human Papillomavirus Vaccine for Female Adolescents		
Human Papillomavirus Vaccine for Female Adolescents	NA	--
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	NA	--
Postpartum Care	NA	--
Frequency of Ongoing Prenatal Care		
<21 Percent of Expected Visits[1]	NA	--
≥81 Percent of Expected Visits	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the ABD population, three measure indicator rates were comparable to national Medicaid benchmarks. HMSA QI's *Breast Cancer Screening* rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile; however, HMSA QI's *Chlamydia Screening in Women—Total* rate fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile, and HMSA QI's *Cervical Cancer Screening* rate fell below the national Medicaid 25th percentile. For the measures in this domain with MQD Quality Strategy targets, HMSA QI did not meet the targets or the rates were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy targets.

Care for Chronic Conditions

Table 3-47 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the ABD population.

Table 3-47—HMSA QI's HEDIS Results for ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2016 Rate	2016 Performance Level
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	81.20%	★
HbA1c Poor Control (>9.0%)[1]	51.82%	★
HbA1c Control (<8.0%)	39.05%	★
HbA1c Control (<7%)	28.78%	★
Eye Exam (Retinal) Performed	61.31%	★★★
Medical Attention for Nephropathy	91.06%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	42.34%	★
Controlling High Blood Pressure		
Controlling High Blood Pressure	39.31%	★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	85.74%	★★
Digoxin	NA	--

Measure	HEDIS 2016 Rate	2016 Performance Level
Diuretics	91.81%	★★★★★
Total	87.32%	★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	NA	--
Medication Compliance 75%—Total	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the ABD population, two of the 11 measures that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Comprehensive Diabetes Care—Medical Attention for Nephropathy* and *Annual Monitoring for Patients on Persistent Medications—Diuretics*.

Conversely, six of HMSA QI's rates ranked below the national Medicaid 25th percentile: *Comprehensive Diabetes Care* (five of seven indicators) and *Controlling High Blood Pressure*. For the measures in this domain with MQD Quality Strategy targets, HMSA QI did not meet the targets or the rates were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy targets.

Behavioral Health

Table 3-48 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the ABD population.

Table 3-48—HMSA QI's HEDIS Results for ABD Measures Under Behavioral Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	53.01%	★
Antidepressant Medication Management		
Effective Acute Phase Treatment	52.78%	★★★

Measure	HEDIS 2016 Rate	2016 Performance Level
Effective Continuation Phase Treatment	38.89%	★★★
Follow-Up After Hospitalization for Mental Illness		
Follow-Up Within 7 Days of Discharge	40.63%	★★
Follow-Up Within 30 Days of Discharge	56.25%	★★
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	NA	--
Continuation and Maintenance Phase	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the ABD population, five of HMSA QI's rates were comparable to national Medicaid percentiles. Of these, two rates fell at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile, *Antidepressant Medication Management* (both indicators), and one rate fell below the national Medicaid 25th percentile, *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*. HMSA QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-49 shows HMSA QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the ABD population.

Table 3-49—HMSA QI's HEDIS Results for ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2016 Rate	2016 Performance Level
Ambulatory Care		
Emergency Department Visits per 1,000 Member Months[1]	13.27+	★★★★★
Outpatient Visits per 1,000 Member Months[2]	71.70	--
Inpatient Utilization—General Hospital/Acute Care[2]		
Discharges per 1,000 Member Months (Total Inpatient)	3.05	--
Days per 1,000 Member Months (Total Inpatient)	25.28	--

Measure	HEDIS 2016 Rate	2016 Performance Level
Average Length of Stay (Total Inpatient)	8.28	--
Discharges per 1,000 Member Months (Medicine)	1.93	--
Days per 1,000 Member Months (Medicine)	14.02	--
Average Length of Stay (Medicine)	7.27	--
Discharges per 1,000 Member Months (Surgery)	1.01	--
Days per 1,000 Member Months (Surgery)	11.06	--
Average Length of Stay (Surgery)	10.97	--
Discharges per 1,000 Member Months (Maternity)	0.18	--
Days per 1,000 Member Months (Maternity)	0.32	--
Average Length of Stay (Maternity)	1.75	--
Mental Health Utilization[2]		
Any Service—Total	11.54%	--
Inpatient—Total	0.22%	--
Intensive Outpatient or Partial Hospitalization—Total	0.04%	--
Outpatient or Emergency Department—Total	11.29%	--
Plan All-Cause Readmissions[3]		
Plan All-Cause Readmissions[4]	17.81%	--
Enrollment by Product Line[5]		
Ages 0 to 19 Years	10.17%	--
Ages 20 to 44 Years	21.69%	--
Ages 45 to 64 Years	36.54%	--
Ages 65 Years and Older	31.61%	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison.

[4] In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.

[5] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 90th percentile. HMSA QI met or exceeded the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of HMSA QI's ABD population rates, more than 22 percent of measure indicator rates that were comparable to national benchmarks (eight of 36 rates) ranked at or above the national Medicaid 90th percentile for 2016, indicating positive performance related to adults' access to preventive or ambulatory care, children's and adolescents' access to primary care practitioners, medical attention for diabetic members with nephropathy, monitoring for patients on persistent medications, and emergency department visits for patients requiring ambulatory care. HMSA QI met or exceeded the MQD Quality Strategy target for one measure for HEDIS 2016, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*.

Conversely, more than 33 percent of HMSA QI's HEDIS 2016 rates (12 of 36 rates) ranked below the national Medicaid 25th percentile, suggesting opportunities for improvement. HSAG recommends that HMSA QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the ABD population:

- Access to Care
  - *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
- Effectiveness of Care

  - *Medication Reconciliation Post-Discharge*
- Children's Preventive Care
  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Women's Health
  - *Cervical Cancer Screening*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*
  - *Controlling High Blood Pressure*
- Behavioral Health
  - *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*

Kaiser QI's Performance

NCQA HEDIS Compliance Audit

HSAG's review team validated Kaiser QI's IS capabilities for accurate HEDIS reporting. (Note: The call center standards [IS 6.0] were not applicable to the measures HSAG validated.) Kaiser QI was found to be *Fully Compliant* with all applicable IS assessment standards. This demonstrated that Kaiser QI had the automated systems, information management practices, processing environment, and control procedures in place to capture, access, translate, analyze, and report the selected measures.

Kaiser QI elected to use one standard and one nonstandard supplemental data source for its performance measure reporting. HSAG reviewed Kaiser QI's supplemental data sources according to NCQA's guidelines, and both data sources were approved for HEDIS 2016 reporting.

This was the first year that Kaiser QI contracted with a software vendor, Verisk, to calculate the majority of its HEDIS measure indicator rates. Several months prior to HEDIS 2016 data submission, Kaiser QI implemented many processes for evaluating and analyzing data files to ensure data fields were properly mapped to Verisk specifications and files were processed as expected. Kaiser QI developed source code in-house to produce the *Medication Management for People With Asthma* and *Plan All-Cause Readmissions* measures. This source code was reviewed and approved by HSAG. All data sources were assessed and members whose Medicare benefits were not covered by Kaiser QI were excluded from reporting. There were no concerns with the processes in place to integrate data and report HEDIS rates.

Due to changes in Kaiser QI's medical record abstraction process involving the use of its calculation vendor's medical record abstraction tool, a convenience sample on the measures using hybrid methodology was required. A convenience sample was not required for measures for which Kaiser QI obtained MQD's approval to waive the hybrid reporting requirement. HSAG completed the convenience sample review and passed all requested measures except the *Prenatal and Postpartum Care* measure. Kaiser QI indicated in early May 2016 that there were challenges with its calculation vendor in accurately identifying delivery data and therefore did not provide the requested convenience sample cases in time to allow HSAG to conduct the review. The number of medical record numerator hits was reported as 10 cases; therefore, the measure was not selected for MRRV.

All QI measures which Kaiser QI was required to report received the audit results of *Reportable*. No recommendations requiring action were made specific to Kaiser QI's data systems or processes in HEDIS 2016. All non-ABD measures that Kaiser QI was required to report received the audit results of *Reportable*. The enrollment of the ABD population for Kaiser QI began January 1, 2015. Kaiser QI experienced no enrollment complications related to properly identifying members on the daily and monthly enrollment files. ABD eligibility was properly identified within the Common Membership (CM) enrollment system. There were no concerns with the processing of the enrollment files. Kaiser QI passed the MRRV process for the following measure groups:

- Group A: Biometrics (BMI, BP) & Maternity—*Weight Assessment and Counseling for Nutrition* and Physical Activity for Children/Adolescents—BMI Assessment Documentation—Total
- Group B: Anticipatory Guidance & Counseling—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*
- Group C: Laboratory—*Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- Group D: Immunization & Other Screenings—*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- Group E: SNP—*Care for Older Adults—Medication Review*
- Group F: Exclusions

Performance Measure Results—QI Population

Access to Care

Table 3-50 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Access to Care domain for the QI population.

Table 3-50—Kaiser QI's HEDIS Results for QI Measures Under Access to Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	80.55%	★★
Ages 45 to 64 Years	86.51%	★★
Ages 65 Years and Older	92.51%	★★★★★
Total	83.10%	★★
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	99.07%	★★★★★
Ages 25 Months to 6 Years	95.38%	★★★★★
Ages 7 to 11 Years	93.43%	★★★
Ages 12 to 19 Years	92.34%	★★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of Alcohol or Other Drug Treatment	38.94%	★★★
Engagement of Alcohol or Other Drug Treatment	13.46%	★★★

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the QI population, three of the 10 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older* and *Children and Adolescents' Access to Primary Care Practitioners* (two of four indicators).

Conversely, three of Kaiser QI's rates fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile: *Adults' Access to Preventive/Ambulatory Health Services* (three of four indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-51 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the QI population.

Table 3-51—Kaiser QI's HEDIS Results for QI Measures Under Effectiveness of Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	94.35%	★★★★★
Colorectal Cancer Screening[1]		
Colorectal Cancer Screening	69.24%	--
Care for Older Adults[1]		
Advance Care Planning	48.09%	--
Medication Review	82.13%	--
Functional Status Assessment	42.55%	--
Pain Assessment	74.89%	--
Medication Reconciliation Post-Discharge[2]		
Medication Reconciliation Post-Discharge	45.26%	★★★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the QI population, only one of Kaiser QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure ranked at or above the national Medicaid 90th percentile for 2016. Kaiser QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-52 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the QI population.

Table 3-52—Kaiser QI's HEDIS Results for QI Measures Under Children's Preventive Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	44.41%	★★
Childhood Immunization Status		
DtaP	84.93%	★★★★
IPV	92.73%	★★★
MMR	92.46%	★★★
HiB	88.96%	★★
Hepatitis B	93.94%	★★★★
VZV	90.98%	★★
Pneumococcal Conjugate	82.37%	★★★
Hepatitis A	90.85%	★★★★
Rotavirus	84.12%	★★★★★
Influenza	73.76%	★★★★★
Combination 2	83.31%+	★★★★★
Combination 3	80.75%	★★★★
Combination 4	80.62%	★★★★★
Combination 5	76.04%	★★★★★
Combination 6	68.51%	★★★★★
Combination 7	75.91%	★★★★★
Combination 8	68.51%	★★★★★
Combination 9	64.74%	★★★★★
Combination 10	64.74%	★★★★★
Immunizations for Adolescents		
Meningococcal	86.92%	★★★★
Tdap/Td	88.47%	★★★
Combination 1 (Meningococcal, Tdap/Td)	85.37%	★★★★

Measure	HEDIS 2016 Rate	2016 Performance Level
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Total	92.94%	★★★★★
Counseling for Nutrition—Total	97.57%	★★★★★
Counseling for Physical Activity—Total	97.57%	★★★★★
Well-Child Visits in the First 15 Months of Life		
Zero Visits[1]	0.00%	★★★★★
Six or More Visits	79.56%	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	87.14%	★★★★★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the QI population, 16 of the 29 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Childhood Immunization Status* (10 of 19 indicators)*; Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (all indicators); *Well-Child Visits in the First 15 Months of Life* (all indicators); and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. Kaiser QI met or exceeded the MQD Quality Strategy target for one measure in this domain, *Childhood Immunization Status—Combination 2*.

While none of Kaiser QI's HEDIS 2016 rates ranked below the national Medicaid 25th percentile, three of Kaiser QI's rates fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile: *Adolescent Well-Care Visits* and *Childhood Immunization Status—HiB* and *VZV*.

Women's Health

Table 3-53 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Women's Health domain for the QI population.

Table 3-53—Kaiser QI's HEDIS Results for QI Measures Under Women's Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Breast Cancer Screening		
Breast Cancer Screening	81.55%+	★★★★★
Cervical Cancer Screening		
Cervical Cancer Screening	81.27%+	★★★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	68.05%	★★★★★
Ages 21 to 24 Years	76.12%	★★★★★
Total	71.23%	★★★★★
Human Papillomavirus Vaccine for Female Adolescents		
Human Papillomavirus Vaccine for Female Adolescents	34.67%	★★★★★
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	91.00%+	★★★★
Postpartum Care	77.37%	★★★★★
Frequency of Ongoing Prenatal Care		
<21 Percent of Expected Visits[1]	1.72%+	★★★★★
≥81 Percent of Expected Visits	63.15%	★★★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the QI population, eight of the 10 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Breast Cancer Screening*, *Cervical Cancer Screening*, *Chlamydia Screening in Women* (all indicators), *Human Papillomavirus Vaccine for Female Adolescents*, *Prenatal and Postpartum Care—Postpartum Care*, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits*. Kaiser QI met or exceeded the MQD Quality Strategy targets for *Breast Cancer Screening*, *Cervical Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits*.

Care for Chronic Conditions

Table 3-54 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the QI population.

Table 3-54—Kaiser QI's HEDIS Results for QI Measures Under Care for Chronic Conditions

Measure	HEDIS 2016 Rate	2016 Performance Level
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	95.93%+	★★★★★
HbA1c Poor Control (>9.0%)[1]	30.14%+	★★★★
HbA1c Control (<8.0%)	58.04%+	★★★★
HbA1c Control (<7%)	32.98%	★★
Eye Exam (Retinal) Performed	71.35%+	★★★★★
Medical Attention for Nephropathy	95.83%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	87.04%+	★★★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	83.21%+	★★★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	91.58%	★★★★
Digoxin	NA	--
Diuretics	88.79%	★★★
Total	90.63%	★★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	35.75%	★
Medication Compliance 75%—Total	15.46%	★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the QI population, five of the 13 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Comprehensive Diabetes Care* (four of seven indicators) and

Controlling High Blood Pressure. Kaiser QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, Blood Pressure Control (<140/90 mm Hg),* and *Controlling High Blood Pressure*.

Conversely, two of Kaiser QI's rates ranked below the national Medicaid 25th percentile: *Medication Management for People With Asthma* (both indicators).

Behavioral Health

Table 3-55 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the QI population.

Table 3-55—Kaiser QI's HEDIS Results for QI Measures Under Behavioral Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	60.00%	★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	53.51%	★★★
Effective Continuation Phase Treatment	38.16%	★★★
Follow-Up After Hospitalization for Mental Illness		
Follow-Up Within 7 Days of Discharge	58.44%+	★★★★
Follow-Up Within 30 Days of Discharge	72.73%	★★★
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	77.65%	★★★★★
Continuation and Maintenance Phase	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the QI population, one of the six measure indicator rates that were comparable to national benchmarks ranked at or above the national

Medicaid 90th percentile for 2016: *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase*.

While none of Kaiser QI's HEDIS 2016 rates ranked below the national Medicaid 25th percentile, one measure rate fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile: *Adherence to Antipsychotic Medications for Individuals with Schizophrenia.* Kaiser QI met or exceeded the MQD Quality Strategy target for one measure in this domain, *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge*.

Utilization and Health Plan Descriptive Information

Table 3-56 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the QI population.

Table 3-56—Kaiser QI's HEDIS Results for QI Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2016 Rate	2016 Performance Level
Ambulatory Care		
Emergency Department Visits per 1,000 Member Months[1]	27.97+	★★★★★
Outpatient Visits per 1,000 Member Months[2]	311.29	--
Inpatient Utilization—General Hospital/Acute Care[2]		
Discharges per 1,000 Member Months (Total Inpatient)	4.65	--
Days per 1,000 Member Months (Total Inpatient)	19.98	--
Average Length of Stay (Total Inpatient)	4.29	--
Discharges per 1,000 Member Months (Medicine)	2.09	--
Days per 1,000 Member Months (Medicine)	10.36	--
Average Length of Stay (Medicine)	4.96	--
Discharges per 1,000 Member Months (Surgery)	0.77	--
Days per 1,000 Member Months (Surgery)	5.26	--
Average Length of Stay (Surgery)	6.86	--
Discharges per 1,000 Member Months (Maternity)	2.76	--
Days per 1,000 Member Months (Maternity)	6.69	--
Average Length of Stay (Maternity)	2.42	--
Mental Health Utilization[2]		
Any Service—Total	7.08%	--
Inpatient—Total	0.32%	--
Intensive Outpatient or Partial Hospitalization—Total	0.03%	--
Outpatient or Emergency Department—Total	7.01%	--

Measure	HEDIS 2016 Rate	2016 Performance Level
Plan All-Cause Readmissions[3]		
Plan All-Cause Readmissions[4]	13.07%	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison.

[4] In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the QI population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 90th percentile. Kaiser QI met or exceeded the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of Kaiser QI's QI population rates, nearly half of the measure indicator rates that were comparable to national benchmarks (35 of 71 rates) ranked at or above the national Medicaid 90th percentile, indicating positive performance related to adults' access to preventive or ambulatory care, children's and adolescents' access to primary care practitioners, adult BMI assessment, immunizations for children, documentation of a weight assessment and counseling for children and adolescent members, well-child visits for children, screening for breast cancer, screening for cervical cancer, screening for chlamydia, human papillomavirus vaccine for female adolescents, the percentage of deliveries with frequent prenatal care or postpartum care, comprehensive diabetes care, blood pressure control for members with hypertension, follow-up care for children prescribed ADHD medication, and emergency department visits for patients. Kaiser QI met or exceeded the MQD Quality Strategy targets for the following 13 measure indicators: *Childhood Immunization Status—Combination 2*, *Breast Cancer Screening*, *Cervical Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits*, *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing*, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, *Blood Pressure Control (<140/90 mm Hg)*, *Controlling High Blood Pressure*, *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge*, and *Ambulatory Care—Emergency Department Visits per 1,000 Member Months.*

Conversely, two of Kaiser QI's 2016 rates fell below the national Medicaid 25th percentile, suggesting opportunities for improvement. HSAG recommends that Kaiser QI focus on improving performance related to the following measure with rates that fell below the national Medicaid 25th percentile for the QI population:

- Care for Chronic Conditions
  - *Medication Management for People With Asthma*

Performance Measure Results—Non-ABD Population

Access to Care

Table 3-57 shows Kaiser QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Access to Care domain for the non-ABD population.

Table 3-57—Kaiser QI's HEDIS Results for Non-ABD Measures Under Access to Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	83.48%	80.32%	**-3.16^^**	★★
Ages 45 to 64 Years	87.59%	85.77%	**-1.82^^**	★★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Ages 65 Years and Older	--	NA	--	--
Total	84.93%	82.30%	-2.63^^	★★
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	99.63%	99.07%	-0.56	★★★★★
Ages 25 Months to 6 Years	93.23%	95.35%	2.12^	★★★★★
Ages 7 to 11 Years	93.74%	93.41%	-0.33	★★★
Ages 12 to 19 Years	92.29%	92.32%	0.03	★★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of Alcohol or Other Drug Treatment	25.61%	39.23%	13.62^	★★★
Engagement of Alcohol or Other Drug Treatment	18.78%	14.10%	-4.68	★★★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the non-ABD population, two of the nine measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Children and Adolescents' Access to Primary Care Practitioners* (two of four indicators). In addition, two of the nine performance measure indicator rates with comparable 2015 rates indicating statistically significant improvement from 2015 and 2016: *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years* and *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of Alcohol or Other Drug Treatment*.

Conversely, three of Kaiser QI's rates ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile, and demonstrated a statistically significant decline from 2015 to 2016: *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years,* and *Total*. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-58 shows Kaiser QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the non-ABD population.

Table 3-58—Kaiser QI's HEDIS Results for Non-ABD Measures Under Effectiveness of Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adult BMI Assessment				
Adult BMI Assessment	97.21%	94.21%	**-3.00^^**	★★★★★
Colorectal Cancer Screening[1]				
Colorectal Cancer Screening	70.66%	68.13%	-2.53	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] *Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.*

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the non-ABD population, Kaiser QI's *Adult BMI Assessment* rate demonstrated a statistically significant decline from 2015 to 2016; however, this rate ranked at or above the national Medicaid 90th percentile for 2016. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Children's Preventive Care

Table 3-59 shows Kaiser QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the non-ABD population.

Table 3-59—Kaiser QI's HEDIS Results for Non-ABD Measures Under Children's Preventive Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	45.08%	44.27%	-0.81	★★
Childhood Immunization Status				
DtaP	89.91%	84.89%	**-5.02^^**	★★★★
IPV	93.80%	92.71%	-1.09	★★★
MMR	93.20%	92.44%	-0.76	★★★
HiB	93.32%	88.93%	**-4.39^^**	★★
Hepatitis B	94.29%	93.93%	-0.36	★★★★
VZV	92.71%	90.96%	-1.75	★★
Pneumococcal Conjugate	89.19%	82.32%	**-6.87^^**	★★★
Hepatitis A	92.59%	90.82%	-1.77	★★★★
Rotavirus	87.24%	84.08%	-3.16	★★★★★
Influenza	83.48%	73.82%	**-9.66^^**	★★★★★
Combination 2	88.58%	83.27%+	**-5.31^^**	★★★★★
Combination 3	87.85%	80.70%	**-7.15^^**	★★★★
Combination 4	87.61%	80.57%	**-7.04^^**	★★★★★
Combination 5	83.11%	75.98%	**-7.13^^**	★★★★★
Combination 6	80.32%	68.56%	**-11.76^^**	★★★★★
Combination 7	82.87%	75.84%	**-7.03^^**	★★★★★
Combination 8	80.19%	68.56%	**-11.63^^**	★★★★★
Combination 9	76.18%	64.78%	**-11.40^^**	★★★★★
Combination 10	76.06%	64.78%	**-11.28^^**	★★★★★
Immunizations for Adolescents				
Meningococcal	86.30%	87.01%	0.71	★★★★
Tdap/Td	84.19%	88.42%	4.23^	★★★
Combination 1 (Meningococcal, Tdap/Td)	80.87%	85.45%	4.58^	★★★★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	93.92%	95.00%	1.08	★★★★★
Counseling for Nutrition—Total	98.05%	97.50%	-0.55	★★★★★
Counseling for Physical Activity—Total[1]	98.05%	97.50%	-0.55	★★★★★
Well-Child Visits in the First 15 Months of Life[2]				
Zero Visits[3]	0.28%	0.00%	-0.28	★★★★★
Six or More Visits	90.38%	80.50%	**-9.88^^**	★★★★★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	87.08%	87.07%	-0.01	★★★★★

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] Kaiser reported this measure using administrative data only in 2015; however, this measure was reported using the hybrid methodology in 2016. As a result, exercise caution when comparing rates for this measure between 2015 and 2016.

[3] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the non-ABD population, 16 of the 29 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Childhood Immunization Status* (10 of 19 indicators); *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (all indicators); *Well-Child Visits in the First 15 Months of Life* (all indicators); and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.* Additionally, two of the 29 performance measure indicator rates with comparable 2015 rates indicated statistically significant improvement from 2015 to 2016: *Immunizations for Adolescents* (two of three indicators). Kaiser QI met or exceeded the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

While none of Kaiser QI's rates fell below the national Medicaid 25th percentile, three measure indicator rates fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile: *Adolescent Well-Care Visits* and *Childhood Immunization Status—HiB* and *VZV*.

Of note, while 14 of Kaiser QI's rates demonstrated a statistically significant decline from 2015 to 2016, 12 of these rates still ranked at or above the national Medicaid 75th percentile: *Childhood Immunization Status* (11 of 19 indicators) and *Well-Child Visits in the First 15 Months of Life—Six or More Visits.*

Women's Health

Table 3-60 shows Kaiser QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Women's Health domain for the non-ABD population.

Table 3-60—Kaiser QI's HEDIS Results for Non-ABD Measures Under Women's Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Breast Cancer Screening				
Breast Cancer Screening	81.41%	80.96%+	-0.45	★★★★★
Cervical Cancer Screening[1]				
Cervical Cancer Screening	81.00%	80.00%+	-1.00	★★★★★
Chlamydia Screening in Women				
Ages 16 to 20 Years	71.52%	68.27%	-3.25	★★★★★
Ages 21 to 24 Years	73.02%	76.43%	3.41	★★★★★
Total	72.20%	71.48%	-0.72	★★★★★
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	35.06%	34.78%	-0.28	★★★★★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	91.73%	90.44%+	-1.29	★★★★
Postpartum Care	77.13%	77.87%	0.74	★★★★★
Frequency of Ongoing Prenatal Care				
<21 Percent of Expected Visits[2]	0.23%	1.73%+	**1.50^^**	★★★★★
≥81 Percent of Expected Visits	67.43%	62.99%	-4.44	★★★

[1] Kaiser reported this measure using administrative data only in 2015; however, this measure was reported using the hybrid methodology in 2016. As a result, exercise caution when comparing rates for this measure between 2015 and 2016.

[2] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the non-ABD population, eight of the 10 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Breast Cancer Screening*, *Cervical Cancer Screening*, *Chlamydia Screening in Women* (all indicators), *Human Papillomavirus Vaccine for Female Adolescents*, *Prenatal and Postpartum Care—Postpartum Care*, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits*. While the measure indicator rate for *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits* demonstrated a statistically significant decline from HEDIS 2015, the rate still ranked at or above the 90th percentile. Kaiser QI met or exceeded the MQD Quality Strategy target for *Breast Cancer Screening*, *Cervical Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits*.

Care for Chronic Conditions

Table 3-61 shows Kaiser QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the non-ABD population.

Table 3-61—Kaiser QI's HEDIS Results for Non-ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Comprehensive Diabetes Care[1]				
Hemoglobin A1c (HbA1c) Testing	97.01%	95.54%+	-1.47	★★★★★
HbA1c Poor Control (>9.0%)[2]	30.82%	32.04%+	1.22	★★★★
HbA1c Control (<8.0%)	55.14%	55.84%+	0.70	★★★★
HbA1c Control (<7%)	30.24%	32.30%	2.06	★★
Eye Exam (Retinal) Performed	74.82%	69.71%+	-5.11	★★★★★
Medical Attention for Nephropathy	93.76%	95.31%	1.55	★★★★★
Blood Pressure Control (<140/90 mm Hg)[3]	85.57%	86.68%+	1.11	★★★★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	80.78%	82.96%+	2.18	★★★★★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	91.04%	90.72%	-0.32	★★★★
Digoxin	NA	NA	--	--
Diuretics	90.22%	86.67%	-3.55	★★
Total	90.44%	89.35%	-1.09	★★★★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	33.75%	35.38%	1.63	★
Medication Compliance 75%—Total	13.25%	14.99%	1.74	★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a

performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] A lower rate indicates better performance for this measure.

[3] Kaiser reported this measure using administrative data only in 2015; however, this measure was reported using the hybrid methodology in 2016. As a result, exercise caution when comparing rates for this measure between 2015 and 2016.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the non-ABD population, five of the 13 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Comprehensive Diabetes Care* (four of seven indicators) and *Controlling High Blood Pressure*. Of the measures established by the MQD, six met or exceeded the MQD Quality Strategy target (*Comprehensive Diabetes Care—Hemoglobin A1c [HbA1c] Testing, HbA1c Poor Control [>9.0%], HbA1c Control [<8.0%], Eye Exam [Retinal] Performed, Blood Pressure Control [<140/90 mm Hg]*, and *Controlling High Blood Pressure*).

Conversely, two of Kaiser QI's non-ABD population HEDIS 2016 rates ranked below the national Medicaid 25th percentile: *Medication Management for People With Asthma* (both indicators).

Behavioral Health

Table 3-62 shows Kaiser QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the non-ABD population.

Table 3-62—Kaiser QI's HEDIS Results for Non-ABD Measures Under Behavioral Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia[1]				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NA	59.38%	--	★★
Antidepressant Medication Management				
Effective Acute Phase Treatment	47.64%	53.55%	5.91	★★★
Effective Continuation Phase Treatment	36.32%	37.91%	1.59	★★★
Follow-Up After Hospitalization for Mental Illness				
Follow-Up Within 7 Days of Discharge	65.82%	58.33%+	-7.49	★★★★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Follow-Up Within 30 Days of Discharge	75.95%	72.22%	-3.73	★★★
Follow-up Care for Children Prescribed ADHD Medication				
Initiation Phase	55.32%	77.65%	22.33^	★★★★★
Continuation and Maintenance Phase	NA	NA	--	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the non-ABD population, one of the six measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016 and demonstrated a statistically significant improvement from 2015, *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase.*

Although none of Kaiser QI's rates fell below the national Medicaid 25th percentile, the *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* rate fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. Of the measures established by the MQD, one measure met or exceeded the MQD Quality Strategy target (*Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge).*

Utilization and Health Plan Descriptive Information

Table 3-63 shows Kaiser QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the non-ABD population.

Table 3-63—Kaiser QI's HEDIS Results for Non-ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Ambulatory Care				
Emergency Department Visits per 1,000 Member Months[1]	23.89	27.67	3.78	★★★★★
Outpatient Visits per 1,000 Member Months[2]	284.95	307.91	22.96	--
Inpatient Utilization—General Hospital/Acute Care[2]				
Discharges per 1,000 Member Months (Total Inpatient)	3.61	4.31	0.70	--
Days per 1,000 Member Months (Total Inpatient)	13.56	16.18	2.62	--
Average Length of Stay (Total Inpatient)	3.75	3.75	0.00	--
Discharges per 1,000 Member Months (Medicine)	1.46	1.77	0.31	--
Days per 1,000 Member Months (Medicine)	6.30	7.55	1.25	--
Average Length of Stay (Medicine)	4.32	4.25	-0.07	--
Discharges per 1,000 Member Months (Surgery)	0.52	0.70	0.18	--
Days per 1,000 Member Months (Surgery)	3.34	4.18	0.84	--
Average Length of Stay (Surgery)	6.43	6.01	-0.42	--
Discharges per 1,000 Member Months (Maternity)	2.57	2.82	0.25	--
Days per 1,000 Member Months (Maternity)	6.17	6.81	0.64	--
Average Length of Stay (Maternity)	2.40	2.42	0.02	--
Mental Health Utilization[2]				
Any Service—Total	6.00%	6.96%	0.96	--
Inpatient—Total	0.33%	0.31%	-0.02	--
Intensive Outpatient or Partial Hospitalization—Total	0.00%	0.03%	0.03	--
Outpatient or Emergency Department—Total	5.99%	6.90%	0.91	--
Plan All-Cause Readmissions[3]				
Plan All-Cause Readmissions[4]	15.59%	10.20%	-5.39	--
Enrollment by Product Line[5]				
Ages 0 to 19 Years	63.95%	61.21%	-2.74	--
Ages 20 to 44 Years	24.48%	25.01%	0.53	--
Ages 45 to 64 Years	11.56%	13.78%	2.22	--
Ages 65 Years and Older	0.01%	0.00%	-0.01	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison. Further, due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years

[4] In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.

[5] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the non-ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 90th percentile. Kaiser QI met or exceeded the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of Kaiser QI's non-ABD population rates, approximately half of the measure indicator rates that were comparable to national benchmarks (34 of 69 rates) ranked at or above the national Medicaid 90th percentile for 2016. These rates indicated positive performance related to children's and adolescents' access to primary care practitioners, adult BMI assessment, immunizations for children, documentation and counseling of a weight assessment for children and adolescent members, well-child visits for children, screening for breast cancer, screening for cervical cancer, screening for chlamydia, human papillomavirus vaccine for female adolescents, the percentage of deliveries with frequent prenatal care or postpartum care, comprehensive diabetes care, blood pressure control for members with hypertension, follow-up care for children prescribed ADHD medication, and emergency department visits. Of the measures established by the MQD, 13 met or exceeded the MQD Quality Strategy target within Kaiser QI's non-ABD population: *Childhood Immunization Status—Combination 2*, *Breast Cancer Screening*, *Cervical Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits*, *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing*, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, *Blood Pressure Control (<140/90 mm Hg)*, *Controlling High Blood Pressure*, *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge*, and *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*.

Conversely, two of Kaiser QI's HEDIS 2016 rates fell below the national Medicaid 25th percentile, suggesting opportunities for improvement. HSAG recommends that Kaiser QI focus on improving performance related to the following measure with rates that fell below the national Medicaid 25th percentile for the non-ABD population:

- Care for Chronic Conditions
  - *Medication Management for People With Asthma*

Performance Measure Results—ABD Population

Access to Care

Table 3-64 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Access to Care domain for the ABD population.

Table 3-64—Kaiser QI's HEDIS Results for ABD Measures Under Access to Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	89.44%	★★★★★
Ages 45 to 64 Years	96.30%	★★★★★

Measure	HEDIS 2016 Rate	2016 Performance Level
Ages 65 Years and Older	92.48%	★★★★★
Total	93.20%	★★★★★
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	NA	--
Ages 25 Months to 6 Years	100.0%	★★★★★
Ages 7 to 11 Years	NA	--
Ages 12 to 19 Years	NA	--
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of Alcohol or Other Drug Treatment	NA	--
Engagement of Alcohol or Other Drug Treatment	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the ABD population, all five of Kaiser QI's measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-65 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the ABD population.

Table 3-65—Kaiser QI's HEDIS Results for ABD Measures Under Effectiveness of Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	97.44%	★★★★★
Colorectal Cancer Screening[1]		
Colorectal Cancer Screening	77.73%	--
Care for Older Adults[1]		
Advance Care Planning	48.09%	--

Measure	HEDIS 2016 Rate	2016 Performance Level
Medication Review	82.13%	--
Functional Status Assessment	42.55%	--
Pain Assessment	74.89%	--
Medication Reconciliation Post-Discharge[2]		
Medication Reconciliation Post-Discharge	55.56%	★★★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Within the Effectiveness of Care performance measure domain for the ABD population, only one of Kaiser QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure ranked at or above the national Medicaid 90th percentile for 2016. Kaiser QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-66 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the ABD population.

Table 3-66—Kaiser QI's HEDIS Results for ABD Measures Under Children's Preventive Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	60.00%	★★★★
Childhood Immunization Status		
DtaP	NA	--
IPV	NA	--
MMR	NA	--
HiB	NA	--
Hepatitis B	NA	--

Measure	HEDIS 2016 Rate	2016 Performance Level
VZV	NA	--
Pneumococcal Conjugate	NA	--
Hepatitis A	NA	--
Rotavirus	NA	--
Influenza	NA	--
Combination 2	NA	--
Combination 3	NA	--
Combination 4	NA	--
Combination 5	NA	--
Combination 6	NA	--
Combination 7	NA	--
Combination 8	NA	--
Combination 9	NA	--
Combination 10	NA	--
Immunizations for Adolescents		
Meningococcal	NA	--
Tdap/Td	NA	--
Combination 1 (Meningococcal, Tdap/Td)	NA	--
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Total	95.06%	★★★★★
Counseling for Nutrition—Total	96.30%	★★★★★
Counseling for Physical Activity—Total	95.06%	★★★★★
Well-Child Visits in the First 15 Months of Life		
Zero Visits[1]	NA	--
Six or More Visits	NA	--
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the ABD population, all four of Kaiser QI's measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile, and three of these rates ranked at or above the national Medicaid 90th percentile, including *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (all indicators). Kaiser QI's rate for *Childhood Immunization Status—Combination 2* was designated as *Not Applicable (NA)* and, therefore, was not comparable to the MQD Quality Strategy target for this measure. This was the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016. Of note, the ABD population includes very few children; therefore, the rates for many of the measure indicators in this domain were presented with a *Not Applicable (NA)* audit designation.

Women's Health

Table 3-67 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Women's Health domain for the ABD population.

Table 3-67—Kaiser QI's HEDIS Results for ABD Measures Under Women's Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Breast Cancer Screening		
Breast Cancer Screening	86.00%+	★★★★★
Cervical Cancer Screening		
Cervical Cancer Screening	69.03%+	★★★★
Chlamydia Screening in Women		
Ages 16 to 20 Years	NA	--
Ages 21 to 24 Years	NA	--
Total	NA	--
Human Papillomavirus Vaccine for Female Adolescents		
Human Papillomavirus Vaccine for Female Adolescents	NA	--
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	NA	--
Postpartum Care	NA	--
Frequency of Ongoing Prenatal Care		
<21 Percent of Expected Visits[1]	NA	--
≥81 Percent of Expected Visits	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other

measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the ABD population, both measure indicator rates reported by Kaiser QI that were comparable to national benchmarks ranked at above the national Medicaid 75th percentile, including the *Cervical Cancer Screening* rate, which ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, and the *Breast Cancer Screening* rate, which ranked at or above the national Medicaid 90th percentile. Of the measures established by the MQD, two met or exceeded the MQD Quality Strategy target (*Breast Cancer Screening* and *Cervical Cancer Screening*). The remaining measures that had an MQD Quality Strategy target were not reportable rates.

Care for Chronic Conditions

Table 3-68 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the ABD population.

Table 3-68—Kaiser QI's HEDIS Results for ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2016 Rate	2016 Performance Level
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	98.10%+	★★★★★
HbA1c Poor Control (>9.0%)[1]	19.62%+	★★★★★
HbA1c Control (<8.0%)	70.25%+	★★★★★
HbA1c Control (<7%)	42.31%	★★★★★
Eye Exam (Retinal) Performed	75.80%+	★★★★★
Medical Attention for Nephropathy	98.73%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	87.90%+	★★★★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	85.41%+	★★★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	94.90%	★★★★★
Digoxin	NA	--
Diuretics	96.84%	★★★★★
Total	95.58%	★★★★★

Measure	HEDIS 2016 Rate	2016 Performance Level
Medication Management for People With Asthma		
Medication Compliance 50%—Total	NA	--
Medication Compliance 75%—Total	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the ABD population, all 11 of Kaiser QI's rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile. For the measures in this domain with MQD Quality Strategy targets, Kaiser QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed, Blood Pressure Control (<140/90 mm Hg)*, and *Controlling High Blood Pressure.* The remaining measures in this domain with MQD Quality Strategy targets were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy targets.

Behavioral Health

Table 3-69 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the ABD population.

Table 3-69—Kaiser QI's HEDIS Results for ABD Measures Under Behavioral Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NA	--
Antidepressant Medication Management		
Effective Acute Phase Treatment	NA	--
Effective Continuation Phase Treatment	NA	--
Follow-Up After Hospitalization for Mental Illness		

Measure	HEDIS 2016 Rate	2016 Performance Level
Follow-Up Within 7 Days of Discharge	NA	--
Follow-Up Within 30 Days of Discharge	NA	--
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	NA	--
Continuation and Maintenance Phase	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the ABD population, all of Kaiser QI's measure indicators were presented as *NA*, and therefore, the results were not comparable to national benchmarks. For the measures in this domain with MQD Quality Strategy targets, Kaiser QI did not meet the targets or the rates were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy targets.

Utilization and Health Plan Descriptive Information

Table 3-70 shows Kaiser QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the ABD population.

Table 3-70—Kaiser QI's HEDIS Results for ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2016 Rate	2016 Performance Level
Ambulatory Care		
Emergency Department Visits per 1,000 Member Months[1]	38.62+	★★★★★
Outpatient Visits per 1,000 Member Months[2]	430.22	--
Inpatient Utilization—General Hospital/Acute Care[2]		
Discharges per 1,000 Member Months (Total Inpatient)	16.88	--
Days per 1,000 Member Months (Total Inpatient)	156.09	--
Average Length of Stay (Total Inpatient)	9.25	--
Discharges per 1,000 Member Months (Medicine)	13.30	--
Days per 1,000 Member Months (Medicine)	111.23	--

Measure	HEDIS 2016 Rate	2016 Performance Level
Average Length of Stay (Medicine)	8.37	--
Discharges per 1,000 Member Months (Surgery)	3.35	--
Days per 1,000 Member Months (Surgery)	44.17	--
Average Length of Stay (Surgery)	13.17	--
Discharges per 1,000 Member Months (Maternity)	0.42	--
Days per 1,000 Member Months (Maternity)	1.27	--
Average Length of Stay (Maternity)	3.00	--
Mental Health Utilization[2]		
Any Service—Total	14.65%	--
Inpatient—Total	0.71%	--
Intensive Outpatient or Partial Hospitalization—Total	0.00%	--
Outpatient or Emergency Department—Total	14.37%	--
Plan All-Cause Readmissions[3]		
Plan All-Cause Readmissions[4]	22.64%	--
Enrollment by Product Line[5]		
Ages 0 to 19 Years	11.45%	--
Ages 20 to 44 Years	18.40%	--
Ages 45 to 64 Years	29.78%	--
Ages 65 Years and Older	40.37%	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison.

[4] In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.

[5] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 90th percentile. Kaiser QI met or exceeded the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of Kaiser QI's ABD population rates, 88 percent of the measure indicator rates that were comparable to national benchmarks (22 of 25 rates) ranked at or above the national Medicaid 90th percentile for 2016, indicating positive performance related to adults' access to preventive or ambulatory care, children's and adolescents' access to primary care practitioners, adult BMI assessment, documentation and counseling of a weight assessment for children and adolescent members, screening for breast cancer, comprehensive diabetes care, blood pressure control for members with hypertension, monitoring for patients on persistent medications for ACE inhibitors or ARBs or diuretics, and emergency department visits for patients. Of the measures established by the MQD, nine met or exceeded the MQD Quality Strategy target within Kaiser QI's ABD population: *Breast Cancer Screening*, *Cervical Cancer Screening*, *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing*, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *Eye Exam (Retinal) Performed*, *Blood Pressure Control (<140/90 mm Hg)*, *Controlling High Blood Pressure*, and *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*.

None of Kaiser QI's HEDIS 2016 rates for the ABD population ranked below the national Medicaid 25th percentile.

'Ohana QI's Performance

NCQA HEDIS Compliance Audit

HSAG's review team validated 'Ohana QI and CCS' IS capabilities for accurate HEDIS reporting. (Note: The call center standards [IS 6.0] were not applicable to the measures HSAG validated.) 'Ohana QI was found to be *Fully Compliant* with all applicable IS assessment standards. This demonstrated that 'Ohana QI had the automated systems, information management practices, processing environment, and control procedures in place to capture, access, translate, analyze, and report the selected measures.

'Ohana CCS was contracted by the State to provide behavioral health services to QI-enrolled members who met or exceeded the State's eligibility criteria for persons with a serious mental illness. Since some measures required for reporting rely on medical services data, 'Ohana CCS received these data from the other QI plans quite late in the audit process but was able to integrate these data for reporting the measures. All QI measures which 'Ohana QI was required to report received the audit results of *Reportable*. During the course of the verification, 'Ohana QI identified that ABD members who also participated in the CCS program were inadvertently omitted in the hybrid samples for the HEDIS measures for the QI population. This issue was found to be related to the identifier roll-up process not being properly implemented for these members. 'Ohana QI provided auditor-requested data results to estimate the impact and worked with the auditor in a timely manner to develop an alternative sampling method to ensure sample integrity. All the analyses and a description of the proposed alternative sampling method were submitted to NCQA, and the method was approved. All non-ABD measures that 'Ohana QI was required to report received the audit results of *Reportable*. The auditor worked with 'Ohana QI during final rate review and verified the accuracy of revised hybrid sample sizes in the final rates. All other query results provided by 'Ohana QI according to NCQA's new audit requirements were reviewed with no major issues. All ABD performance measures received the audit results of *Reportable.*

Additionally, all CCS measures which 'Ohana CCS was required to report received the audit results of *Reportable*.

Regarding the supplemental data sources, initially, 'Ohana QI identified eight supplemental data sources for HEDIS reporting but later withdrew one (Doc_XL) because it determined the data source did not contain any members from its Hawaii population. Of the remaining seven data sources, the auditor considered two as nonstandard and five as standard. The two nonstandard supplemental data sources (Market MRR [Medical Record Review] PseudoClaims database and Interactive HEDIS Online Portal [IHOP]) underwent primary source verification according to NCQA's supplemental data validation requirements. One record from the IHOP data source was identified with a noncritical error. 'Ohana QI removed this record from the IHOP file. This supplemental data source was approved for reporting. 'Ohana QI passed the MRRV process for the following measure groups:

- Group A: Biometrics (BMI, BP) & Maternity—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment Documentation—Total*
- Group B: Anticipatory Guidance & Counseling—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*

- Group C: Laboratory—*Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- Group D: Immunization & Other Screenings—*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- Group E: SNP—*Care for Older Adults—Medication Review*
- Group F: Exclusions

All CCS performance measures also received the audit results of *Reportable*. No recommendations requiring action were made by the auditor specific to data systems or process in HEDIS 2016 for 'Ohana CCS.

Performance Measure Results—QI Population

Access to Care

Table 3-71 shows 'Ohana QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Access to Care domain for the QI population.

Table 3-71—'Ohana QI's HEDIS Results for QI Measures Under Access to Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	64.70%	★
Ages 45 to 64 Years	82.44%	★
Ages 65 Years and Older	90.61%	★★★★
Total	77.49%	★
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	85.25%	★
Ages 25 Months to 6 Years	76.49%	★
Ages 7 to 11 Years	83.91%	★
Ages 12 to 19 Years	83.14%	★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of Alcohol or Other Drug Treatment	36.00%	★★
Engagement of Alcohol or Other Drug Treatment	9.21%	★★

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the QI population, one of 'Ohana QI's 10 measure indicator rates that were comparable to national benchmarks ranked at or above the national

Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, *Adults' Access to Preventive/Ambulatory Health* Services—Ages *65 Years and Older*.

Conversely, seven of 'Ohana QI's rates ranked below the national Medicaid 25th percentile: *Adults' Access to Preventive/Ambulatory Health Services* (three of four indicators) and *Children and Adolescents' Access to Primary Care Practitioners* (all indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-72 shows 'Ohana QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the QI population.

Table 3-72—'Ohana QI's HEDIS Results for QI Measures Under Effectiveness of Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	82.74%	★★
Colorectal Cancer Screening[1]		
Colorectal Cancer Screening	40.83%	--
Care for Older Adults[1]		
Advance Care Planning	38.11%	--
Medication Review	74.60%	--
Functional Status Assessment	56.12%	--
Pain Assessment	78.75%	--
Medication Reconciliation Post-Discharge[2]		
Medication Reconciliation Post-Discharge	4.37%	★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the QI population, only one of 'Ohana QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure fell at or above the national Medicaid 25th percentile but below

the national Medicaid 50th percentile. ‘Ohana QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children’s Preventive Care

Table 3-73 shows ‘Ohana QI’s 2016 measure results and 2016 performance levels for measure indicator rates within the Children’s Preventive Care domain for the QI population.

Table 3-73—‘Ohana QI’s HEDIS Results for QI Measures Under Children’s Preventive Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	31.18%	★
Childhood Immunization Status		
DtaP	57.89%	★
IPV	66.08%	★
MMR	70.47%	★
HiB	70.18%	★
Hepatitis B	69.59%	★
VZV	69.88%	★
Pneumococcal Conjugate	56.14%	★
Hepatitis A	69.59%	★
Rotavirus	45.91%	★
Influenza	45.32%	★★
Combination 2	54.09%	★
Combination 3	52.05%	★
Combination 4	50.88%	★
Combination 5	38.60%	★
Combination 6	38.01%	★★
Combination 7	37.43%	★
Combination 8	37.72%	★★
Combination 9	28.65%	★
Combination 10	28.36%	★
Immunizations for Adolescents		
Meningococcal	45.87%	★
Tdap/Td	48.17%	★
Combination 1 (Meningococcal, Tdap/Td)	43.58%	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		

Measure	HEDIS 2016 Rate	2016 Performance Level
BMI Percentile Documentation—Total	72.45%	★★★
Counseling for Nutrition—Total	52.31%	★★
Counseling for Physical Activity—Total	45.83%	★★
Well-Child Visits in the First 15 Months of Life		
Zero Visits[1]	5.96%	★
Six or More Visits	53.66%	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	57.64%	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the QI population, 22 of 'Ohana QI's 29 2016 rates that were comparable to national benchmarks ranked below the national Medicaid 25th percentile: *Adolescent Well-Care Visits; Childhood Immunization Status* (16 of 19 indicators); *Immunizations for Adolescents* (all indicators); *Well-Child Visits in the First 15 Months of Life—Zero Visits*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. 'Ohana QI did not meet the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-74 shows 'Ohana QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Women's Health domain for the QI population.

Table 3-74—'Ohana QI's HEDIS Results for QI Measures Under Women's Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Breast Cancer Screening		
Breast Cancer Screening	55.62%	★★
Cervical Cancer Screening		
Cervical Cancer Screening	45.56%	★
Chlamydia Screening in Women		

Measure	HEDIS 2016 Rate	2016 Performance Level
Ages 16 to 20 Years	43.26%	★
Ages 21 to 24 Years	53.58%	★
Total	50.15%	★★
Human Papillomavirus Vaccine for Female Adolescents		
Human Papillomavirus Vaccine for Female Adolescents	21.43%	★★
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	69.16%	★
Postpartum Care	50.60%	★
Frequency of Ongoing Prenatal Care		
<21 Percent of Expected Visits[1]	12.53%	★★
≥81 Percent of Expected Visits	44.82%	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the QI population, six of the 10 rates that were reported by 'Ohana QI for 2016 and were comparable to national benchmarks ranked below the national Medicaid 25th percentile: *Cervical Cancer Screening*, *Chlamydia Screening in Women* (two of three indicators), *Prenatal and Postpartum Care* (both indicators), and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*. 'Ohana QI did not meet any of the MQD Quality Strategy targets in this domain.

Care for Chronic Conditions

Table 3-75 shows 'Ohana QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the QI population.

Table 3-75—'Ohana QI's HEDIS Results for QI Measures Under Care for Chronic Conditions

Measure	HEDIS 2016 Rate	2016 Performance Level
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	84.00%	★★
HbA1c Poor Control (>9.0%)[1]	42.86%	★★

Measure	HEDIS 2016 Rate	2016 Performance Level
HbA1c Control (<8.0%)	47.53%	★★
HbA1c Control (<7%)	31.66%	★★
Eye Exam (Retinal) Performed	56.52%	★★★
Medical Attention for Nephropathy	89.77%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	59.00%	★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	57.17%	★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	91.62%	★★★★
Digoxin	49.52%	★★
Diuretics	92.83%	★★★★★
Total	91.25%	★★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	67.41%+	★★★★★
Medication Compliance 75%—Total	48.66%+	★★★★★

[1] *A lower rate indicates better performance for this measure.*

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the QI population, four of the 14 measures reported by ‘Ohana QI that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, *Annual Monitoring for Patients on Persistent Medications—Diuretics*, and *Medication Management for People With Asthma* (both indicators).

Although none of ‘Ohana QI’s rates ranked below the national Medicaid 25th percentile, seven rates fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile: *Comprehensive Diabetes Care* (five of seven indicators), *Controlling High Blood Pressure*, and *Annual Monitoring for Patients on Persistent Medications—Digoxin.* ‘Ohana QI met or exceeded the MQD Quality Strategy targets for *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*.

Behavioral Health

Table 3-76 shows ‘Ohana QI’s 2016 measure results and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the QI population.

Table 3-76—‘Ohana QI’s HEDIS Results for QI Measures Under Behavioral Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	71.43%	★★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	52.63%	★★★
Effective Continuation Phase Treatment	38.48%	★★★
Follow-Up After Hospitalization for Mental Illness		
Follow-Up Within 7 Days of Discharge	24.71%	★
Follow-Up Within 30 Days of Discharge	43.73%	★
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	NA	--
Continuation and Maintenance Phase	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the QI population, one of the five measures that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*.

Conversely, two of ‘Ohana QI’s rates ranked below the national Medicaid 25th percentile: *Follow-Up After Hospitalization for Mental Illness* (both indicators). ‘Ohana QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-77 shows ‘Ohana QI’s 2016 measure results and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the QI population.

Table 3-77—'Ohana QI's HEDIS Results for QI Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2016 Rate	2016 Performance Level
Ambulatory Care		
Emergency Department Visits per 1,000 Member Months[1]	64.70	★★
Outpatient Visits per 1,000 Member Months[2]	493.00	--
Inpatient Utilization—General Hospital/Acute Care[2]		
Discharges per 1,000 Member Months (Total Inpatient)	14.87	--
Days per 1,000 Member Months (Total Inpatient)	101.28	--
Average Length of Stay (Total Inpatient)	6.81	--
Discharges per 1,000 Member Months (Medicine)	9.05	--
Days per 1,000 Member Months (Medicine)	46.27	--
Average Length of Stay (Medicine)	5.11	--
Discharges per 1,000 Member Months (Surgery)	4.23	--
Days per 1,000 Member Months (Surgery)	50.88	--
Average Length of Stay (Surgery)	12.02	--
Discharges per 1,000 Member Months (Maternity)	2.25	--
Days per 1,000 Member Months (Maternity)	5.84	--
Average Length of Stay (Maternity)	2.59	--
Mental Health Utilization[2]		
Any Service—Total	14.71%	--
Inpatient—Total	1.14%	--
Intensive Outpatient or Partial Hospitalization—Total	0.05%	--
Outpatient or Emergency Department—Total	14.16%	--
Plan All-Cause Readmissions[3]		
Plan All-Cause Readmissions	18.08%	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the QI population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. 'Ohana QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of 'Ohana QI's QI population rates, four of the 71 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016, indicating positive performance related to medical attention for diabetic members with nephropathy, monitoring for patients on persistent medications for diuretics, and management of medication for members with asthma. 'Ohana QI met or exceeded the MQD Quality Strategy targets for the following two measure indicators: *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total.*

Conversely, more than half of 'Ohana QI's 2016 rates (38 of 71 rates) ranked below the national Medicaid 25th percentile, suggesting opportunities for improvement. HSAG recommends that 'Ohana QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the QI population:

- Access to Care
  - *Adults' Access to Preventive/Ambulatory Health Services*
  - *Children and Adolescents' Access to Primary Care Practitioners*
- Effectiveness of Care
  - *Medication Reconciliation Post-Discharge*
- Children's Preventive Care
  - *Adolescent Well-Care Visits*
  - *Childhood Immunization Status*

  - *Immunizations for Adolescents*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*
- Behavioral Health
  - *Follow-Up After Hospitalization for Mental Illness*

Performance Measure Results—Non-ABD Population

Access to Care

Table 3-78 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Access to Care domain for the non-ABD population.

Table 3-78—'Ohana QI's HEDIS Results for Non-ABD Measures Under Access to Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	61.84%	56.66%	**-5.18^^**	★
Ages 45 to 64 Years	76.62%	71.23%	**-5.39^^**	★
Ages 65 Years and Older	NA	NA	--	--
Total	67.59%	62.02%	**-5.57^^**	★
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	92.73%	84.89%	**-7.84^^**	★
Ages 25 Months to 6 Years	80.86%	74.91%	**-5.95^^**	★
Ages 7 to 11 Years	85.65%	79.32%	**-6.33^^**	★
Ages 12 to 19 Years	77.45%	78.65%	1.20	★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of Alcohol or Other Drug Treatment	38.07%	35.57%	-2.50	★★
Engagement of Alcohol or Other Drug Treatment	15.40%	12.06%	-3.34	★★★

-- Indicates that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the non-ABD population, one of the nine measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile, and seven of the nine rates fell below the national Medicaid 25th percentile.

Additionally, six of the seven rates that fell below the national Medicaid 25th percentile also demonstrated a statistically significant decline from 2015 to 2016: *Adults' Access to Preventive/Ambulatory Health Services* (all indicators) and *Children and Adolescents' Access to Primary Care Practitioners* (three of four indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-79 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the non-ABD population.

Table 3-79—'Ohana QI's HEDIS Results for Non-ABD Measures Under Effectiveness of Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adult BMI Assessment				
Adult BMI Assessment	81.02%	79.49%	-1.53	★★
Colorectal Cancer Screening[1]				
Colorectal Cancer Screening	24.57%	26.85%	2.28	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] *Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the non-ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Adult BMI Assessment*, fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Children's Preventive Care

Table 3-80 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the non-ABD population.

Table 3-80—'Ohana QI's HEDIS Results for Non-ABD Measures Under Children's Preventive Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	32.12%	25.46%	**-6.66^^**	★
Childhood Immunization Status				
DtaP	53.80%	57.23%	3.43	★
IPV	62.66%	66.04%	3.38	★
MMR	67.72%	70.44%	2.72	★
HiB	65.19%	69.81%	4.62	★
Hepatitis B	63.29%	69.50%	6.21	★
VZV	65.82%	69.81%	3.99	★
Pneumococcal Conjugate	51.27%	55.66%	4.39	★
Hepatitis A	66.46%	68.87%	2.41	★
Rotavirus	39.24%	47.48%	8.24	★
Influenza	44.30%	44.34%	0.04	★★
Combination 2	49.37%	53.46%	4.09	★
Combination 3	44.30%	51.57%	7.27	★
Combination 4	41.77%	50.31%	8.54	★
Combination 5	33.54%	39.94%	6.40	★
Combination 6	34.18%	36.79%	2.61	★★
Combination 7	31.01%	38.68%	7.67	★
Combination 8	33.54%	36.48%	2.94	★★
Combination 9	25.32%	29.25%	3.93	★★
Combination 10	24.68%	28.93%	4.25	★★
Immunizations for Adolescents				
Meningococcal	48.68%	39.42%	-9.26	★
Tdap/Td	51.32%	41.61%	-9.71	★
Combination 1 (Meningococcal, Tdap/Td)	43.42%	36.50%	-6.92	★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	67.40%	70.60%	3.20	★★★
Counseling for Nutrition—Total	50.61%	50.93%	0.32	★
Counseling for Physical Activity—Total[1]	45.99%	45.37%	-0.62	★★
Well-Child Visits in the First 15 Months of Life				
Zero Visits[2]	3.65%	6.06%	2.41	★
Six or More Visits	59.85%	53.99%	-5.86	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	62.29%	55.64%	-6.65	★

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the non-ABD population, 28 of the 29 measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile, with seven rates falling at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile and the remaining rates falling below the national Medicaid 25th percentile. Additionally, one of these measure indicator rates that ranked below the national Medicaid 25th percentile also demonstrated a statistically significant decline from 2015 to 2016, *Adolescent Well-Care Visits.* 'Ohana QI did not meet the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-81 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Women's Health domain for the non-ABD population.

Table 3-81—'Ohana QI's HEDIS Results for Non-ABD Measures Under Women's Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Breast Cancer Screening				
Breast Cancer Screening	51.96%	57.01%	5.05	★★
Cervical Cancer Screening				
Cervical Cancer Screening	47.20%	45.15%	-2.05	★
Chlamydia Screening in Women				
Ages 16 to 20 Years	46.46%	43.56%	-2.90	★
Ages 21 to 24 Years	56.64%	57.14%	0.50	★★
Total	53.26%	53.05%	-0.21	★★
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	13.16%	18.84%	5.68	★★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	75.88%	70.11%	-5.77	★
Postpartum Care	58.81%	52.12%	-6.69	★
Frequency of Ongoing Prenatal Care				
<21 Percent of Expected Visits[1]	13.82%	12.70%	-1.12	★★
≥81 Percent of Expected Visits	48.51%	46.03%	-2.48	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the non-ABD population, all 10 of the measure indicator rates that were compared to national benchmarks fell below the national Medicaid 50th percentile, with five of the 10 rates falling below the national Medicaid 25th percentile: *Cervical Cancer Screening*, *Chlamydia Screening in Women—Ages 16 to 20 Years*, *Prenatal and Postpartum Care* (both indicators), and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits.* 'Ohana QI did not meet any of the MQD Quality Strategy targets in this domain.

Care for Chronic Conditions

Table 3-82 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the non-ABD population.

Table 3-82—'Ohana QI's HEDIS Results for Non-ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Comprehensive Diabetes Care[1]				
Hemoglobin A1c (HbA1c) Testing	83.70%	80.93%	-2.77	★
HbA1c Poor Control (>9.0%)[2]	52.31%	49.42%	-2.89	★★
HbA1c Control (<8.0%)	39.90%	42.12%	2.22	★★
HbA1c Control (<7%)	21.17%	26.97%	5.80^	★
Eye Exam (Retinal) Performed	51.09%	47.10%	-3.99	★★
Medical Attention for Nephropathy	81.02%	86.40%	5.38^	★★★★
Blood Pressure Control (<140/90 mm Hg)	63.02%	56.38%	**-6.64^^**	★
Controlling High Blood Pressure				
Controlling High Blood Pressure	52.80%	49.20%	-3.60	★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	86.67%	86.03%	-0.64	★★
Digoxin	NA	NA	--	--
Diuretics	84.62%	86.67%	2.05	★★
Total	84.95%	85.78%	0.83	★★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	40.00%	52.86%	12.86	★★
Medication Compliance 75%—Total	16.67%	25.71%	9.04	★★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] A lower rate indicates better performance for this measure.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the non-ABD population, one of the 13 measure indicator rates that were comparable to national benchmarks, *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, ranked at or above the national Medicaid 75th

percentile but below the national Medicaid 90th percentile. This rate also indicated statistically significant improvement from 2015 to 2016; however, due to changes in the technical specifications for *Comprehensive Diabetes Care*, differences between HEDIS 2015 and HEDIS 2016 measure indicator rates should be evaluated with caution.

Conversely, 'Ohana QI's remaining measure indicator rates in this domain fell below the national Medicaid 50th percentile, with four rates falling below the national Medicaid 25th percentile: *Comprehensive Diabetes Care* (three of seven indicators), and *Controlling High Blood Pressure.* Additionally, the rate for *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* demonstrated a statistically significant decline from 2015 to 2016. 'Ohana QI did not meet any of the MQD Quality Strategy targets in this domain.

Behavioral Health

Table 3-83 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the non-ABD population.

Table 3-83—'Ohana QI's HEDIS Results for Non-ABD Measures Under Behavioral Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia[1]				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	43.24%	39.22%	-4.02	★
Antidepressant Medication Management				
Effective Acute Phase Treatment	48.28%	55.08%	6.80	★★★
Effective Continuation Phase Treatment	33.91%	41.71%	7.80	★★★★
Follow-Up After Hospitalization for Mental Illness				
Follow-Up Within 7 Days of Discharge	32.73%	19.86%	**-12.87^^**	★
Follow-Up Within 30 Days of Discharge	47.27%	39.04%	-8.23	★
Follow-up Care for Children Prescribed ADHD Medication				
Initiation Phase	NA	NA	--	--
Continuation and Maintenance Phase	NA	NA	--	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ = *90th percentile and above*
★★★★ = *75th to 89th percentile*
★★★ = *50th to 74th percentile*
★★ = *25th to 49th percentile*
★ = *Below 25th percentile*

Within the Behavioral Health performance measure domain for the non-ABD population, one of the four measure indicator rates that were comparable to national benchmarks, *Antidepressant Medication Management—Effective Continuation Phase Treatment*, ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Conversely, three of 'Ohana QI's rates fell below the national Medicaid 25th percentile: *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* and *Follow-Up After Hospitalization for Mental Illness* (both indicators). The rate for *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge* also demonstrated a statistically significant decline from 2015 to 2016. 'Ohana QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-84 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the non-ABD population.

Table 3-84—'Ohana QI's HEDIS Results for Non-ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Ambulatory Care				
Emergency Department Visits per 1,000 Member Months[1]	57.25	56.11	-1.14	★★★
Outpatient Visits per 1,000 Member Months[2]	302.29	300.05	-2.24	--
Inpatient Utilization—General Hospital/Acute Care[2]				
Discharges per 1,000 Member Months (Total Inpatient)	9.76	9.25	-0.51	--
Days per 1,000 Member Months (Total Inpatient)	49.38	47.59	-1.79	--
Average Length of Stay (Total Inpatient)	5.06	5.15	0.09	--
Discharges per 1,000 Member Months (Medicine)	4.89	4.32	-0.57	--
Days per 1,000 Member Months (Medicine)	19.17	19.32	0.15	--

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Average Length of Stay (Medicine)	3.92	4.47	0.55	--
Discharges per 1,000 Member Months (Surgery)	2.63	2.34	-0.29	--
Days per 1,000 Member Months (Surgery)	24.87	21.58	-3.29	--
Average Length of Stay (Surgery)	9.44	9.23	-0.21	--
Discharges per 1,000 Member Months (Maternity)	2.72	3.19	0.47	--
Days per 1,000 Member Months (Maternity)	6.48	8.23	1.75	--
Average Length of Stay (Maternity)	2.39	2.58	0.19	--
Mental Health Utilization[2]				
Any Service—Total	10.50%	10.63%	0.13	--
Inpatient—Total	0.82%	0.87%	0.05	--
Intensive Outpatient or Partial Hospitalization—Total	0.04%	0.03%	-0.01	--
Outpatient or Emergency Department—Total	10.18%	10.22%	0.04	--
Plan All-Cause Readmissions[3]				
Plan All-Cause Readmissions	16.01%	14.39%	-1.62	--
Enrollment by Product Line[4]				
Ages 0 to 19 Years	28.82%	31.20%	2.38	--
Ages 20 to 44 Years	45.85%	44.45%	-1.40	--
Ages 45 to 64 Years	25.19%	24.35%	-0.84	--
Ages 65 Years and Older	0.15%	0.01%	-0.14	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

[2] *Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.*

[3] *A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison. Further, due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.*

[4] *Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the non-ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. 'Ohana QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months,* the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of 'Ohana QI's non-ABD population rates, two of the 68 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016, indicating positive performance related to medical attention for diabetic members with nephropathy and management of medication for members prescribed antidepressant medication. In addition, the rate for medical attention for diabetic members with nephropathy demonstrated statistically significant improvement over 2015 results.

Conversely, nearly 59 percent of 'Ohana QI's 2016 rates (40 of 68 rates) ranked below the national Medicaid 25th percentile, suggesting opportunities for improvement. Additionally, nine of these rates demonstrated a statistically significant decline from 2015 to 2016. 'Ohana QI did not meet any of the MQD Quality Strategy targets for HEDIS 2016. HSAG recommends that 'Ohana QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the non-ABD population:

- Access to Care
  - *Adults' Access to Preventive/Ambulatory Health Services*
  - *Children and Adolescents' Access to Primary Care Practitioners*
- Children's Preventive Care
  - *Adolescent Well-Care Visits*
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*

  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*
  - *Controlling High Blood Pressure*
- Behavioral Health
  - *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*
  - *Follow-Up After Hospitalization for Mental Illness*

Performance Measure Results—ABD Population

Access to Care

Table 3-85 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Access to Care domain for the ABD population.

Table 3-85—'Ohana QI's HEDIS Results for ABD Measures Under Access to Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	83.68%	85.13%	1.45	★★★★
Ages 45 to 64 Years	91.22%	90.92%	-0.30	★★★★
Ages 65 Years and Older	91.65%	90.61%	-1.04	★★★★
Total	89.84%	89.65%	-0.19	★★★★★
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	NA	NA	--	--
Ages 25 Months to 6 Years	90.08%	85.43%	-4.65	★★
Ages 7 to 11 Years	89.53%	90.76%	1.23	★★
Ages 12 to 19 Years	86.82%	87.52%	0.70	★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of Alcohol or Other Drug Treatment	33.22%	36.41%	3.19	★★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Engagement of Alcohol or Other Drug Treatment	6.08%	6.50%	0.42	★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the ABD population, nine measure indicator rates were comparable to national benchmarks. One of these measure indicator rates, *Adults' Access to Preventive/Ambulatory Health Services—Total*, ranked at or above the national Medicaid 90th percentile for 2016.

Conversely, five of 'Ohana QI's HEDIS 2016 rates fell below the national Medicaid 50th percentile, and one of these rates, *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Engagement of Alcohol or Other Drug Treatment*, fell below the national Medicaid 25th percentile. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-86 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the ABD population.

Table 3-86—'Ohana QI's HEDIS Results for ABD Measures Under Effectiveness of Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adult BMI Assessment				
Adult BMI Assessment	81.49%	79.31%	-2.18	★★
Colorectal Cancer Screening[1]				
Colorectal Cancer Screening	37.23%	40.41%	3.18	--
Care for Older Adults[1]				
Advance Care Planning	23.60%	38.34%	14.74^	--
Medication Review	71.78%	74.83%	3.05	--

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Functional Status Assessment	63.75%	56.35%	**-7.40^^**	--
Pain Assessment	81.75%	78.98%	-2.77	--
Medication Reconciliation Post-Discharge[2]				
Medication Reconciliation Post-Discharge	32.36%	5.83%	**-26.53^^**	★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the ABD population, 'Ohana QI's 2016 rate for *Care for Older Adults—Advance Care Planning* demonstrated statistically significant improvement from 2015. Conversely, 'Ohana QI's rates for *Care for Older Adults—Functional Status Assessment* and *Medication Reconciliation Post-Discharge* demonstrated a statistically significant decline from 2015 to 2016.

With regard to national comparisons, only one of 'Ohana QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile for 2016. 'Ohana QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-87 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the ABD population.

Table 3-87—'Ohana QI's HEDIS Results for ABD Measures Under Children's Preventive Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	45.74%	39.31%	-6.43	★
Childhood Immunization Status				
DtaP	79.49%	NA	--	--
IPV	82.05%	NA	--	--
MMR	87.18%	NA	--	--
HiB	84.62%	NA	--	--
Hepatitis B	79.49%	NA	--	--
VZV	84.62%	NA	--	--
Pneumococcal Conjugate	79.49%	NA	--	--
Hepatitis A	76.92%	NA	--	--
Rotavirus	43.59%	NA	--	--
Influenza	64.10%	NA	--	--
Combination 2	69.23%	NA	--	--
Combination 3	66.67%	NA	--	--
Combination 4	61.54%	NA	--	--
Combination 5	35.90%	NA	--	--
Combination 6	51.28%	NA	--	--
Combination 7	33.33%	NA	--	--
Combination 8	51.28%	NA	--	--
Combination 9	25.64%	NA	--	--
Combination 10	25.64%	NA	--	--
Immunizations for Adolescents				
Meningococcal	59.04%	56.79%	-2.25	★
Tdap/Td	65.06%	59.26%	-5.80	★
Combination 1 (Meningococcal, Tdap/Td)	56.63%	55.56%	-1.07	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	74.70%	70.60%	-4.10	★★★
Counseling for Nutrition—Total	56.93%	50.00%	**-6.93^^**	★
Counseling for Physical Activity—Total[1]	50.61%	37.04%	**-13.57^^**	★
Well-Child Visits in the First 15 Months of Life				
Zero Visits[2]	NA	NA	--	--
Six or More Visits	NA	NA	--	--

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.07%	67.43%	-4.64	★★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the ABD population, eight of 'Ohana QI's measure indicator rates were comparable to national benchmarks. Six rates fell below the national Medicaid 25th percentile, including *Adolescent Well-Care Visits*, *Immunizations for Adolescents* (all indicators), and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (two of three indicators).

Additionally, 2016 rates for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total* demonstrated a statistically significant decline from 2015. Due to changes in the technical specifications for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-Counseling for Physical Activity—Total*, differences between 2015 and 2016 measure indicator rates should be evaluated with caution. Of note, the ABD population includes very few children; therefore, the rates for many of the measure indicators in this domain were presented with a *Not Applicable (NA)* audit designation. 'Ohana QI's rate for *Childhood Immunization Status—Combination 2* was designated as *Not Applicable (NA)* and, therefore, was not comparable to the MQD Quality Strategy target for this measure. This was the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-88 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Women's Health domain for the ABD population.

Table 3-88—'Ohana QI's HEDIS Results for ABD Measures Under Women's Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Breast Cancer Screening				
Breast Cancer Screening	56.41%	55.48%	-0.93	★★
Cervical Cancer Screening				
Cervical Cancer Screening	58.78%	48.21%	**-10.57^^**	★
Chlamydia Screening in Women				
Ages 16 to 20 Years	33.33%	42.31%	8.98	★
Ages 21 to 24 Years	38.71%	29.09%	-9.62	★
Total	36.13%	35.51%	-0.62	★
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	NA	NA	--	--
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	80.65%	61.11%	-19.54	★
Postpartum Care	58.06%	33.33%	**-24.73^^**	★
Frequency of Ongoing Prenatal Care				
<21 Percent of Expected Visits[1]	6.45%	11.11%	4.66	★★
≥81 Percent of Expected Visits	32.26%	30.56%	-1.70	★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the ABD population, all nine of 'Ohana QI's measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile, with seven rates falling below the national Medicaid 25th percentile: *Cervical Cancer Screening*, *Chlamydia Screening in Women* (all indicators), *Prenatal and Postpartum Care* (both indicators), and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits*. Additionally, 'Ohana QI's rates for *Cervical Cancer Screening* and *Prenatal and Postpartum Care—Postpartum Care* indicated a statistically significant decline from 2015 to 2016. 'Ohana QI did not meet any of the MQD Quality Strategy targets in this domain.

Care for Chronic Conditions

Table 3-89 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the ABD population.

Table 3-89—'Ohana QI's HEDIS Results for ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Comprehensive Diabetes Care[1]				
Hemoglobin A1c (HbA1c) Testing	87.93%	85.92%	-2.01	★★
HbA1c Poor Control (>9.0%)[2]	37.07%	41.35%+	**4.28^^**	★★★
HbA1c Control (<8.0%)	52.66%	49.18%+	-3.48	★★★
HbA1c Control (<7%)	37.71%	35.70%	-2.01	★★
Eye Exam (Retinal) Performed	60.58%	60.10%	-0.48	★★★
Medical Attention for Nephropathy	88.87%	91.10%	2.23^	★★★★★
Blood Pressure Control (<140/90 mm Hg)	62.77%	59.03%	**-3.74^^**	★★
Controlling High Blood Pressure				
Controlling High Blood Pressure	61.01%	60.78%	-0.23	★★★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	91.93%	92.54%	0.61	★★★★★
Digoxin	49.59%	49.47%	-0.12	★★
Diuretics	92.72%	93.80%	1.08	★★★★★
Total	91.17%	92.13%	0.96	★★★★★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	70.83%	74.03%+	3.20	★★★★★
Medication Compliance 75%—Total	45.83%	59.09%+	13.26^	★★★★★

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] A lower rate indicates better performance for this measure.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the ABD population, six of the 14 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, *Annual Monitoring for Patients on Persistent Medications* (three of four indicators), and *Medication Management for People With Asthma* (all indicators). Additionally, two of these rates demonstrated a statistically significant improvement from 2015 to 2016: *Comprehensive Diabetes Care—Medical Attention for Nephropathy* and *Medication Management for People With Asthma—Medication Compliance 75%—Total.* Due to changes in the technical specifications for the *Comprehensive Diabetes Care* measure indicators, differences between HEDIS 2015 and HEDIS 2016 measure indicator rates should be evaluated with caution. 'Ohana QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Medication Management for People With Asthma—Medication Compliance 50%—Total,* and *Medication Compliance 75%—Total*.

Although none of 'Ohana QI's rates fell below the national Medicaid 25th percentile, four rates fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile: *Comprehensive Diabetes Care* (three of seven indicators) and *Annual Monitoring for Patients on Persistent Medications—Digoxin*. Further, 'Ohana QI's rates for *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Blood Pressure Control (<140/90 mm Hg)* showed a statistically significant decline from 2015 to 2016.

Behavioral Health

Table 3-90 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the ABD population.

Table 3-90—'Ohana QI's HEDIS Results for ABD Measures Under Behavioral Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia[1]				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	75.56%	74.10%	-1.46	★★★★
Antidepressant Medication Management				
Effective Acute Phase Treatment	54.32%	51.37%	-2.95	★★★
Effective Continuation Phase Treatment	41.35%	36.81%	-4.54	★★★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Follow-Up After Hospitalization for Mental Illness				
Follow-Up Within 7 Days of Discharge	32.11%	30.77%	-1.34	★
Follow-Up Within 30 Days of Discharge	51.58%	49.57%	-2.01	★
Follow-up Care for Children Prescribed ADHD Medication				
Initiation Phase	NA	NA	--	--
Continuation and Maintenance Phase	NA	NA	--	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the ABD population, five of 'Ohana QI's measure indicator rates were compared to national benchmarks. 'Ohana QI's 2016 rate for *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile. Conversely, 'Ohana QI's rates for *Follow-Up After Hospitalization for Mental Illness* (both indicators) fell below the national Medicaid 25th percentile. 'Ohana QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-91 shows 'Ohana QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the ABD population. Reported rates are not risk-adjusted; therefore, rate changes observed between HEDIS 2015 and 2016 are not indicative of performance improvement or decline. The performance level was assigned to the HEDIS 2016 reported rates based on 2015 Audit Means and Percentiles and is presented for information purposes only.

Table 3-91—'Ohana QI's HEDIS Results for ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Ambulatory Care				
Emergency Department Visits per 1,000 Member Months[1]	75.15	75.75	0.60	★
Outpatient Visits per 1,000 Member Months[2]	716.22	741.14	24.92	--
Inpatient Utilization—General Hospital/Acute Care[2]				
Discharges per 1,000 Member Months (Total Inpatient)	24.13	22.11	-2.02	--
Days per 1,000 Member Months (Total Inpatient)	185.84	170.34	-15.50	--
Average Length of Stay (Total Inpatient)	7.70	7.70	0.00	--
Discharges per 1,000 Member Months (Medicine)	16.70	15.12	-1.58	--
Days per 1,000 Member Months (Medicine)	93.15	80.93	-12.22	--
Average Length of Stay (Medicine)	5.58	5.35	-0.23	--
Discharges per 1,000 Member Months (Surgery)	7.22	6.67	-0.55	--
Days per 1,000 Member Months (Surgery)	92.05	88.57	-3.48	--
Average Length of Stay (Surgery)	12.75	13.27	0.52	--
Discharges per 1,000 Member Months (Maternity)	0.34	0.55	0.21	--
Days per 1,000 Member Months (Maternity)	1.08	1.47	0.39	--
Average Length of Stay (Maternity)	3.13	2.69	-0.44	--
Mental Health Utilization[2]				
Any Service—Total	20.99%	20.24%	-0.75	--
Inpatient—Total	1.88%	1.51%	-0.37	--
Intensive Outpatient or Partial Hospitalization—Total	0.06%	0.07%	0.01	--
Outpatient or Emergency Department—Total	20.16%	19.49%	-0.67	--
Plan All-Cause Readmissions[3]				
Plan All-Cause Readmissions	19.09%	18.67%	-0.42	--
Enrollment by Product Line[4]				
Ages 0 to 19 Years	10.78%	9.49%	-1.29	--
Ages 20 to 44 Years	17.84%	17.09%	-0.75	--
Ages 45 to 64 Years	35.28%	33.81%	-1.47	--
Ages 65 Years and Older	36.10%	39.61%	3.51	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison. Further, due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[4] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, fell below the national Medicaid 25th percentile. 'Ohana QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of 'Ohana QI's ABD population rates, more than 14 percent of measure indicator rates that were comparable to national benchmarks (seven of 48 rates) ranked at or above the national Medicaid 90th percentile for 2016, indicating positive performance related to adults' access to preventive or ambulatory care, medical attention for diabetic members with nephropathy, monitoring for patients on persistent medications for ACE inhibitors or ARBs and/or diuretics, and the management of asthma medications prescribed to members with asthma. Additionally, the two rates related to medical attention for diabetic members with nephropathy and the management of asthma medications prescribed to members with asthma demonstrated a statistically significant improvement from 2015 to 2016 and ranked above the national Medicaid 90th percentile. 'Ohana QI's rate of advance care planning for older adults also demonstrated a statistically significant improvement from 2015. Of the measures established by the MQD, four met or exceeded the MQD Quality Strategy targets within 'Ohana QI's ABD

population: *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, *HbA1c Control (>8.0%)*, *Medication Management for People With Asthma—Medication Compliance 50%—Total*, and *Medication Compliance 75%—Total*.

Conversely, more than 37 percent of 'Ohana QI's HEDIS 2016 rates (18 of 48 rates) ranked below the national Medicaid 25th percentile, suggesting opportunities for improvement. Additionally, four of these rates demonstrated a statistically significant decline from 2015 to 2016. HSAG recommends that 'Ohana QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the ABD population:

- Access to Care
  - *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
- Effectiveness of Care
  - *Medication Reconciliation Post-Discharge*
- Children's Preventive Care
  - *Adolescent Well-Care Visits*
  - *Immunizations for Adolescents*
  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
- Women's Health
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*
- Behavioral Health
  - *Follow-Up After Hospitalization for Mental Illness*
- Utilization and Health Plan Descriptive Information
  - *Ambulatory Care*

Performance Measure Results—CCS Program

Access to Care

Table 3-92 shows 'Ohana CCS' 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Access to Care domain for the CCS program.

Table 3-92—'Ohana CCS' HEDIS Results for CCS Measures Under Access to Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of Alcohol or Other Drug Treatment	40.76%	33.98%	**-6.78^^**	★★
Engagement of Alcohol or Other Drug Treatment	12.21%	9.81%	-2.40	★★

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the CCS program, both of the measure indicator rates were comparable to national benchmarks and fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. Additionally, for the *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of Alcohol or Other Drug Treatment* measure indicator, 'Ohana CCS' rate demonstrated a statistically significant decline from 2015 to 2016. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Behavioral Health

Table 3-93 shows 'Ohana CCS' 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the CCS program.

Table 3-93—'Ohana CCS' HEDIS Results for CCS Measures Under Behavioral Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia[1]				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NA	62.54%	--	★★★
Follow-Up After Hospitalization for Mental Illness				
Follow-Up Within 7 Days of Discharge	34.39%	47.68%	13.29^	★★★
Follow-Up Within 30 Days of Discharge	50.19%	64.86%	14.67^	★★
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia				
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	NA	NA	--	--

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Diabetes Monitoring for People with Diabetes and Schizophrenia				
Diabetes Monitoring for People with Diabetes and Schizophrenia	57.00%	53.32%	-3.68	★
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NA	71.23%	--	★
Behavioral Health Assessment[2]				
BHA Completion—Within 30 Days of Enrollment	26.51%	16.75%	**-9.76^^**	--
BHA Completion—Within 31–60 Days of Enrollment	9.71%	13.50%	3.79	--
Follow-up With Assigned PCP Following Hospitalization for Mental Illness[2]				
30-Day Follow-Up	14.20%	16.92%	2.72	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the CCS program, two of the 2016 performance measure indicator rates with comparable 2015 rates demonstrated a statistically significant improvement from 2015 to 2016: *Follow-Up After Hospitalization for Mental Illness* (both indicators).

Conversely, two of the five measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 25th percentile for 2016, including *Diabetes Monitoring for People with Diabetes and Schizophrenia* and *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*. Additionally, the rate for *Behavioral Health Assessment—*

BHA Completion—Within 30 Days of Enrollment demonstrated a statistically significant decline from 2015 to 2016. 'Ohana CCS did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-94 shows 'Ohana CCS' 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the CCS program.

Table 3-94—'Ohana CCS' HEDIS Results for CCS Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Mental Health Utilization[1]				
Any Service—Total	85.12%	85.91%	0.79	--
Inpatient—Total	11.35%	8.74%	-2.61	--
Intensive Outpatient or Partial Hospitalization—Total	1.53%	1.96%	0.43	--
Outpatient or Emergency Department—Total	83.83%	84.81%	0.98	--
Plan All-Cause Readmissions[2]				
Plan All-Cause Readmissions	24.68%	24.47%	-0.21	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[2] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison. Further, due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Conclusions and Recommendations

Based on HSAG's analyses of 'Ohana CCS' program rates, two rates demonstrated a statistically significant improvement from HEDIS 2015 to HEDIS 2016, with one rate that ranked above the national Medicaid 50th but below the national Medicaid 75th percentile related to a follow-up within seven days of discharge from the hospital for mental illness and the other that ranked above the national Medicaid 25th but below the national Medicaid 50th percentile related to a follow-up within 30 days of discharge from the hospital for mental illness. 'Ohana CCS did not meet the MQD Quality Strategy targets for *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge* and *Follow-Up Within 30 Days of Discharge*. These were the only measures with MQD Quality Strategy targets for the CCS program.

Conversely, nearly 29 percent of 'Ohana CCS' HEDIS 2016 rates (two of seven rates) ranked below the national Medicaid 25th percentile, suggesting opportunities for improvement. Rates related to assessments of behavioral health demonstrated a statistically significant decline but were not compared to national Medicaid percentiles as the health plan did not follow the HEDIS guidelines. HSAG recommends that 'Ohana CCS focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the CCS program:

- Behavioral Health
  - *Diabetes Monitoring for People with Diabetes and Schizophrenia*
  - *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

UHC CP QI's Performance

NCQA HEDIS Compliance Audit

The HSAG review team validated UHC CP QI's IS capabilities for accurate HEDIS reporting. (Note: The call center standards [IS 6.0] were not applicable to the measures HSAG validated.) UHC CP QI was found to be *Fully Compliant* with all applicable IS assessment standards. This demonstrated that UHC CP QI had the automated systems, information management practices, processing environment, and control procedures in place to capture, access, translate, analyze, and report the selected measures.

UHC CP QI elected to use six standard and three nonstandard supplemental data sources for its performance measure reporting. UHC CP QI submitted 10 supplemental data sources for HEDIS reporting but later withdrew one due to lack of time to secure the data file. UHC CP QI was contracted with MQD to provide services for its QI, non-ABD, and ABD populations. All QI measures which UHC CP QI was required to report received the audit results of *Reportable.* All non-ABD measures that UHC CP was required to report received the audit results of *Reportable*. UHC CP QI changed its MRR vendor from Optum to Advantmed for HEDIS 2016, and a full convenience sample was required and subsequently passed. UHC CP QI did not pass its first sample for Group B—Anticipatory Guidance & Counseling. Two critical errors were found in the first sample. A second sample was drawn and upon validation, the measure passed with no errors. UHC CP QI passed the MRRV process for the following measure groups:

- Group A: Biometrics (BMI, BP) & Maternity—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment Documentation—Total*
- Group B: Anticipatory Guidance & Counseling—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*
- Group C: Laboratory—*Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- Group D: Immunization & Other Screenings—*Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*
- Group E: SNP—*Care for Older Adults—Medication Review*
- Group F: Exclusions

No recommendations requiring action specific to data systems and process were made in HEDIS 2016 for UHC CP QI.

Performance Measure Results—QI Population

Access to Care

Table 3-95 shows UHC CP QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Access to Care domain for the QI population.

Table 3-95—UHC CP QI's HEDIS Results for QI Measures Under Access to Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services		
Ages 20 to 44 Years	63.62%	★
Ages 45 to 64 Years	82.84%	★
Ages 65 Years and Older	92.80%	★★★★★
Total	79.91%	★★
Children and Adolescents' Access to Primary Care Practitioners		
Ages 12 to 24 Months	88.40%	★
Ages 25 Months to 6 Years	77.27%	★
Ages 7 to 11 Years	85.53%	★
Ages 12 to 19 Years	82.43%	★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment		
Initiation of Alcohol or Other Drug Treatment	36.99%	★★
Engagement of Alcohol or Other Drug Treatment	8.63%	★★

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the QI population, one of the 10 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016, *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older*.

Conversely, six of UHC CP QI's rates ranked below the national Medicaid 25th percentile: *Adults' Access to Preventive/Ambulatory Health Services* (two of four indicators) and *Children and Adolescents' Access to Primary Care Practitioners* (all indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-96 shows UHC CP QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the QI population.

Table 3-96—UHC CP QI's HEDIS Results for QI Measures Under Effectiveness of Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adult BMI Assessment		
Adult BMI Assessment	88.08%	★★★
Colorectal Cancer Screening[1]		
Colorectal Cancer Screening	45.26%	--
Care for Older Adults[1]		
Advance Care Planning	54.26%	--
Medication Review	78.83%	--
Functional Status Assessment	58.15%	--
Pain Assessment	81.27%	--
Medication Reconciliation Post-Discharge[2]		
Medication Reconciliation Post-Discharge	7.30%	★

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the QI population, only one of UHC CP QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile for 2016. UHC CP QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-97 shows UHC CP QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the QI population.

Table 3-97—UHC CP QI's HEDIS Results for QI Measures Under Children's Preventive Care

Measure	HEDIS 2016 Rate	2016 Performance Level
Adolescent Well-Care Visits		
Adolescent Well-Care Visits	34.31%	★
Childhood Immunization Status		
DtaP	66.79%	★
IPV	81.79%	★
MMR	79.29%	★
HiB	80.00%	★
Hepatitis B	80.36%	★
VZV	78.21%	★
Pneumococcal Conjugate	65.71%	★
Hepatitis A	71.07%	★
Rotavirus	52.50%	★
Influenza	47.14%	★★
Combination 2	64.64%	★
Combination 3	61.79%	★
Combination 4	57.14%	★
Combination 5	45.00%	★
Combination 6	41.07%	★★
Combination 7	41.79%	★
Combination 8	39.64%	★★
Combination 9	32.14%	★★
Combination 10	30.71%	★★
Immunizations for Adolescents		
Meningococcal	43.75%	★
Tdap/Td	45.31%	★
Combination 1 (Meningococcal, Tdap/Td)	41.41%	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
BMI Percentile Documentation—Total	73.24%	★★★
Counseling for Nutrition—Total	60.34%	★★
Counseling for Physical Activity—Total	51.34%	★★
Well-Child Visits in the First 15 Months of Life		
Zero Visits[1]	5.99%	★
Six or More Visits	59.51%	★★

Measure	HEDIS 2016 Rate	2016 Performance Level
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	60.10%	★

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the QI population, one measure ranked above the national Medicaid 50th percentile and below the national Medicaid 75th percentile, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation—Total*.

Conversely, 28 of the 29 measure indicator rates that were comparable to national benchmarks ranked below the national Medicaid 50th percentile, with 20 of these rates ranking below the national Medicaid 25th percentile: *Adolescent Well-Care Visits, Childhood Immunization Status* (14 of 19 indicators); *Immunizations for Adolescents* (all indicators); *Well-Child Visits in the First 15 Months of Life—Zero Visits;* and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*. UHC CP QI did not meet the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-98 shows UHC CP QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Women's Health domain for the QI population.

Table 3-98—UHC CP QI's HEDIS Results for QI Measures Under Women's Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Breast Cancer Screening		
Breast Cancer Screening	56.64%	★★
Cervical Cancer Screening		
Cervical Cancer Screening	48.18%	★
Chlamydia Screening in Women		
Ages 16 to 20 Years	38.10%	★

Measure	HEDIS 2016 Rate	2016 Performance Level
Ages 21 to 24 Years	47.88%	★
Total	45.26%	★
Human Papillomavirus Vaccine for Female Adolescents		
Human Papillomavirus Vaccine for Female Adolescents	15.87%	★
Prenatal and Postpartum Care		
Timeliness of Prenatal Care	68.73%	★
Postpartum Care	50.44%	★
Frequency of Ongoing Prenatal Care		
<21 Percent of Expected Visits[1]	24.78%	★
≥81 Percent of Expected Visits	32.45%	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the QI population, all 10 of the measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile, with nine of these rates falling below the national Medicaid 25th percentile: *Cervical Cancer Screening*, *Chlamydia Screening in Women* (all indicators), *Human Papillomavirus Vaccine for Female Adolescents*, *Prenatal and Postpartum Care* (both indicators), and *Frequency of Ongoing Prenatal Care* (both indicators). UHC CP QI did not meet any of the MQD Quality Strategy targets in this domain.

Care for Chronic Conditions

Table 3-99 shows UHC CP QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the QI population.

Table 3-99—UHC CP QI's HEDIS Results for QI Measures Under Care for Chronic Conditions

Measure	HEDIS 2016 Rate	2016 Performance Level
Comprehensive Diabetes Care		
Hemoglobin A1c (HbA1c) Testing	85.84%	★★
HbA1c Poor Control (>9.0%)[1]	41.65%+	★★★
HbA1c Control (<8.0%)	51.03%+	★★★

Measure	HEDIS 2016 Rate	2016 Performance Level
HbA1c Control (<7%)	33.82%	★★
Eye Exam (Retinal) Performed	69.79%+	★★★★★
Medical Attention for Nephropathy	90.78%	★★★★★
Blood Pressure Control (<140/90 mm Hg)	59.51%	★★
Controlling High Blood Pressure		
Controlling High Blood Pressure	63.50%	★★★
Annual Monitoring for Patients on Persistent Medications		
ACE Inhibitors or ARBs	91.70%	★★★★
Digoxin	52.03%	★★
Diuretics	92.07%	★★★★★
Total	90.97%	★★★★
Medication Management for People With Asthma		
Medication Compliance 50%—Total	62.81%+	★★★★
Medication Compliance 75%—Total	42.21%+	★★★★

[1] *A lower rate indicates better performance for this measure.*

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the QI population, three of the 14 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Comprehensive Diabetes Care* (two of seven indicators) and *Annual Monitoring for Patients on Persistent Medications—Diuretics.* UHC CP QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%),* and *Eye Exam (Retinal) Performed, Medication Management for People With Asthma—Medication Compliance 50%—Total,* and *Medication Compliance 75%—Total.*

Although none of UHC CP QI's rates fell below the national Medicaid 25th percentile, four rates fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile: *Comprehensive Diabetes Care* (three of seven indicators) and *Annual Monitoring for Patients on Persistent Medications—Digoxin.*

Behavioral Health

Table 3-100 shows UHC CP QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the QI population.

Table 3-100—UHC CP QI's HEDIS Results for QI Measures Under Behavioral Health

Measure	HEDIS 2016 Rate	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia		
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	70.93%	★★★★
Antidepressant Medication Management		
Effective Acute Phase Treatment	61.88%	★★★★
Effective Continuation Phase Treatment	48.51%	★★★★★
Follow-Up After Hospitalization for Mental Illness		
Follow-Up Within 7 Days of Discharge	41.98%	★★
Follow-Up Within 30 Days of Discharge	62.96%	★★
Follow-up Care for Children Prescribed ADHD Medication		
Initiation Phase	NA	--
Continuation and Maintenance Phase	NA	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the QI population, one of the five measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016, *Antidepressant Medication Management—Effective Continuation Phase Treatment.*

Although none of UHC CP QI's rates fell below the national Medicaid 25th percentile, two measure indicator rates fell at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile, specifically *Follow-Up After Hospitalization for Mental Illness* (all indicators). UHC CP QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-101 shows UHC CP QI's 2016 measure results and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the QI population.

Table 3-101—UHC CP QI's HEDIS Results for QI Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2016 Rate	2016 Performance Level
Ambulatory Care		
Emergency Department Visits per 1,000 Member Months[1]	59.38	★★★
Outpatient Visits per 1,000 Member Months[2]	499.16	--
Inpatient Utilization—General Hospital/Acute Care[2]		
Discharges per 1,000 Member Months (Total Inpatient)	10.83	--
Days per 1,000 Member Months (Total Inpatient)	53.16	--
Average Length of Stay (Total Inpatient)	4.91	--
Discharges per 1,000 Member Months (Medicine)	6.52	--
Days per 1,000 Member Months (Medicine)	27.09	--
Average Length of Stay (Medicine)	4.15	--
Discharges per 1,000 Member Months (Surgery)	3.26	--
Days per 1,000 Member Months (Surgery)	23.49	--
Average Length of Stay (Surgery)	7.20	--
Discharges per 1,000 Member Months (Maternity)	1.62	--
Days per 1,000 Member Months (Maternity)	3.99	--
Average Length of Stay (Maternity)	2.46	--
Mental Health Utilization[2]		
Any Service—Total	12.50%	--
Inpatient—Total	0.67%	--
Intensive Outpatient or Partial Hospitalization—Total	0.04%	--
Outpatient or Emergency Department—Total	12.24%	--
Plan All-Cause Readmissions[3]		
Plan All-Cause Readmissions	11.70%	--

-- Indicates that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the QI population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. UHC CP QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of UHC CP QI's QI population rates, five of the 71 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016, indicating positive performance related to adults' access to preventive or ambulatory care, members with diabetes receiving eye exams, medical attention for diabetic members with nephropathy, monitoring for patients on persistent medications for diuretics, and management of antidepressant medication. UHC CP QI met or exceeded the MQD Quality Strategy targets for the following five measure indicators: *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%),* and *Eye Exam (Retinal) Performed*, and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*.

Conversely, more than half of UHC CP QI's HEDIS 2016 rates (36 of 71 rates) fell below the national Medicaid 25th percentile, suggesting opportunities for improvement. HSAG recommends that UHC CP QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the QI population:

- Access to Care
  - *Adults' Access to Preventive/Ambulatory Health Services*

  - *Children and Adolescents' Access to Primary Care Practitioners*
- Effectiveness of Care
  - *Medication Reconciliation Post-Discharge*
- Children's Preventive Care
  - *Adolescent Well-Care Visits*
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women*
  - *Human Papillomavirus Vaccine for Female Adolescents*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*

Performance Measure Results—Non-ABD Population

Access to Care

Table 3-102 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Access to Care domain for the non-ABD population.

Table 3-102—UHC CP QI's HEDIS Results for Non-ABD Measures Under Access to Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	61.64%	56.16%	**-5.48^^**	★
Ages 45 to 64 Years	75.93%	70.76%	**-5.17^^**	★
Ages 65 Years and Older	NA	NA	--	--
Total	67.05%	61.53%	**-5.52^^**	★
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	90.84%	88.47%	-2.37	★
Ages 25 Months to 6 Years	77.33%	76.31%	-1.02	★
Ages 7 to 11 Years	86.05%	82.63%	-3.42	★
Ages 12 to 19 Years	78.71%	79.04%	0.33	★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Initiation of Alcohol or Other Drug Treatment	31.97%	34.96%	2.99	★★
Engagement of Alcohol or Other Drug Treatment	7.86%	10.03%	2.17	★★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ = 90th percentile and above
★★★★ = 75th to 89th percentile
★★★ = 50th to 74th percentile
★★ = 25th to 49th percentile
★ = Below 25th percentile

Within the Access to Care performance measure domain for the non-ABD population, all nine measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile, with seven of these rates ranking below the national Medicaid 25th percentile: *Adults' Access to Preventive/Ambulatory Health Services* (all indicators) and *Children and Adolescents' Access to Primary Care Practitioners* (all indicators). In addition, three of these rates also demonstrated a statistically significant decline from 2015: *Adults' Access to Preventive/Ambulatory Health Services* (all indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-103 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the non-ABD population.

Table 3-103—UHC CP QI's HEDIS Results for Non-ABD Measures Under Effectiveness of Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adult BMI Assessment				
Adult BMI Assessment	80.29%	85.16%	4.87	★★★
Colorectal Cancer Screening[1]				
Colorectal Cancer Screening	25.36%	29.20%	3.84	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the non-ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Adult BMI Assessment*, ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Children's Preventive Care

Table 3-104 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the non-ABD population.

Table 3-104—UHC CP QI's HEDIS Results for Non-ABD Measures Under Children's Preventive Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	27.98%	34.31%	6.33	★
Childhood Immunization Status				
DtaP	65.71%	66.29%	0.58	★
IPV	74.29%	81.44%	7.15	★
MMR	75.00%	79.17%	4.17	★
HiB	77.14%	79.55%	2.41	★
Hepatitis B	72.14%	79.92%	7.78	★
VZV	77.14%	77.65%	0.51	★
Pneumococcal Conjugate	60.71%	64.77%	4.06	★
Hepatitis A	72.14%	70.83%	-1.31	★
Rotavirus	52.14%	53.79%	1.65	★
Influenza	49.29%	45.45%	-3.84	★★
Combination 2	55.71%	64.02%	8.31	★
Combination 3	52.86%	60.98%	8.12	★
Combination 4	50.71%	56.44%	5.73	★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Combination 5	39.29%	46.59%	7.30	★
Combination 6	38.57%	39.39%	0.82	★★
Combination 7	37.86%	43.56%	5.70	★
Combination 8	37.14%	38.26%	1.12	★★
Combination 9	31.43%	32.95%	1.52	★★
Combination 10	30.00%	31.82%	1.82	★★
Immunizations for Adolescents				
Meningococcal	25.30%	43.68%	18.38^	★
Tdap/Td	30.12%	45.98%	15.86^	★
Combination 1 (Meningococcal, Tdap/Td)	22.89%	40.23%	17.34^	★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	64.72%	71.53%	6.81^	★★★
Counseling for Nutrition—Total	56.20%	62.53%	6.33	★★★
Counseling for Physical Activity—Total[1]	43.31%	53.28%	9.97^	★★
Well-Child Visits in the First 15 Months of Life				
Zero Visits[2]	5.00%	5.07%	0.07	★
Six or More Visits	54.55%	60.51%	5.96	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	57.66%	61.56%	3.90	★

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the non-ABD population, 26 of the 29 measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile, and 20 of these rates fell below the national Medicaid 25th percentile: *Adolescent Well-Care Visits; Childhood Immunization Status* (14 or 19 indicators); *Immunizations for Adolescents* (all indicators); *Well-Child Visits in the First 15 Months of Life—Zero Visits*; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.* Of note, five measure indicator rates

demonstrated a statistically significant improvement from 2015 to 2016: *Immunizations for Adolescents* (all indicators) and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (two of three indicators). UHC CP QI did not meet the MQD Quality Strategy target for *Childhood Immunization Status—Combination 2*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-105 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Women's Health domain for the non-ABD population.

Table 3-105—UHC CP QI's HEDIS Results for Non-ABD Measures Under Women's Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Breast Cancer Screening				
Breast Cancer Screening	47.14%	49.47%	2.33	★
Cervical Cancer Screening				
Cervical Cancer Screening	42.09%	47.93%	5.84	★
Chlamydia Screening in Women				
Ages 16 to 20 Years	48.48%	40.16%	-8.32	★
Ages 21 to 24 Years	51.18%	49.44%	-1.74	★
Total	50.42%	47.07%	-3.35	★
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	4.65%	16.67%	12.02	★
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	62.61%	68.67%	6.06	★
Postpartum Care	49.58%	50.95%	1.37	★
Frequency of Ongoing Prenatal Care				
<21 Percent of Expected Visits[1]	23.80%	25.00%	1.20	★
≥81 Percent of Expected Visits	27.48%	31.96%	4.48	★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the non-ABD population, all 10 of the measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 25th percentile. UHC CP QI did not meet any of the MQD Quality Strategy targets in this domain.

Care for Chronic Conditions

Table 3-106 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the non-ABD population.

Table 3-106—UHC CP QI's HEDIS Results for Non-ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Comprehensive Diabetes Care[1]				
Hemoglobin A1c (HbA1c) Testing	81.00%	80.28%	-0.72	★
HbA1c Poor Control (>9.0%)[2]	59.05%	54.35%	-4.70	★
HbA1c Control (<8.0%)	33.26%	39.25%	5.99	★
HbA1c Control (<7%)	19.88%	26.28%	6.40^	★
Eye Exam (Retinal) Performed	62.90%	59.68%	-3.22	★★★
Medical Attention for Nephropathy	81.45%	83.30%	1.85	★★★
Blood Pressure Control (<140/90 mm Hg)	50.68%	55.06%	4.38	★
Controlling High Blood Pressure				
Controlling High Blood Pressure	50.12%	50.12%	0.00	★★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	86.53%	87.38%	0.85	★★
Digoxin	NA	NA	--	--
Diuretics	88.69%	86.28%	-2.41	★★
Total	86.64%	86.59%	-0.05	★★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	NA	53.49%	--	★★
Medication Compliance 75%—Total	NA	25.58%	--	★★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] A lower rate indicates better performance for this measure.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the non-ABD population, 11 of the 13 measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile, with five of these rates falling below the national Medicaid 25th percentile, specifically *Comprehensive Diabetes Care* (five of seven indicators). Of note, the rate for *Comprehensive Diabetes Care—HbA1c Control (<7%)* demonstrated statistically significant improvement from 2015 to 2016; however, caution should be exercised when comparing rates between years due to changes in the technical specifications for this measure. UHC CP QI did not meet any of the MQD Quality Strategy targets in this domain.

Behavioral Health

Table 3-107 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the non-ABD population.

Table 3-107—UHC CP QI's HEDIS Results for Non-ABD Measures Under Behavioral Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia[1]				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	30.30%	47.06%	16.76	★
Antidepressant Medication Management				
Effective Acute Phase Treatment	54.55%	56.02%	1.47	★★★
Effective Continuation Phase Treatment	32.58%	44.58%	12.00^	★★★★
Follow-Up After Hospitalization for Mental Illness				
Follow-Up Within 7 Days of Discharge	24.47%	40.57%	16.10^	★★
Follow-Up Within 30 Days of Discharge	47.87%	52.83%	4.96	★
Follow-up Care for Children Prescribed ADHD Medication				
Initiation Phase	NA	NA	--	--
Continuation and Maintenance Phase	NA	NA	--	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the non-ABD population, one of the five 2016 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile and demonstrated statistically significant improvement from 2015, *Antidepressant Medication Management—Effective Continuation Phase Treatment*. Of note, the rate for *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge* demonstrated statistically significant improvement from 2015 but fell below the national Medicaid 50th percentile.

Conversely, two of UHC CP QI's rates fell below the national Medicaid 25th percentile: *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* and *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 Days of Discharge.* UHC CP QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-108 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the non-ABD population.

Table 3-108—UHC CP QI's HEDIS Results for Non-ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Ambulatory Care				
Emergency Department Visits per 1,000 Member Months[1]	53.34	53.90	0.56	★★★
Outpatient Visits per 1,000 Member Months[2]	255.45	268.30	12.85	--
Inpatient Utilization—General Hospital/Acute Care[2]				
Discharges per 1,000 Member Months (Total Inpatient)	7.93	6.62	-1.31	--

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Days per 1,000 Member Months (Total Inpatient)	43.49	34.76	-8.73	--
Average Length of Stay (Total Inpatient)	5.48	5.25	-0.23	--
Discharges per 1,000 Member Months (Medicine)	3.37	2.92	-0.45	--
Days per 1,000 Member Months (Medicine)	15.79	13.73	-2.06	--
Average Length of Stay (Medicine)	4.68	4.70	0.02	--
Discharges per 1,000 Member Months (Surgery)	2.10	1.83	-0.27	--
Days per 1,000 Member Months (Surgery)	20.81	16.45	-4.36	--
Average Length of Stay (Surgery)	9.92	8.99	-0.93	--
Discharges per 1,000 Member Months (Maternity)	2.96	2.30	-0.66	--
Days per 1,000 Member Months (Maternity)	8.29	5.63	-2.66	--
Average Length of Stay (Maternity)	2.80	2.45	-0.35	--
Mental Health Utilization[2]				
Any Service—Total	9.87%	10.25%	0.38	--
Inpatient—Total	0.60%	0.56%	-0.04	--
Intensive Outpatient or Partial Hospitalization—Total	0.06%	0.05%	-0.01	--
Outpatient or Emergency Department—Total	9.60%	10.04%	0.44	--
Plan All-Cause Readmissions[3]				
Plan All-Cause Readmissions	13.79%	8.09%	-5.70^	--
Enrollment by Product Line[4]				
Ages 0 to 19 Years	28.22%	30.41%	2.19	--
Ages 20 to 44 Years	46.68%	45.23%	-1.45	--
Ages 45 to 64 Years	24.97%	24.32%	-0.65	--
Ages 65 Years and Older	0.13%	0.04%	-0.09	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

[2] *Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.*

[3] *A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison. Further, due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.*

[4] *Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the non-ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. Additionally, UHC CP QI's *Plan All-Cause Readmissions* rate for the QI population demonstrated statistically significant improvement from 2015 to 2016. UHC CP QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of UHC CP QI's non-ABD population rates, one of the 68 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile for 2016 and demonstrated a statistically significant improvement from 2015 to 2016, indicating positive performance related to management of antidepressant medication.

Conversely, nearly 65 percent of UHC CP QI's HEDIS 2016 rates (44 of 68 rates) fell below the national Medicaid 25th percentile, suggesting opportunities for improvement. Additionally, three of those rates also demonstrated a statistically significant decline from 2015 to 2016. UHC CP QI did not meet any of the MQD Quality Strategy targets for HEDIS 2016. HSAG recommends that UHC CP QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the non-ABD population:

- Access to Care
  - *Adults' Access to Preventive/Ambulatory Health Services*
  - *Children and Adolescents' Access to Primary Care Practitioners*
- Children's Preventive Care
  - *Adolescent Well-Care Visits*
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health
  - *Breast Cancer Screening*
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women*
  - *Human Papillomavirus Vaccine for Female Adolescents*
  - *Prenatal and Postpartum Care*
  - *Frequency of Ongoing Prenatal Care*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*
- Behavioral Health
  - *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*
  - *Follow-Up After Hospitalization for Mental Illness*

Performance Measure Results—ABD Population

Access to Care

Table 3-109 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Access to Care domain for the ABD population.

Table 3-109—UHC CP QI's HEDIS Results for ABD Measures Under Access to Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adults' Access to Preventive/Ambulatory Health Services				
Ages 20 to 44 Years	83.94%	84.79%	0.85	★★★
Ages 45 to 64 Years	92.13%	91.66%	-0.47	★★★★
Ages 65 Years and Older	95.61%	92.80%	**-2.81^^**	★★★★★
Total	92.71%	91.33%	**-1.38^^**	★★★★★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Children and Adolescents' Access to Primary Care Practitioners				
Ages 12 to 24 Months	NA	NA	--	--
Ages 25 Months to 6 Years	73.47%	84.68%	11.21^	★
Ages 7 to 11 Years	72.73%	92.26%	19.53^	★★★
Ages 12 to 19 Years	73.18%	88.11%	14.93^	★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment				
Initiation of Alcohol or Other Drug Treatment	31.77%	38.67%	6.90^	★★★
Engagement of Alcohol or Other Drug Treatment	4.56%	7.48%	2.92^	★★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the ABD population, two of the nine measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older* and *Total*. Of note, rates for these two measure indicators also demonstrated a statistically significant decline from 2015.

Further, five rates demonstrated statistically significant improvement from 2015 but ranked below the national Medicaid 75th percentile: *Children and Adolescents' Access to Primary Care Practitioners* (all indicators) and *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* (all indicators). While the rate for *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years* demonstrated statistically significant improvement in 2016, the rate also fell below the national Medicaid 25th percentile. There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 3-110 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Effectiveness of Care domain for the ABD population.

Table 3-110—UHC CP QI's HEDIS Results for ABD Measures Under Effectiveness of Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adult BMI Assessment				
Adult BMI Assessment	82.99%	89.29%	6.30^	★★★
Colorectal Cancer Screening[1]				
Colorectal Cancer Screening	47.10%	44.53%	-2.57	--
Care for Older Adults[1]				
Advance Care Planning	60.65%	54.26%	-6.39	--
Medication Review	79.40%	78.83%	-0.57	--
Functional Status Assessment	69.68%	58.15%	**-11.53^^**	--
Pain Assessment	81.71%	81.27%	-0.44	--
Medication Reconciliation Post-Discharge[2]				
Medication Reconciliation Post-Discharge	21.81%	8.03%	**-13.78^^**	★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

[2] National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the ABD population, only one of UHC CP QI's measure indicator rates was comparable to national Medicaid benchmarks, *Adult BMI Assessment*. The rate for this measure ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile for 2016. Further, UHC CP QI's 2016 rate for this measure demonstrated statistically significant improvement from 2015.

Conversely, UHC CP QI's rates for *Care for Older Adults—Functional Status Assessment* and *Medication Reconciliation Post-Discharge* demonstrated a statistically significant decline from 2015 to 2016. UHC CP QI did not meet the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 3-111 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Children's Preventive Care domain for the ABD population.

Table 3-111—UHC CP QI's HEDIS Results for ABD Measures Under Children's Preventive Care

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adolescent Well-Care Visits				
Adolescent Well-Care Visits	36.57%	43.55%	6.98^	★★
Childhood Immunization Status				
DtaP	NA	NA	--	--
IPV	NA	NA	--	--
MMR	NA	NA	--	--
HiB	NA	NA	--	--
Hepatitis B	NA	NA	--	--
VZV	NA	NA	--	--
Pneumococcal Conjugate	NA	NA	--	--
Hepatitis A	NA	NA	--	--
Rotavirus	NA	NA	--	--
Influenza	NA	NA	--	--
Combination 2	NA	NA	--	--
Combination 3	NA	NA	--	--
Combination 4	NA	NA	--	--
Combination 5	NA	NA	--	--
Combination 6	NA	NA	--	--
Combination 7	NA	NA	--	--
Combination 8	NA	NA	--	--
Combination 9	NA	NA	--	--
Combination 10	NA	NA	--	--
Immunizations for Adolescents				
Meningococcal	45.45%	43.90%	-1.55	★
Tdap/Td	49.09%	46.34%	-2.75	★
Combination 1 (Meningococcal, Tdap/Td)	41.82%	43.90%	2.08	★

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
BMI Percentile Documentation—Total	53.87%	71.92%	18.05^	★★★
Counseling for Nutrition—Total	51.03%	58.87%	7.84^	★★
Counseling for Physical Activity—Total[1]	34.02%	46.80%	12.78^	★★
Well-Child Visits in the First 15 Months of Life				
Zero Visits[2]	NA	NA	--	--
Six or More Visits	NA	NA	--	--
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	63.36%	60.75%	-2.61	★

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[2] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the ABD population, four of the eight measure indicator rates with comparable 2015 rates demonstrated a statistically significant improvement from 2015 to 2016: *Adolescent Well-Care Visits* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (all indicators). Of note, the ABD population includes very few children; therefore, the rates for many of the measure indicators in this domain were presented with a *Not Applicable (NA)* audit designation.

Conversely, the remaining four rates fell below the national Medicaid 25th percentile: *Immunizations for Adolescents* (all indicators) and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.* UHC CP QI's rate for *Childhood Immunization Status—Combination 2* was designated as *Not Applicable (NA)* and, therefore, was not comparable to the MQD Quality Strategy target for this measure. This was the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 3-112 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Women's Health domain for the ABD population.

Table 3-112—UHC CP QI's HEDIS Results for ABD Measures Under Women's Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Breast Cancer Screening				
Breast Cancer Screening	58.68%	57.09%	-1.59	★★
Cervical Cancer Screening				
Cervical Cancer Screening	48.94%	52.55%	3.61	★
Chlamydia Screening in Women				
Ages 16 to 20 Years	NA	NA	--	--
Ages 21 to 24 Years	41.30%	35.56%	-5.74	★
Total	31.51%	32.86%	1.35	★
Human Papillomavirus Vaccine for Female Adolescents				
Human Papillomavirus Vaccine for Female Adolescents	NA	NA	--	--
Prenatal and Postpartum Care				
Timeliness of Prenatal Care	48.48%	NA	--	--
Postpartum Care	51.52%	NA	--	--
Frequency of Ongoing Prenatal Care				
<21 Percent of Expected Visits[1]	66.67%	NA	--	--
≥81 Percent of Expected Visits	9.09%	NA	--	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the ABD population, all four measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile, with three of these rates falling below the national Medicaid 25th percentile: *Cervical Cancer Screening* and *Chlamydia Screening in Women* (all indicators). For the measures in this domain with MQD Quality Strategy targets, UHC CP QI did not meet the targets or the rates were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy targets.

Care for Chronic Conditions

Table 3-113 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Care for Chronic Conditions domain for the ABD population.

Table 3-113—UHC CP QI's HEDIS Results for ABD Measures Under Care for Chronic Conditions

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Comprehensive Diabetes Care[1]				
Hemoglobin A1c (HbA1c) Testing	84.20%	84.29%	0.09	★★
HbA1c Poor Control (>9.0%)[2]	31.08%	51.78%	**20.70^^**	★
HbA1c Control (<8.0%)	59.38%	40.46%	**-18.92^^**	★★
HbA1c Control (<7%)	38.50%	26.37%	**-12.13^^**	★
Eye Exam (Retinal) Performed	64.76%	67.31%+	2.55	★★★★
Medical Attention for Nephropathy	85.24%	92.42%	7.18^	★★★★★
Blood Pressure Control (<140/90 mm Hg)	63.37%	45.66%	**-17.71^^**	★
Controlling High Blood Pressure				
Controlling High Blood Pressure	57.77%	59.37%	1.60	★★★
Annual Monitoring for Patients on Persistent Medications				
ACE Inhibitors or ARBs	91.51%	92.24%	0.73	★★★★★
Digoxin	51.37%	51.47%	0.10	★★
Diuretics	92.40%	92.77%	0.37	★★★★★
Total	90.87%	91.50%	0.63	★★★★
Medication Management for People With Asthma				
Medication Compliance 50%—Total	70.63%	65.38%+	-5.25	★★★★
Medication Compliance 75%—Total	46.85%	46.79%+	-0.06	★★★★★

[1] *Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.*

[2] *A lower rate indicates better performance for this measure.*

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

Yellow shading with one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the ABD population, four of the 14 measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Comprehensive Diabetes Care—Medical Attention for Nephropathy*, *Annual Monitoring for Patients on Persistent Medications* (two of four indicators), and *Medication Management for People With Asthma—Medication Compliance 75%—Total*. In addition to ranking at or above the national Medicaid 90th percentile, the rate for *Comprehensive Diabetes Care—Medical Attention for Nephropathy* also demonstrated statistically significant improvement from 2015 to 2016. UHC CP QI met or exceeded the MQD Quality Strategy target for three measures in this domain, including *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total.*

Conversely, three rates ranked below the national Medicaid 25th percentile and demonstrated a statistically significant decline from 2015 to 2016: *Comprehensive Diabetes Care* (three of seven indicators). However, caution should be exercised when comparing rates for the *Comprehensive Diabetes Care* measure indicators due to changes in the technical specifications from 2015 to 2016.

Behavioral Health

Table 3-114 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Behavioral Health domain for the ABD population.

Table 3-114—UHC CP QI's HEDIS Results for ABD Measures Under Behavioral Health

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Adherence to Antipsychotic Medications for Individuals with Schizophrenia[1]				
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	75.64%	72.68%	-2.96	★★★★
Antidepressant Medication Management				
Effective Acute Phase Treatment	46.37%	63.50%	17.13^	★★★★★
Effective Continuation Phase Treatment	40.48%	49.75%	9.27^	★★★★★
Follow-Up After Hospitalization for Mental Illness				
Follow-Up Within 7 Days of Discharge	37.22%	43.07%	5.85	★★
Follow-Up Within 30 Days of Discharge	56.11%	70.80%	14.69^	★★★
Follow-up Care for Children Prescribed ADHD Medication				

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Percentage Point Change	2016 Performance Level
Initiation Phase	NA	NA	--	--
Continuation and Maintenance Phase	NA	--	--	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

[1] Due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the ABD population, two of the five measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile for 2016: *Antidepressant Medication Management* (all indicators). Additionally, three measure indicator rates indicated statistically significant improvement from 2015 to 2016, including *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*, and *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 Days of Discharge*.

Although none of UHC CP QI's HEDIS 2016 rates ranked below the national Medicaid 25th percentile, one rate fell above the national Medicaid 25th and but below the national Medicaid 50th percentiles: *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge.* UHC CP QI did not meet any of the MQD Quality Strategy targets in this domain.

Utilization and Health Plan Descriptive Information

Table 3-115 shows UHC CP QI's 2015 and 2016 measure results, percentage point changes, and 2016 performance levels for measure indicator rates within the Utilization and Health Plan Descriptive Information domain for the ABD population.

Table 3-115—UHC CP QI's HEDIS Results for ABD Measures Under Utilization and Health Plan Descriptive Information

Measure	HEDIS 2015 Rate	HEDIS 2016 Rate	Rate Change	2016 Performance Level
Ambulatory Care				
Emergency Department Visits per 1,000 Member Months[1]	63.79	65.60	1.81	★★
Outpatient Visits per 1,000 Member Months[2]	780.76	759.93	-20.83	--
Inpatient Utilization—General Hospital/Acute Care[2]				
Discharges per 1,000 Member Months (Total Inpatient)	18.97	15.59	-3.38	--
Days per 1,000 Member Months (Total Inpatient)	170.29	73.97	-96.32	--
Average Length of Stay (Total Inpatient)	8.98	4.75	-4.23	--
Discharges per 1,000 Member Months (Medicine)	15.12	10.59	-4.53	--
Days per 1,000 Member Months (Medicine)	126.89	42.19	-84.70	--
Average Length of Stay (Medicine)	8.39	3.99	-4.40	--
Discharges per 1,000 Member Months (Surgery)	3.67	4.88	1.21	--
Days per 1,000 Member Months (Surgery)	43.02	31.45	-11.57	--
Average Length of Stay (Surgery)	11.71	6.44	-5.27	--
Discharges per 1,000 Member Months (Maternity)	0.36	0.26	-0.10	--
Days per 1,000 Member Months (Maternity)	0.77	0.73	-0.04	--
Average Length of Stay (Maternity)	2.15	2.78	0.63	--
Mental Health Utilization[2]				
Any Service—Total	17.90%	15.16%	-2.74	--
Inpatient—Total	1.58%	0.79%	-0.79	--
Intensive Outpatient or Partial Hospitalization—Total	0.02%	0.03%	0.01	--
Outpatient or Emergency Department—Total	17.04%	14.82%	-2.22	--
Plan All-Cause Readmissions[3]				
Plan All-Cause Readmissions	14.36%	12.14%	-2.22^	--
Enrollment by Product Line[4]				
Ages 0 to 19 Years	5.88%	5.00%	-0.88	--
Ages 20 to 44 Years	14.28%	13.38%	-0.90	--
Ages 45 to 64 Years	31.40%	29.78%	-1.62	--
Ages 65 Years and Older	48.45%	51.83%	3.38	--

-- Indicates that the 2015 measure rate was not presented in the previous year's technical report; therefore, the 2015 rate was not presented in this report. This symbol may also indicate that since the 2015 and/or 2016 rate was not reportable, the percentage point change was not calculated and significance testing was not performed, or this symbol may indicate that a performance level was not determined because either the 2016 measure rate was not reportable or the measure did not have an applicable benchmark.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for information purposes only. Benchmarking these rates is not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for information purposes only as this rate does not have applicable benchmarks for comparison. Further, due to changes in the technical specifications for this measure, exercise caution when trending rates between 2016 and prior years.

[4] Results are presented for information purposes only. This measure does not have applicable benchmarks for comparison.

Green shading with one caret (^) indicates a statistically significant improvement in performance from the previous year. Red shading with two carets (^^) indicate a statistically significant decline in performance from the previous year. Performance comparisons are based on the Chi-square test of statistical significance with a p value <0.05.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information measure domain for the ABD population, the one measure rate that was comparable to national Medicaid benchmarks, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. Of note, UHC CP QI's *Plan All-Cause Readmissions* rate for the ABD population demonstrated statistically significant improvement from 2015 to 2016. UHC CP QI did not meet the MQD Quality Strategy target for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

The remaining measure rates displayed for this domain are for information purposes only and do not indicate the quality and timeliness of, or access to, care and services. Therefore, one must exercise caution in connecting these data to the efficacy of the program, as many factors influence these data. HSAG recommends that health plans review the Utilization and Health Plan Descriptive Information results to identify whether a rate is higher or lower than expected. Additional focused analyses related to the measures in this domain may help to identify key drivers associated with the utilization patterns.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Conclusions and Recommendations

Based on HSAG's analyses of UHC CP QI's ABD population rates, more than 18 percent of the measure indicator rates that were comparable to national benchmarks (eight of 43 rates) ranked at or above the national Medicaid 90th percentile for 2016, indicating positive performance related to adults' access to preventive or ambulatory care, medical attention for diabetic members with nephropathy, monitoring for patients on persistent medications for ACE inhibitors or ARBs and diuretics, the management of asthma medications prescribed to members with asthma, and management of antidepressant medication. Of note, UHC CP QI's ABD *Children and Adolescents' Access to Primary Care Practitioners* (all indicators), *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* (all indicators), *Adult BMI Assessment*, *Adolescent Well-Care Visits*, *Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents* (all indicators), *Comprehensive Diabetes Care—Medical Attention to Nephropathy*, *Antidepressant Medication Management* (all indicators), and *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 days of Discharge* rates for the ABD population demonstrated statistically significant improvement from 2015 to 2016. However, some of these indicator rates still fell below the national Medicaid 25th percentile, as noted below. UHC CP QI met or exceeded the MQD Quality Strategy target for three measures for HEDIS 2016, including *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed*, and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total.*

Conversely, nearly 28 percent of UHC CP QI's HEDIS 2016 rates (12 of 43 rates) fell below the national Medicaid 25th percentile, suggesting opportunities for improvement. Additionally, three rates demonstrated a statistically significant decline from 2015 to 2016 and ranked below the national Medicaid 25th percentile. HSAG recommends that UHC CP QI focus on improving performance related to the following measures with rates that fell below the national Medicaid 25th percentile for the ABD population:

- Access to Care
  - *Children and Adolescents' Access to Primary Care Practitioners*
- Effectiveness of Care
  - *Medication Reconciliation Post-Discharge*
- Children's Preventive Care
  - *Immunizations for Adolescents*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women*
- Care for Chronic Conditions
  - *Comprehensive Diabetes Care*

Validation of Performance Improvement Projects

The purpose of a PIP is to achieve, through ongoing measurements and interventions, meaningful improvement sustained over time in clinical and nonclinical areas. For the 2016 validation cycle, the health plans continued the rapid-cycle PIPs initiated in 2015.

The key concepts of the PIP framework include the formation of a PIP team, setting aims, establishing measures, determining interventions, testing and refining interventions, and spreading successful changes. The core component of the approach involves testing changes on a small scale—using a series of Plan-Do-Study-Act (PDSA) cycles and applying rapid-cycle learning principles over the course of the improvement project to adjust intervention strategies—so that improvement can occur more efficiently and lead to long-term sustainability. For this PIP framework, HSAG developed five modules with an accompanying companion guide:

- Module 1—PIP Initiation: Module 1 outlines the framework for the project. The framework includes the topic rationale and supporting data; building a PIP team; setting aims (Global and SMART; and completing a key driver diagram.
- Module 2—SMART Aim Data Collection: In Module 2, the SMART Aim measure is outlined, and the data collection methodology is described. The data for the SMART Aim will be displayed using a run chart.
- Module 3—Intervention Determination: In Module 3, the quality improvement activities that can impact the SMART Aim are identified. Through the use of process mapping, failure modes and effects analysis (FMEA), and failure mode priority ranking, interventions are selected to test in Module 4.
- Module 4—Plan-Do-Study-Act: The interventions selected in Module 3 are tested and evaluated through a series of thoughtful and incremental PDSA cycles.
- Module 5—PIP Conclusions: Module 5 summarizes key findings and presents comparisons of successful and unsuccessful interventions, outcomes achieved, and lessons learned.

The health plans progressed to testing interventions for the rapid-cycle PIPs in the 2016 annual validation cycle and submitted a Module 4 (PDSA cycle) for each intervention selected for testing. The health plans will complete the final Module 4 and Module 5 submissions, including SMART Aim measure outcomes and intervention testing results, for the 2017 annual validation.

Table 3-116 displays the status of the PIPs during the 2016 validation cycle.

Table 3-116—SMART Aim Measure Validation Cycle

Module	Status
1. PIP Initiation	Completed and achieved all validation criteria in 2015
2. SMART Aim Data Collection	Completed and achieved all validation criteria in 2015
3. Intervention Determination	Completed and achieved all validation criteria in 2015

Module	Status
4. Plan-Do-Study-Act	• First intervention—February 2016 • Second intervention plan—August 2016 • Final submissions targeted for February 2017
5. PIP Conclusions	Targeted for February 2017

Each PIP module consists of validation criteria necessary for successful completion of a valid PIP. Each evaluation element is scored as either *Achieved* or *Failed*. Using the PIP Validation Tool and standardized scoring, HSAG reports the overall validity and reliability of the findings as one of the following:

- *High confidence* = The PIP was methodologically sound; achieved the SMART Aim goal; and the demonstrated improvement was clearly linked to the quality improvement processes implemented.
- *Confidence* = The PIP was methodologically sound; achieved the SMART Aim goal; and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.
- *Low confidence* = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.
- *Reported PIP results were not credible* = The PIP methodology was not executed as approved.

AlohaCare QUEST Integration

For validation year 2016, AlohaCare QI submitted two State-mandated PIPs for validation: *All-Cause Readmissions* and *Diabetes Care*. The PIP topics addressed CMS' requirements related to quality outcomes—specifically, the quality and timeliness of, and access to, care and services. These PIP topics represent a key area of focus for improvement for the MQD. The *All-Cause Readmissions* PIP topic is a goal included in the MQD's quality strategy.

Table 3-117 outlines AlohaCare QI's SMART Aim measure for each PIP.

Table 3-117—SMART Aim Measures

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Readmissions within 30 days at The Queen's Medical Center.
Diabetes Care	Eye exams due within the measurement year for diabetic members ages 18–75 seen at Waimanalo Health Center.

In February 2016, AlohaCare QI submitted for each PIP topic one Module 4 that included an intervention selected by AlohaCare QI for testing. HSAG reviewed the Module 4 submissions,

determined that neither passed the validation criteria, and provided detailed written validation feedback. AlohaCare QI made modifications and resubmitted the Module 4s for a secondary review. HSAG conducted a final validation, and AlohaCare QI received *Achieved* scores across all evaluation elements reviewed.

In August 2016, AlohaCare QI submitted one Module 4 for each PIP topic for review that included an intervention plan for a second intervention to be tested. HSAG will be providing detailed feedback to the health plan regarding its intervention testing methodology. The second Module 4 will be validated in CY 2017.

Interventions

The identification of key drivers and failures through data analysis and quality improvement tools in Module 1 and Module 3 of the rapid-cycle PIP process, and the selection of corresponding interventions to address these drivers and failures, are necessary steps to improve outcomes and produce evidence-based results. AlohaCare QI's choice of interventions, combination of intervention types, timing and sequence of testing, and the evaluation of effectiveness of each intervention are essential to the health plan's overall success in achieving its desired outcomes for the PIPs.

For the *All-Cause Readmissions* PIP, AlohaCare QI is testing the following interventions:

- Calling members seven days after discharge.
- Transition of care team meets with Queen's Medical Center transition of care team once a month.

For the *Diabetes Care* PIP, AlohaCare QI is testing the following interventions:

- Member follow-up and rescheduling process improvements.
- Improving communication between care coordinators and team leads.

Hawaii Medical Service Association QUEST Integration

For validation year 2016, HMSA QI submitted two State-mandated PIPs for validation: *All-Cause Readmissions* and *Diabetes Care*. The PIP topics addressed CMS' requirements related to quality outcomes—specifically, the quality and timeliness of, and access to, care and services. These PIP topics represent a key area of focus for improvement for the MQD. The *All-Cause Readmissions* PIP topic is a goal included in the MQD's quality strategy.

Table 3-118 outlines HMSA QI's SMART Aim measure for each PIP.

Table 3-118—SMART Aim Measures

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Inpatient readmissions within 30 days for QUEST members discharged from Queen's Medical Center.

PIP Topic	SMART Aim Measure
Diabetes Care	Members seen at Bay Clinic or Kalihi-Palama Health Center whose latest HbA1c test within the prior 12 months indicated a control value of less than 9.

In February 2016, HMSA QI submitted for each PIP topic one Module 4 that included an intervention selected by HMSA QI for testing. HSAG reviewed the Module 4 submissions and provided detailed written validation feedback. The *Diabetes Care* Module 4 submission achieved all criteria for the initial review; however, HMSA QI indicated that the expected date of implementation for the intervention was in March 2016. HMSA QI made modifications to the *All-Cause Readmissions* Module 4 and resubmitted it for a secondary review. HSAG conducted a final validation, and HMSA QI received *Achieved* scores across all evaluation elements reviewed.

In August 2016, HMSA QI submitted, for each PIP topic to be reviewed, one Module 4 that included an intervention plan for a second intervention to be tested. HSAG will be providing detailed feedback to the health plan regarding its intervention testing methodology. The second Module 4 will be validated in CY 2017.

Interventions

The identification of key drivers and failures through data analysis and quality improvement tools in Module 1 and Module 3 of the rapid-cycle PIP process, and the selection of corresponding interventions to address these drivers and failures, are necessary steps to improve outcomes and produce evidence-based results. HMSA QI's choice of interventions, combination of intervention types, timing and sequence of testing, and the evaluation of effectiveness of each intervention are essential to the health plan's overall success in achieving its desired outcomes for the PIPs.

For the *All-Cause Readmissions* PIP, HMSA QI is testing the following interventions:

- Transitional care staff will share member risk information with hospital discharge staff and primary care providers.
- QI staff will be co-located at Queen's Medical Center.

For the *Diabetes Care* PIP, HMSA QI indicated the following interventions:

- Reports for providers that show members along with their current medications, A1c control, adherence status, and the last time medication was modified.
- Text messages to members regarding medication adherence.

Kaiser Permanente Hawaii QUEST Integration

For validation year 2016, Kaiser QI submitted two State-mandated PIPs for validation: *All-Cause Readmissions* and *Diabetes Care*. The PIP topics addressed CMS' requirements related to quality

outcomes—specifically, the quality of, and access to, care and services. These PIP topics represent a key area of focus for improvement for the MQD. The *All-Cause Readmissions* PIP topic is a goal included in the MQD's quality strategy.

Table 3-119 outlines Kaiser QI's SMART Aim measure for each PIP.

Table 3-119—SMART Aim Measures

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Readmissions within 30 days at Kaiser QI Foundation Hospital–Moanalua.
Diabetes Care	Diabetic members with an HbA1c < 8 who have Provider A, B, or C as their PCP.

In February 2016, Kaiser QI submitted for each PIP topic one Module 4 that included an intervention selected by Kaiser QI for testing. HSAG reviewed the Module 4 submissions, determined that neither passed the validation criteria, and provided detailed written validation feedback. Kaiser QI made modifications and resubmitted the Module 4s for a secondary review. HSAG conducted a final validation, and Kaiser QI received *Achieved* scores across all evaluation elements reviewed.

In August 2016, Kaiser QI submitted, for each PIP topic to be reviewed, one Module 4 that included an intervention plan for a second intervention to be tested. HSAG will be providing detailed feedback to the health plan regarding its intervention testing methodology. The second Module 4 will be validated in CY 2017.

Interventions

The identification of key drivers and failures through data analysis and quality improvement tools in Module 1 and Module 3 of the rapid-cycle PIP process, and the selection of corresponding interventions to address these drivers and failures, are necessary steps to improve outcomes and produce evidence-based results. Kaiser QI's choice of interventions, combination of intervention types, timing and sequence of testing, and the evaluation of effectiveness of each intervention are essential to the health plan's overall success in achieving its desired outcomes for the PIPs.

For the *All-Cause Readmissions* PIP, Kaiser QI is testing the following interventions:

- Service coordinator registered nurse (RN) acting as QUEST integration intake RN at Kaiser QI Foundation Hospital-Moanalua.
- Discharge medication reconciliation.

For the *Diabetes Care* PIP, Kaiser QI indicated the following interventions:

- 90-day supply of oral diabetic medications or diabetic testing supplies.
- Pharmacy staff will outreach members by telephone if they have not refilled diabetic medication.

'Ohana Health Plan QUEST Integration

For validation year 2016, 'Ohana QI submitted two State-mandated PIPs for validation: *All-Cause Readmissions* and *Diabetes Care*. The PIP topics addressed CMS' requirements related to quality outcomes—specifically, the quality and timeliness of, and access to, care and services. These PIP topics represent a key area of focus for improvement for the MQD. The *All-Cause Readmissions* PIP topic is a goal included in the MQD's quality strategy.

Table 3-120 outlines 'Ohana QI's SMART Aim measure for each PIP.

Table 3-120—SMART Aim Measures

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Members discharged from the hospital who had a primary admitting diagnosis of heart failure or diabetes and had a readmission to the hospital for any reason within 30 days.
Diabetes Care	Diabetic members 18–75 years of age who have Magdy Mettias, MD, or Carolina Davide, MD, as their PCP and had an annual diabetic retinal exam.

In February 2016, 'Ohana QI submitted for each PIP topic one Module 4 that included an intervention selected by 'Ohana QI for testing. HSAG reviewed the Module 4 submissions, determined that neither passed the validation criteria, and provided detailed written validation feedback. 'Ohana QI made modifications and resubmitted the Module 4s for a secondary review. HSAG conducted a final validation, and 'Ohana QI received *Achieved* scores across all evaluation elements reviewed.

In August 2016, 'Ohana QI submitted, for each PIP topic to be reviewed, one Module 4 that included an intervention plan for a second intervention to be tested. HSAG will be providing detailed feedback to the health plan regarding its intervention testing methodology. The second Module 4 will be validated in CY 2017.

Interventions

The identification of key drivers and failures through data analysis and quality improvement tools in Module 1 and Module 3 of the rapid-cycle PIP process, and the selection of corresponding interventions to address these drivers and failures, are necessary steps to improve outcomes and produce evidence-based results. 'Ohana QI's choice of interventions, combination of intervention types, timing and sequence of testing, and the evaluation of effectiveness of each intervention are essential to the health plan's overall success in achieving its desired outcomes for the PIPs.

For the *All-Cause Readmissions* PIP, 'Ohana QI indicated the following intervention:

- An after-hospitalization outreach program.

For the *Diabetes Care* PIP, 'Ohana QI indicated the following interventions:

- Vendor completes mobile diabetic retinal eye exams at the providers' office.
- Member telephonic outreach.

'Ohana Health Plan Community Care Services Program

For validation year 2016, 'Ohana Health Plan Community Care Services Program ('Ohana CCS) submitted two State-mandated PIP topics for validation: *Follow-Up After Hospitalization for Mental Illness* and *Initiation of Alcohol and Substance Abuse Treatment*. The PIP topics addressed CMS' requirements related to quality outcomes—specifically, timeliness of, and access to care and services. These PIP topics represent a key area of focus for improvement for the MQD. The *Follow-Up After Hospitalization for Mental Illness* PIP topic is a goal included in the MQD's quality strategy.

Table 3-121 outlines 'Ohana CCS' SMART Aim measure for each PIP.

Table 3-121—SMART Aim Measures

PIP Topic	SMART Aim Measure
Follow-Up After Hospitalization for Mental Illness	Members 18 years of age and older who are assigned to the Community Case Management Agencies, Care Hawaii Inc., who were discharged from an inpatient psychiatric facility and had a follow-up appointment with a mental health provider within seven days of discharge.
Initiation of Alcohol and Substance Abuse Treatment	Members 18 years of age and older who were assigned to the Community Case Management Agencies, Care Hawaii Inc., or North Shore Mental Health Inc.; were discharged from an inpatient psychiatric facility; had an admitting diagnosis of alcohol or other drug dependence; and engaged in two alcohol and other drug AOD treatments within 30 days of treatment initiation.

In February 2016, 'Ohana CCS submitted for each PIP topic one Module 4 that included an intervention selected by 'Ohana CCS for testing. HSAG reviewed the Module 4 submissions, determined that neither passed the validation criteria, and provided detailed written validation feedback. 'Ohana CCS made modifications and resubmitted the Module 4s for a secondary review. HSAG conducted a final validation, and 'Ohana CCS received *Achieved* scores across all evaluation elements reviewed.

In August 2016, 'Ohana CCS submitted, for each PIP topic to be reviewed, one Module 4 that included an intervention plan for a second intervention to be tested. HSAG will be providing detailed feedback to the health plan regarding its intervention testing methodology. The second Module 4 will be validated in CY 2017.

Interventions

The identification of key drivers and failures through data analysis and quality improvement tools in Module 1 and Module 3 of the rapid-cycle PIP process, and the selection of corresponding interventions

to address these drivers and failures, are necessary steps to improve outcomes and produce evidence-based results. 'Ohana CCS' choice of interventions, combination of intervention types, timing and sequence of testing, and the evaluation of effectiveness of each intervention are essential to the health plan's overall success in achieving its desired outcomes for the PIPs.

For the *Follow-Up After Hospitalization for Mental Illness* PIP, 'Ohana CCS included the following interventions:

- A behavioral health case manager engaging with members while those members are inpatient.
- Quality improvement specialist completing a notification process to the CCS case management agency.

For the *Initiation of Alcohol and Substance Abuse Treatment* PIP, 'Ohana CCS included the following intervention:

- A behavioral health case manager engaging with members while those members are inpatient.

UnitedHealthcare Community Plan QUEST Integration

For validation year 2016, UHC CP QI submitted two State-mandated PIPs for validation: *All-Cause Readmissions* and *Diabetes Care*. The PIP topics addressed CMS' requirements related to quality outcomes—specifically, the quality and timeliness of, and access to, care and services. These PIP topics represent a key area of focus for improvement. The *All-Cause Readmissions* PIP topic is a goal included in the MQD's quality strategy.

Table 3-122 outlines UHC CP QI's SMART Aim measure for each PIP.

Table 3-122—SMART Aim Measures

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Readmissions within 30 days for members 18–64 years of age assigned to Kalihi-Palama Health Center.
Diabetes Care	Bay Clinic Members with diabetes who had at least one HbA1c test in the past 12 months (rolling).

In February 2016, UHC CP QI submitted for each PIP topic one Module 4 that included an intervention selected by UHC CP QI for testing. HSAG reviewed the Module 4 submissions, determined that neither passed the validation criteria, and provided detailed written validation feedback. UHC CP QI made modifications and resubmitted the Module 4s for a secondary review. HSAG conducted a final validation, and UHC CP QI received *Achieved* scores across all evaluation elements reviewed.

In August 2016, UHC CP QI submitted, for each PIP topic to be reviewed, one Module 4 that included an intervention plan for a second intervention to be tested. HSAG will be providing detailed feedback to

the health plan regarding its intervention testing methodology. The second Module 4 will be validated in CY 2017.

Interventions

The identification of key drivers and failures through data analysis and quality improvement tools in Module 1 and Module 3 of the rapid-cycle PIP process, and the selection of corresponding interventions to address these drivers and failures, are necessary steps to improve outcomes and produce evidence-based results. UHC CP QI's choice of interventions, combination of intervention types, timing and sequence of testing, and the evaluation of effectiveness of each intervention are essential to the health plan's overall success in achieving its desired outcomes for the PIPs.

For the *All-Cause Readmissions* PIP, UHC CP QI indicated interventions as follows:

- Identifying and contacting members who had been recently auto-assigned to Kalihi-Palama Health Center (KPHC) and had not established care.
- Community-based outreach.

For the *Diabetes Care* PIP, UHC CP QI indicated interventions as follows:

- Collaborating with Bay Clinic to identify and follow up with diabetic members.
- Community-based outreach.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Adult Survey

The CAHPS surveys ask consumers and patients to report on and evaluate their experiences with healthcare. These surveys cover topics that are important to consumers, such as the communication skills of providers and the accessibility of services. The CAHPS survey is recognized nationally as an industry standard for both commercial and public payers. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting health plan data.

AlohaCare QI

Results

Table 3-123 presents the 2016 question summary rates and global proportions (e.g., the percentage of respondents offering a positive response) and overall 2016 member satisfaction ratings (i.e., star ratings) for each of the global ratings, composite measures, and individual item measures for AlohaCare QI.[3-1]

Table 3-123—Adult Medicaid CAHPS Results *for* AlohaCare QI

Measure	2016 Rates	Star Ratings
Global Ratings		
Rating of Health Plan	58.9%	★★★
Rating of All Health Care	55.5%	★★★★
Rating of Personal Doctor	61.6%	★★★
Rating of Specialist Seen Most Often	70.6%	★★★★★
Composite Measures		
Getting Needed Care	80.8%	★
Getting Care Quickly	79.0%	★★
How Well Doctors Communicate	91.0%	★★★★
Customer Service	84.6%	★★
Shared Decision Making	83.5%	—
Individual Item Measures		
Coordination of Care	85.6%	★★★★
Health Promotion and Education	81.2%	—

A dash (—) indicates that NCQA does not publish national benchmarks and thresholds for these CAHPS measures; therefore, overall member satisfaction ratings could not be derived.
★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

[3-1] 2016 represents the first year AlohaCare QI adult members were surveyed; therefore, prior rates are not available for the health plan.

The overall member satisfaction ratings revealed that AlohaCare QI scored:

- At or above the 90th percentile on one measure, *Rating of Specialist Seen Most Often*.
- At or between the 75th and 89th percentiles on three measures: *Rating of All Health Care, How Well Doctors Communicate,* and *Coordination of Care*.
- At or between the 50th and 74th percentiles on two measures: *Rating of Health Plan* and *Rating of Personal Doctor*.
- At or between the 25th and 49th percentiles on two measures: *Getting Care Quickly* and *Customer Service*.
- Below the 25th percentile on one measure, *Getting Needed Care*.

In addition, an evaluation of performance on three CAHPS Quality Strategy measures—*Rating of Health Plan*, *Getting Needed Care*, and *How Well Doctors Communicate*—compared to NCQA's 2016 Benchmarks and Thresholds for Accreditation, was performed for AlohaCare QI. The following CAHPS Quality Strategy measure met or exceeded the 75th percentile: *How Well Doctors Communicate*. *Rating of Health Plan* and *Getting Needed Care* fell below the 75th percentile goal.

Conclusions and Recommendations

Based on an evaluation of AlohaCare QI's results, the priority areas identified were *Getting Needed Care*, *Customer Service,* and *Getting Care Quickly.* The following are recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in each of these areas.

GETTING NEEDED CARE

Interactive Workshops—Health plans should continue to engage in promoting health education, health literacy, and preventive healthcare among their membership. Increasing patients' health literacy and general understanding of their healthcare needs can result in improved health. Health plans should continue to bolster their community-based interactive workshops and educational materials to provide information on general health or specific needs.

"Max-Packing"—Health plans can assist providers in implementing strategies within their system that allow for as many of the patient's needs to be met during one office visit when feasible—a process called "max-packing." Max-packing is a model designed to maximize each patient's office visit, which in many cases eliminates the need for extra appointments. Max-packing strategies could include using a checklist of preventive care services to anticipate the patient's future medical needs and guide the process of taking care of those needs during the scheduled visit, whenever possible. Processes could also be implemented wherein staff review the current day's appointment schedule and assess if any patients have future appointments that could be addressed during the current day's appointment.

Facilitate Coordinated Care—Health plans should assist in facilitating the process of coordinated care between providers and care coordinators to ensure members are receiving the care and services most appropriate for their healthcare needs. Coordinated care is most effective when

care coordinators and providers organize their efforts to deliver the same message to the members. Members are more likely to play an active role in the management of their healthcare and benefit from care coordination efforts if they are receiving the same information from both care coordinator and providers. Improving the system-level coordination between providers and care coordinators will enhance the service and care received by members. Additionally, providing patient registries or clinical information systems in which providers and care coordinators may enter information can help reduce duplication of services and facilitate care coordination.

CUSTOMER SERVICE

Call Centers—An evaluation of current health plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. Health plans should further promote the use of existing after-hours customer service to improve customer service results. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Creating an Effective Customer Service Training Program—Health plan efforts to improve customer service should include continually evaluating enhancements to training programs to meet the needs of their unique work environment. Direct patient feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place. The customer service training should continue to stress teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult patient interactions is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery. The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. If not already in place, it is advised that all employees sign a commitment statement to affirm the course of action agreed upon. Health plans should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.

Customer Service Performance Measures—Setting plan-level customer service standards that are in sync with MQD requirements can assist in addressing areas of concern and serve as domains for which health plans can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

GETTING CARE QUICKLY

Patient Access and Availability—Health plans should request that all providers monitor patient access and availability. Dissatisfaction with access to care and timely care is often a result of bottlenecks and redundancies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary to identify these issues and determine the optimal resolution. Health plans create provider access and availability reports quarterly, such as GeoAccess and timely access reports. Health plans should use the GeoAccess reports to track the number of primary care providers (PCPs) and other providers within a specified distance to the members to ensure that there are an adequate number of providers available to members in their geographic region. Health plans should use the timely access report that monitors the required ratio of PCPs, psychiatrists, and psychologists to members to target those providers with a low provider-to-member ratio. In addition, health plans should use the timely access report to target those providers with long wait times for appointments not meeting the required standards. These reports can help providers identify "problem" areas and implement improvement strategies to improve access and availability for patients.

Decrease No-Show Appointments—Studies have indicated that reducing the demand for unnecessary appointments and increasing availability of physicians can result in decreased no-shows and improve members' perceptions of timely access to care. Health plans can assist providers in examining patterns related to no-show appointments in order to determine the factors contributing to patient no-shows. For example, it might be determined that only a small percentage of the physicians' patient population accounts for no-shows. Thus, further analysis could be conducted on this targeted patient population to determine if there are specific contributing factors (e.g., lack of transportation). Additionally, an analysis of the specific types of appointments that are resulting in no-shows could be conducted. Some findings have shown that follow-up visits account for a large percentage of no-shows. Thus, the health plan can assist providers in reexamining their return visit patterns and eliminate unnecessary follow-up appointments or find alternative methods to conduct follow-up care (e.g., telephone and/or email follow-up). Additionally, follow-up appointments could be conducted by another healthcare professional such as nurse practitioners or physician assistants.

HMSA QI

Results

Table 3-124 presents the 2016 question summary rates and global proportions (e.g., the percentage of respondents offering a positive response) and overall 2016 member satisfaction ratings (i.e., star ratings) for each of the global ratings, composite measures, and individual item measures for HMSA QI.[3-2]

Table 3-124—Adult Medicaid CAHPS Results for HMSA QI

Measure	2016 Rates	Star Ratings
Global Ratings		
Rating of Health Plan	54.9%	★★
Rating of All Health Care	56.1%	★★★
Rating of Personal Doctor	60.0%	★★
Rating of Specialist Seen Most Often	67.0%	★★★
Composite Measures		
Getting Needed Care	84.6%	★★★
Getting Care Quickly	78.9%	★
How Well Doctors Communicate	92.7%	★★★★★
Customer Service	83.0%	★
Shared Decision Making	81.0%	—
Individual Item Measures		
Coordination of Care	83.9%	★★
Health Promotion and Education	71.9%	—

A dash (—) indicates that NCQA does not publish national benchmarks and thresholds for these CAHPS measures; therefore, overall member satisfaction ratings could not be derived.
★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

The overall member satisfaction ratings revealed that HMSA QI scored:

- At or above the 90th percentile on one measure, *How Well Doctors Communicate*.
- At or between the 75th and 89th percentiles on no measures.
- At or between the 50th and 74th percentiles on three measures: *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, and *Getting Needed Care*.
- At or between the 25th and 49th percentiles on three measures: *Rating of Health Plan*, *Rating of Personal Doctor*, and *Coordination of Care*.

[3-2] 2016 represents the first year HMSA QI adult members were surveyed; therefore, prior rates are not available for the health plan.

- Below the 25th percentile on two measures: *Getting Care Quickly* and *Customer Service*.

In addition, an evaluation of performance on three CAHPS Quality Strategy measures—*Rating of Health Plan*, *Getting Needed Care*, and *How Well Doctors Communicate*—compared to NCQA's 2016 Benchmarks and Thresholds for Accreditation, was performed for HMSA QI. The following CAHPS Quality Strategy measure met or exceeded the 75th percentile: *How Well Doctors Communicate*. *Rating of Health Plan* and *Getting Needed Care* fell below the 75th percentile goal.

Conclusions and Recommendations

Based on an evaluation of HMSA QI's results, the priority areas identified were *Customer Service*, *Getting Care Quickly*, and *Coordination of Care*. The following are recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in these areas.

CUSTOMER SERVICE

Call Centers—An evaluation of current health plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. Health plans should further promote the use of existing after-hours customer service to improve customer service results. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Creating an Effective Customer Service Training Program—Health plan efforts to improve customer service should include continually evaluating enhancements to training programs to meet the needs of their unique work environment. Direct patient feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place. The customer service training should continue to stress teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult patient interactions is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery. The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. If not already in place, it is advised that all employees sign a commitment statement to affirm the course of action agreed upon. Health plans should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.

Customer Service Performance Measures—Setting plan-level customer service standards that are in sync with MQD requirements can assist in addressing areas of concern and serve as domains for which health plans can evaluate and modify internal customer service performance

measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

GETTING CARE QUICKLY

Patient Access and Availability—Health plans should request that all providers monitor patient access and availability. Dissatisfaction with access to care and timely care is often a result of bottlenecks and redundancies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary to identify these issues and determine the optimal resolution. Health plans create provider access and availability reports quarterly, such as GeoAccess and timely access reports. Health plans should use the GeoAccess reports to track the number of PCPs and other providers within a specified distance to the members to ensure that there are an adequate number of providers available to members in their geographic region. Health plans should use the timely access report that monitors the required ratio of PCPs, psychiatrists, and psychologists to members to target those providers with a low provider-to-member ratio. In addition, health plans should use the timely access report to target those providers with long wait times for appointments not meeting the required standards. These reports can help providers identify "problem" areas and implement improvement strategies to improve access and availability for patients.

Decrease No-Show Appointments—Studies have indicated that reducing the demand for unnecessary appointments and increasing availability of physicians can result in decreased no-shows and improve members' perceptions of timely access to care. Health plans can assist providers in examining patterns related to no-show appointments in order to determine the factors contributing to patient no-shows. For example, it might be determined that only a small percentage of the physicians' patient population accounts for no-shows. Thus, further analysis could be conducted on this targeted patient population to determine if there are specific contributing factors (e.g., lack of transportation). Additionally, an analysis of the specific types of appointments that are resulting in no-shows could be conducted. Some findings have shown that follow-up visits account for a large percentage of no-shows. Thus, the health plan can assist providers in reexamining their return visit patterns and eliminate unnecessary follow-up appointments or find alternative methods to conduct follow-up care (e.g., telephone and/or email follow-up). Additionally, follow-up appointments could be conducted by another healthcare professional such as a nurse practitioner or physician assistant.

COORDINATION OF CARE

Health plans should develop a structured approach to coordinating care for members with complex needs. This includes developing strategies for meeting the medical and behavioral health needs of members. Health plans could promote the use of health information technology to manage patient

health, prescriptions, and laboratory tests. In addition, the providers should holistically evaluate patients to assess any barriers and strengths to anticipate any needs related to patients' health status. The health plan should encourage and help build interactions and agreements between providers to foster shared accountability for patients. The primary care physicians should be able to organize and track the referrals to ensure patients under their care receive the recommended treatments or visits.

Kaiser QI

Results

Table 3-125 presents the 2016 question summary rates and global proportions (e.g., the percentage of respondents offering a positive response) and overall 2016 member satisfaction ratings (i.e., star ratings) for each of the global ratings, composite measures, and individual item measures for Kaiser QI.[3-3]

Table 3-125—Adult Medicaid CAHPS Results *for* Kaiser QI

Measure	2016 Rates	Star Ratings
Global Ratings		
Rating of Health Plan	67.0%	★★★★★
Rating of All Health Care	63.1%	★★★★★
Rating of Personal Doctor	68.1%	★★★★★
Rating of Specialist Seen Most Often	66.3%	★★★★
Composite Measures		
Getting Needed Care	83.1%	★★★
Getting Care Quickly	80.4%	★★
How Well Doctors Communicate	92.4%	★★★★★
Customer Service	87.4%	★★
Shared Decision Making	80.2%	—
Individual Item Measures		
Coordination of Care	83.1%	★★★
Health Promotion and Education	74.1%	—

A dash (—) indicates that NCQA does not publish national benchmarks and thresholds for these CAHPS measures; therefore, overall member satisfaction ratings could not be derived.
★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

The overall member satisfaction ratings revealed that Kaiser QI scored:

- At or above the 90th percentile on four measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *How Well Doctors Communicate*.
- At or between the 75th and 89th percentiles on one measure, *Rating of Specialist Seen Most Often*.
- At or between the 50th and 74th percentiles on two measures: *Getting Needed Care* and *Coordination of Care*.

[3-3] 2016 represents the first year Kaiser QI adult members were surveyed; therefore, prior rates are not available for the health plan.

- At or between the 25th and 49th percentiles on two measures: *Getting Care Quickly* and *Customer Service*.
- Below the 25th percentile on no measures.

In addition, an evaluation of performance on three CAHPS Quality Strategy measures—*Rating of Health Plan*, *Getting Needed Care*, and *How Well Doctors Communicate*—compared to NCQA's 2016 Benchmarks and Thresholds for Accreditation, was performed for Kaiser QI. The following CAHPS Quality Strategy measures met or exceeded the 75th percentile: *Rating of Health Plan* and *How Well Doctors Communicate*. *Getting Needed Care* fell below the 75th percentile goal.

Conclusions and Recommendations

Based on an evaluation of Kaiser QI's results, the priority areas identified were *Getting Needed Care*, *Customer Service*, and *Getting Care Quickly*. The following are recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in these areas.

GETTING NEEDED CARE

Interactive Workshops—Health plans should continue to engage in promoting health education, health literacy, and preventive healthcare among their membership. Increasing patients' health literacy and general understanding of their healthcare needs can result in improved health. Health plans should continue to bolster their community-based interactive workshops and educational materials to provide information on general health or specific needs.

"Max-Packing"—Health plans can assist providers in implementing strategies within their system that allow for as many of the patient's needs to be met during one office visit when feasible—a process called "max-packing." Max-packing is a model designed to maximize each patient's office visit, which in many cases eliminates the need for extra appointments. Max-packing strategies could include using a checklist of preventive care services to anticipate the patient's future medical needs and guide the process of taking care of those needs during the scheduled visit, whenever possible. Processes could also be implemented wherein staff review the current day's appointment schedule and assess if any patients have future appointments that could be addressed during the current day's appointment.

Facilitate Coordinated Care—Health plans should assist in facilitating the process of coordinated care between providers and care coordinators to ensure members are receiving the care and services most appropriate for their healthcare needs. Coordinated care is most effective when care coordinators and providers organize their efforts to deliver the same message to the members. Members are more likely to play an active role in the management of their healthcare and benefit from care coordination efforts if they are receiving the same information from both care coordinator and providers. Improving the system-level coordination between providers and care coordinators will enhance the service and care received by members. Additionally, providing patient registries or clinical information systems in which providers and care coordinators may enter information can help reduce duplication of services and facilitate care coordination.

CUSTOMER SERVICE

Call Centers—An evaluation of current health plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. Health plans should further promote the use of existing after-hours customer service to improve customer service results. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Creating an Effective Customer Service Training Program—Health plan efforts to improve customer service should include continually evaluating enhancements to training programs to meet the needs of their unique work environment. Direct patient feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place. The customer service training should continue to stress teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult patient interactions is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery. The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. If not already in place, it is advised that all employees sign a commitment statement to affirm the course of action agreed upon. Health plans should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.

Customer Service Performance Measures—Setting plan-level customer service standards that are in sync with MQD requirements can assist in addressing areas of concern and serve as domains for which health plans can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

GETTING CARE QUICKLY

Patient Access and Availability—Health plans should request that all providers monitor patient access and availability. Dissatisfaction with access to care and timely care is often a result of bottlenecks and redundancies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary to identify these issues and determine the optimal resolution. Health plans create provider access and availability reports quarterly, such as GeoAccess and

timely access reports. Health plans should use the GeoAccess reports to track the number of PCPs and other providers within a specified distance to the members to ensure that there are an adequate number of providers available to members in their geographic region. Health plans should use the timely access report that monitors the required ratio of PCPs, psychiatrists, and psychologists to members to target those providers with a low provider-to-member ratio. In addition, health plans should use the timely access report to target those providers with long wait times for appointments not meeting the required standards. These reports can help providers identify "problem" areas and implement improvement strategies to improve access and availability for patients.

Decrease No-Show Appointments—Studies have indicated that reducing the demand for unnecessary appointments and increasing availability of physicians can result in decreased no-shows and improve members' perceptions of timely access to care. Health plans can assist providers in examining patterns related to no-show appointments in order to determine the factors contributing to patient no-shows. For example, it might be determined that only a small percentage of the physicians' patient population accounts for no-shows. Thus, further analysis could be conducted on this targeted patient population to determine if there are specific contributing factors (e.g., lack of transportation). Additionally, an analysis of the specific types of appointments that are resulting in no-shows could be conducted. Some findings have shown that follow-up visits account for a large percentage of no-shows. Thus, the health plan can assist providers in reexamining their return visit patterns and eliminate unnecessary follow-up appointments or find alternative methods to conduct follow-up care (e.g., telephone and/or email follow-up). Additionally, follow-up appointments could be conducted by another healthcare professional such as nurse practitioners or physician assistants.

'Ohana QI

Results

Table 3-126 presents the 2016 question summary rates and global proportions (e.g., the percentage of respondents offering a positive response) and overall 2016 member satisfaction ratings (i.e., star ratings) for each of the global ratings, composite measures, and individual item measures for 'Ohana QI.[3-4]

Table 3-126—Adult Medicaid CAHPS Results *for* 'Ohana QI

Measure	2016 Rates	Star Ratings
Global Ratings		
Rating of Health Plan	54.2%	★★
Rating of All Health Care	52.9%	★★★
Rating of Personal Doctor	68.3%	★★★★★
Rating of Specialist Seen Most Often	67.1%	★★★★
Composite Measures		
Getting Needed Care	82.2%	★★
Getting Care Quickly	84.2%	★★★
How Well Doctors Communicate	92.3%	★★★★★
Customer Service	85.6%	★
Shared Decision Making	82.0%	—
Individual Item Measures		
Coordination of Care	85.5%	★★★
Health Promotion and Education	77.9%	—

A dash (—) indicates that NCQA does not publish national benchmarks and thresholds for these CAHPS measures; therefore, overall member satisfaction ratings could not be derived.
★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

The overall member satisfaction ratings revealed that 'Ohana QI scored:

- At or above the 90th percentile on two measures: *Rating of Personal Doctor* and *How Well Doctors Communicate*.
- At or between the 75th and 89th percentiles on one measure, *Rating of Specialist Seen Most Often*.
- At or between the 50th and 74th percentiles on three measures: *Rating of All Health Care*, *Getting Care Quickly*, and *Coordination of Care*.

[3-4] 2016 represents the first year 'Ohana QI adult members were surveyed; therefore, prior rates are not available for the health plan.

- At or between the 25th and 49th percentiles on two measures: *Rating of Health Plan* and *Getting Needed Care*.
- Below the 25th percentile on one measure, *Customer Service*.

In addition, an evaluation of performance on three CAHPS Quality Strategy measures—*Rating of Health Plan*, *Getting Needed Care*, and *How Well Doctors Communicate*—compared to NCQA's 2016 Benchmarks and Thresholds for Accreditation, was performed for 'Ohana QI. The following CAHPS Quality Strategy measure met or exceeded the 75th percentile: *How Well Doctors Communicate*. *Rating of Health Plan* and *Getting Needed Care* fell below the 75th percentile goal.

Conclusions and Recommendations

Based on an evaluation of 'Ohana QI's results, the priority areas identified were *Getting Needed Care, Customer Service,* and *Rating of Health Plan.* The following are recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in each of these areas.

GETTING NEEDED CARE

Interactive Workshops—Health plans should continue to engage in promoting health education, health literacy, and preventive healthcare among their membership. Increasing patients' health literacy and general understanding of their healthcare needs can result in improved health. Health plans should continue to bolster their community-based interactive workshops and educational materials to provide information on general health or specific needs.

"Max-Packing"—Health plans can assist providers in implementing strategies within their system that allow for as many of the patient's needs to be met during one office visit when feasible—a process called "max-packing." Max-packing is a model designed to maximize each patient's office visit, which in many cases eliminates the need for extra appointments. Max-packing strategies could include using a checklist of preventive care services to anticipate the patient's future medical needs and guide the process of taking care of those needs during the scheduled visit, whenever possible. Processes could also be implemented wherein staff review the current day's appointment schedule and assess if any patients have future appointments that could be addressed during the current day's appointment.

Facilitate Coordinated Care—Health plans should assist in facilitating the process of coordinated care between providers and care coordinators to ensure members are receiving the care and services most appropriate for their healthcare needs. Coordinated care is most effective when care coordinators and providers organize their efforts to deliver the same message to the members. Members are more likely to play an active role in the management of their healthcare and benefit from care coordination efforts if they are receiving the same information from both care coordinator and providers. Improving the system-level coordination between providers and care coordinators will enhance the service and care received by members. Additionally, providing patient registries or clinical information systems in which providers and care coordinators may enter information can help reduce duplication of services and facilitate care coordination.

CUSTOMER SERVICE

Call Centers—An evaluation of current health plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. Health plans should further promote the use of existing after-hours customer service to improve customer service results. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Creating an Effective Customer Service Training Program—Health plan efforts to improve customer service should include continually evaluating enhancements to training programs to meet the needs of their unique work environment. Direct patient feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place. The customer service training should continue to stress teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult patient interactions is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery. The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. If not already in place, it is advised that all employees sign a commitment statement to affirm the course of action agreed upon. Health plans should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.

Customer Service Performance Measures—Setting plan-level customer service standards that are in sync with MQD requirements can assist in addressing areas of concern and serve as domains for which health plans can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

RATING OF HEALTH PLAN

Alternatives to One-on-One Visits—The health plan should engage in efforts that assist providers in examining and improving their systems' abilities to manage patient demand. As an example, the health plan might test alternatives to traditional one-on-one visits, such as telephone consultations, telemedicine, or group visits for certain types of healthcare services and appointments. Alternatives to traditional one-on-one, in-office visits may assist in

improving physician availability and ensuring that patients receive immediate medical care and services.

Health Plan Operations—It is important for a health plan to view its organization as collections of microsystems (such as providers, administrators, and other staff that provide services to members) that provide the health plan's healthcare "products." The goal of the microsystems approach is to focus on small, replicable, functional service systems that enable health plan staff to provide high-quality, patient-centered care. Once the microsystems are identified, new processes that improve care should be tested and implemented. Effective processes can then be rolled out throughout the health plan. The health plan should continue to monitor and track its health plan operations to ensure members are receiving quality care and services in a timely manner.

Promote Quality Improvement Initiatives—The health plan should continue its efforts to implement organization-wide quality improvement initiatives that involve health plan staff members at every level. Methods for achieving this can include aligning quality improvement goals to the mission and goals of the health plan organization, establishing plan-level performance measures, clearly defining and communicating collected measures, and offering provider-level support and assistance in implementing quality improvement initiatives. Furthermore, progress of quality improvement initiatives should be monitored and reported internally to assess effectiveness of these efforts.

UHC CP QI

Results

Table 3-127 presents the 2016 question summary rates and global proportions (e.g., the percentage of respondents offering a positive response) and overall 2016 member satisfaction ratings (i.e., star ratings) for each of the global ratings, composite measures, and individual item measures for UHC CP QI.[3-5]

Table 3-127—Adult Medicaid CAHPS Results *for* UHC CP QI

Measure	2016 Rates	Star Ratings
Global Ratings		
Rating of Health Plan	60.0%	★★★
Rating of All Health Care	56.0%	★★★
Rating of Personal Doctor	64.8%	★★★★
Rating of Specialist Seen Most Often	70.9%	★★★★★
Composite Measures		
Getting Needed Care	80.5%	★★
Getting Care Quickly	77.9%	★★
How Well Doctors Communicate	90.1%	★★★
Customer Service	89.1%	★★★
Shared Decision Making	81.8%	—
Individual Item Measures		
Coordination of Care	84.0%	★★★
Health Promotion and Education	76.3%	—

A dash (—) indicates that NCQA does not publish national benchmarks and thresholds for these CAHPS measures; therefore, overall member satisfaction ratings could not be derived.
★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

The overall member satisfaction ratings revealed that UHC CP QI scored:

- At or above the 90th percentile on one measure, *Rating of Specialist Seen Most Often*.
- At or between the 75th and 89th percentiles on one measure, *Rating of Personal Doctor*.
- At or between the 50th and 74th percentiles on five measures: *Rating of Health Plan*, *Rating of All Health Care*, *How Well Doctors Communicate*, *Customer Service*, and *Coordination of Care*.
- At or between the 25th and 49th percentiles on two measures: *Getting Needed Care* and *Getting Care Quickly*.

[3-5] 2016 represents the first year UHC CP QI adult members were surveyed; therefore, prior rates are not available for the health plan.

- Below the 25th percentile on no measures.

In addition, an evaluation of performance on three CAHPS Quality Strategy measures—*Rating of Health Plan*, *Getting Needed Care*, and *How Well Doctors Communicate*—compared to NCQA's 2016 Benchmarks and Thresholds for Accreditation, was performed for UHC CP QI. None of the CAHPS Quality Strategy measures met or exceeded the 75th percentile goal.

Conclusions and Recommendations

Based on an evaluation of UHC CP QI's results, the priority areas identified were *Getting Needed Care*, *Customer Service*, and *Getting Care Quickly*. The following are recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in each of these areas.

GETTING NEEDED CARE

Interactive Workshops—Health plans should continue to engage in promoting health education, health literacy, and preventive healthcare among their membership. Increasing patients' health literacy and general understanding of their healthcare needs can result in improved health. Health plans should continue to bolster their community-based interactive workshops and educational materials to provide information on general health or specific needs.

"Max-Packing"—Health plans can assist providers in implementing strategies within their system that allow for as many of the patient's needs to be met during one office visit when feasible—a process called "max-packing." Max-packing is a model designed to maximize each patient's office visit, which in many cases eliminates the need for extra appointments. Max-packing strategies could include using a checklist of preventive care services to anticipate the patient's future medical needs and guide the process of taking care of those needs during the scheduled visit, whenever possible. Processes could also be implemented wherein staff review the current day's appointment schedule and assess if any patients have future appointments that could be addressed during the current day's appointment.

Facilitate Coordinated Care—Health plans should assist in facilitating the process of coordinated care between providers and care coordinators to ensure members are receiving the care and services most appropriate for their healthcare needs. Coordinated care is most effective when care coordinators and providers organize their efforts to deliver the same message to the members. Members are more likely to play an active role in the management of their healthcare and benefit from care coordination efforts if they are receiving the same information from both care coordinator and providers. Improving the system-level coordination between providers and care coordinators will enhance the service and care received by members. Additionally, providing patient registries or clinical information systems in which providers and care coordinators may enter information can help reduce duplication of services and facilitate care coordination.

CUSTOMER SERVICE

Call Centers—An evaluation of current health plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. Health plans should further promote the use of existing after-hours customer service to improve customer service results. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Creating an Effective Customer Service Training Program—Health plan efforts to improve customer service should include continually evaluating enhancements to training programs to meet the needs of their unique work environment. Direct patient feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place. The customer service training should continue to stress teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult patient interactions is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery. The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. If not already in place, it is advised that all employees sign a commitment statement to affirm the course of action agreed upon. Health plans should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.

Customer Service Performance Measures—Setting plan-level customer service standards that are in sync with MQD requirements can assist in addressing areas of concern and serve as domains for which health plans can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

GETTING CARE QUICKLY

Patient Access and Availability—Health plans should request that all providers monitor patient access and availability. Dissatisfaction with access to care and timely care is often a result of bottlenecks and redundancies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary to identify these issues and determine the optimal resolution. Health plans create provider access and availability reports quarterly, such as GeoAccess and

timely access reports. Health plans should use the GeoAccess reports to track the number of PCPs and other providers within a specified distance to the members to ensure that there are an adequate number of providers available to members in their geographic region. Health plans should use the timely access report that monitors the required ratio of PCPs, psychiatrists, and psychologists to members to target those providers with a low provider-to-member ratio. In addition, health plans should use the timely access report to target those providers with long wait times for appointment not meeting the required standards. These reports can help providers identify "problem" areas and implement improvement strategies to improve access and availability for patients.

Decrease No-Show Appointments—Studies have indicated that reducing the demand for unnecessary appointments and increasing availability of physicians can result in decreased no-shows and improve members' perceptions of timely access to care. Health plans can assist providers in examining patterns related to no-show appointments in order to determine the factors contributing to patient no-shows. For example, it might be determined that only a small percentage of the physicians' patient population accounts for no-shows. Thus, further analysis could be conducted on this targeted patient population to determine if there are specific contributing factors (e.g., lack of transportation). Additionally, an analysis of the specific types of appointments that are resulting in no-shows could be conducted. Some findings have shown that follow-up visits account for a large percentage of no-shows. Thus, the health plan can assist providers in reexamining their return visit patterns and eliminate unnecessary follow-up appointments or find alternative methods to conduct follow-up care (e.g., telephone and/or email follow-up). Additionally, follow-up appointments could be conducted by another healthcare professional such as nurse practitioners or physician assistants.

Children's Health Insurance Program (CHIP)

Results

Table 3-128 presents the 2015 and 2016 question summary rates and global proportions (e.g., the percentage of respondents offering a positive response) and overall 2016 member satisfaction ratings (i.e., star ratings) for each of the global ratings, composite measures, and individual item measures for CHIP.[3-6]

Table 3-128—Child Medicaid CAHPS Results for CHIP

Measure	2015 Rates	2016 Rates	Star Ratings
Global Ratings			
Rating of Health Plan	69.5%	69.7%	★★★★
Rating of All Health Care	65.3%	66.8%	★★★★★
Rating of Personal Doctor	75.1%	73.3%	★★★★
Rating of Specialist Seen Most Often	59.3%+	72.7%+	★★★★★+
Composite Measures			
Getting Needed Care	81.5%	83.8%	★
Getting Care Quickly	85.6%	86.0%	★
How Well Doctors Communicate	93.8%	94.4%	★★★
Customer Service	84.9%	84.3%	★
Shared Decision Making	79.9%	81.4%	—
Individual Item Measure			
Coordination of Care	83.2%	81.2%	★★
Health Promotion and Education	73.3%	76.2%	—

A dash (—) indicates that NCQA does not publish national benchmarks and thresholds for these CAHPS measures; therefore, overall member satisfaction ratings could not be derived.

+ There were fewer than 100 respondents for this measure; therefore, caution should be exercised when interpreting these results.

★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

The overall member satisfaction ratings revealed that CHIP scored:

- At or above the 90th percentile on two measures: *Rating of All Health Care* and *Rating of Specialist Seen Most Often*.

[3-6] NCQA's benchmarks and thresholds for the child Medicaid population were used to derive the overall member satisfaction ratings; therefore, caution should be exercised when interpreting these results.

- At or between the 75th and 89th percentiles on two measures: *Rating of Health Plan* and *Rating of Personal Doctor*.
- At or between the 50th and 74th percentiles on one measure, *How Well Doctors Communicate*.
- At or between the 25th and 49th percentiles on one measure, *Coordination of Care*.
- Below the 25th percentile on three measures: *Getting Needed Care*, *Getting Care Quickly*, and *Customer Service*.

In addition, an evaluation of performance on three CAHPS Quality Strategy measures—*Rating of Health Plan*, *Getting Needed Care*, and *How Well Doctors Communicate*—compared to NCQA's 2016 Benchmarks and Thresholds for Accreditation, was performed for CHIP. The following CAHPS Quality Strategy measure met or exceeded the 75th percentile: *Rating of Health Plan*. *How Well Doctors Communicate* and *Getting Needed Care* fell below the 75th percentile goal.

Conclusions and Recommendations

Based on an evaluation of CHIP's results, the priority areas identified were *Getting Needed Care*, *Customer Service,* and *Getting Care Quickly.* The following are recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in each of these areas

GETTING NEEDED CARE

Interactive Workshops—Health plans should continue to engage in promoting health education, health literacy, and preventive healthcare among their membership. Increasing patients' health literacy and general understanding of their healthcare needs can result in improved health. Health plans should continue to bolster their community-based interactive workshops and educational materials to provide information on general health or specific needs.

"Max-Packing"—Health plans can assist providers in implementing strategies within their system that allow for as many of the patient's needs to be met during one office visit when feasible—a process called "max-packing." Max-packing is a model designed to maximize each patient's office visit, which in many cases eliminates the need for extra appointments. Max-packing strategies could include using a checklist of preventive care services to anticipate the patient's future medical needs and guide the process of taking care of those needs during the scheduled visit, whenever possible. Processes could also be implemented wherein staff review the current day's appointment schedule and assess if any patients have future appointments that could be addressed during the current day's appointment.

Facilitate Coordinated Care—Health plans should assist in facilitating the process of coordinated care between providers and care coordinators to ensure members are receiving the care and services most appropriate for their healthcare needs. Coordinated care is most effective when care coordinators and providers organize their efforts to deliver the same message to the members. Members are more likely to play an active role in the management of their healthcare and benefit from care coordination efforts if they are receiving the same information from both care coordinator and providers. Improving the system-level coordination between

providers and care coordinators will enhance the service and care received by members. Additionally, providing patient registries or clinical information systems in which providers and care coordinators may enter information can help reduce duplication of services and facilitate care coordination.

CUSTOMER SERVICE

Call Centers—An evaluation of current health plan call center hours and practices can be conducted to determine if the hours and resources meet members' needs. Health plans should further promote the use of existing after-hours customer service to improve customer service results. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Creating an Effective Customer Service Training Program—Health plan efforts to improve customer service should include continually evaluating enhancements to training programs to meet the needs of their unique work environment. Direct patient feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place. The customer service training should continue to stress teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult patient interactions is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery. The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. If not already in place, it is advised that all employees sign a commitment statement to affirm the course of action agreed upon. Health plans should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.

Customer Service Performance Measures—Setting plan-level customer service standards that are in sync with MQD requirements can assist in addressing areas of concern and serve as domains for which health plans can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

GETTING CARE QUICKLY

Patient Access and Availability—Health plans should request that all providers monitor patient access and availability. Dissatisfaction with access to care and timely care is often a result of

bottlenecks and redundancies in the administrative and clinical patient flow processes (e.g., diagnostic tests, test results, treatments, hospital admission, and specialty services). To address these problems, it is necessary to identify these issues and determine the optimal resolution. Health plans create provider access and availability reports quarterly, such as GeoAccess and timely access reports. Health plans should use the GeoAccess reports to track the number of PCPs and other providers within a specified distance to the members to ensure that there are an adequate number of providers available to members in their geographic region. Health plans should use the timely access report that monitors the required ratio of PCPs, psychiatrists, and psychologists to members to target those providers with a low provider-to-member ratio. In addition, health plans should use the timely access report to target those providers with long wait times for appointment not meeting the required standards. These reports can help providers identify "problem" areas and implement improvement strategies to improve access and availability for patients.

Decrease No-Show Appointments—Studies have indicated that reducing the demand for unnecessary appointments and increasing availability of physicians can result in decreased no-shows and improve members' perceptions of timely access to care. Health plans can assist providers in examining patterns related to no-show appointments in order to determine the factors contributing to patient no-shows. For example, it might be determined that only a small percentage of the physicians' patient population accounts for no-shows. Thus, further analysis could be conducted on this targeted patient population to determine if there are specific contributing factors (e.g., lack of transportation). Additionally, an analysis of the specific types of appointments that are resulting in no-shows could be conducted. Some findings have shown that follow-up visits account for a large percentage of no-shows. Thus, the health plan can assist providers in reexamining their return visit patterns and eliminate unnecessary follow-up appointments or find alternative methods to conduct follow-up care (e.g., telephone and/or email follow-up). Additionally, follow-up appointments could be conducted by another healthcare professional such as nurse practitioners or physician assistants.

Provider Survey

The 2016 Hawaii Provider Survey results for participating QI health plans are presented on the following five domains of satisfaction:

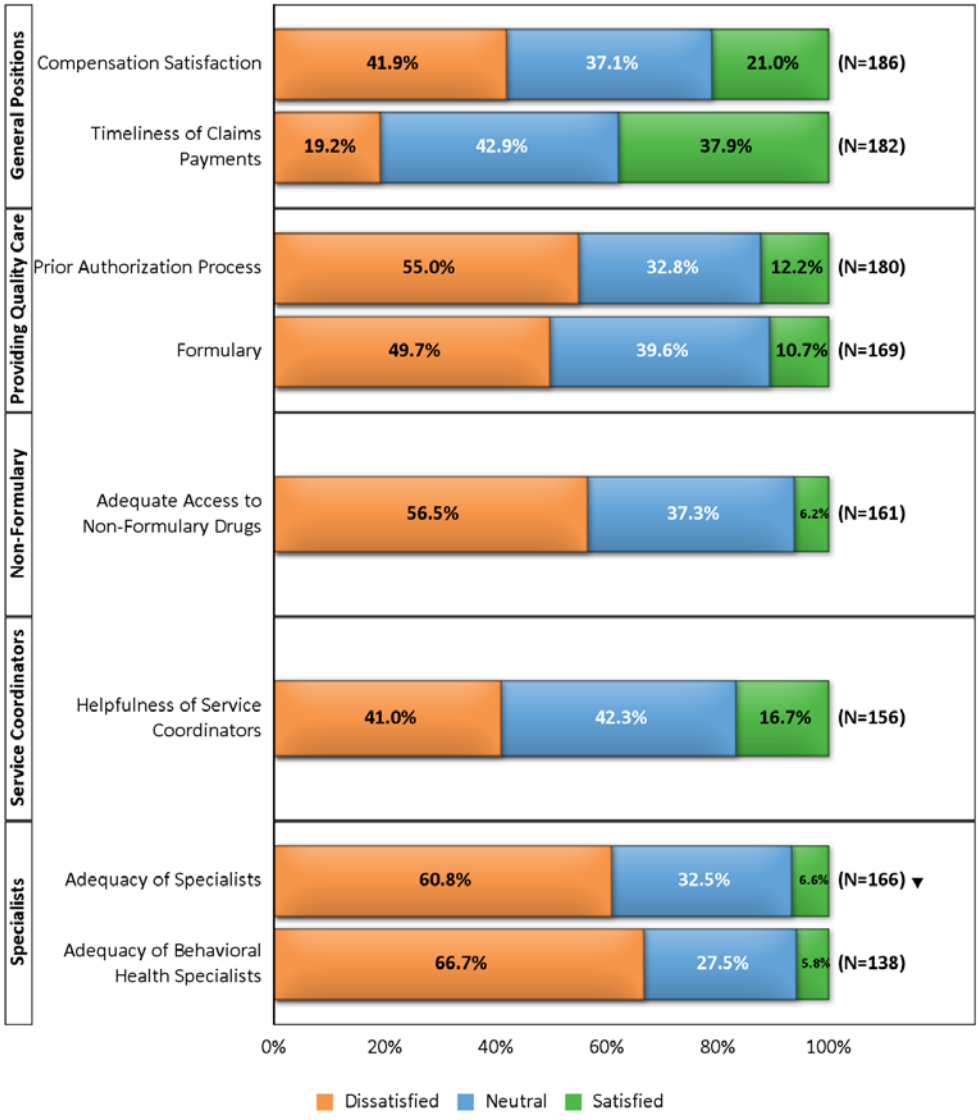
- **General Positions**—presents providers' level of satisfaction with the reimbursement rate (pay schedule) or compensation, and providers' level of satisfaction with the timeliness of claims payments.
- **Providing Quality Care**—presents providers' level of satisfaction with the QI health plans' prior authorization process and formulary, in terms of having an impact on providers' abilities to deliver quality care.
- **Non-Formulary**—presents providers' level of satisfaction with access to non-formulary drugs.
- **Service Coordinators**—presents providers' level of satisfaction with the helpfulness of service coordinators.
- **Specialists**—presents providers' level of satisfaction with the QI health plans' number of specialists and number of behavioral health specialists.

AlohaCare QI

Results

Figure 3-1 depicts the 2016 response category proportions (i.e., the percentage of responses that fell into the categories of satisfied, neutral, and dissatisfied) on the domains of General Positions, Providing Quality Care, Non-formulary, Service Coordinators, and Specialists for AlohaCare QI.

Figure 3-1—AlohaCare QI: General Positions, Providing Quality Care, Non-Formulary, Service Coordinators, and Specialists



Note: Percentages may not total 100.0% due to rounding.

▲ *indicates the QI health plan's top-box rate is higher than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

▼ *indicates the QI health plan's top-box rate is lower than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

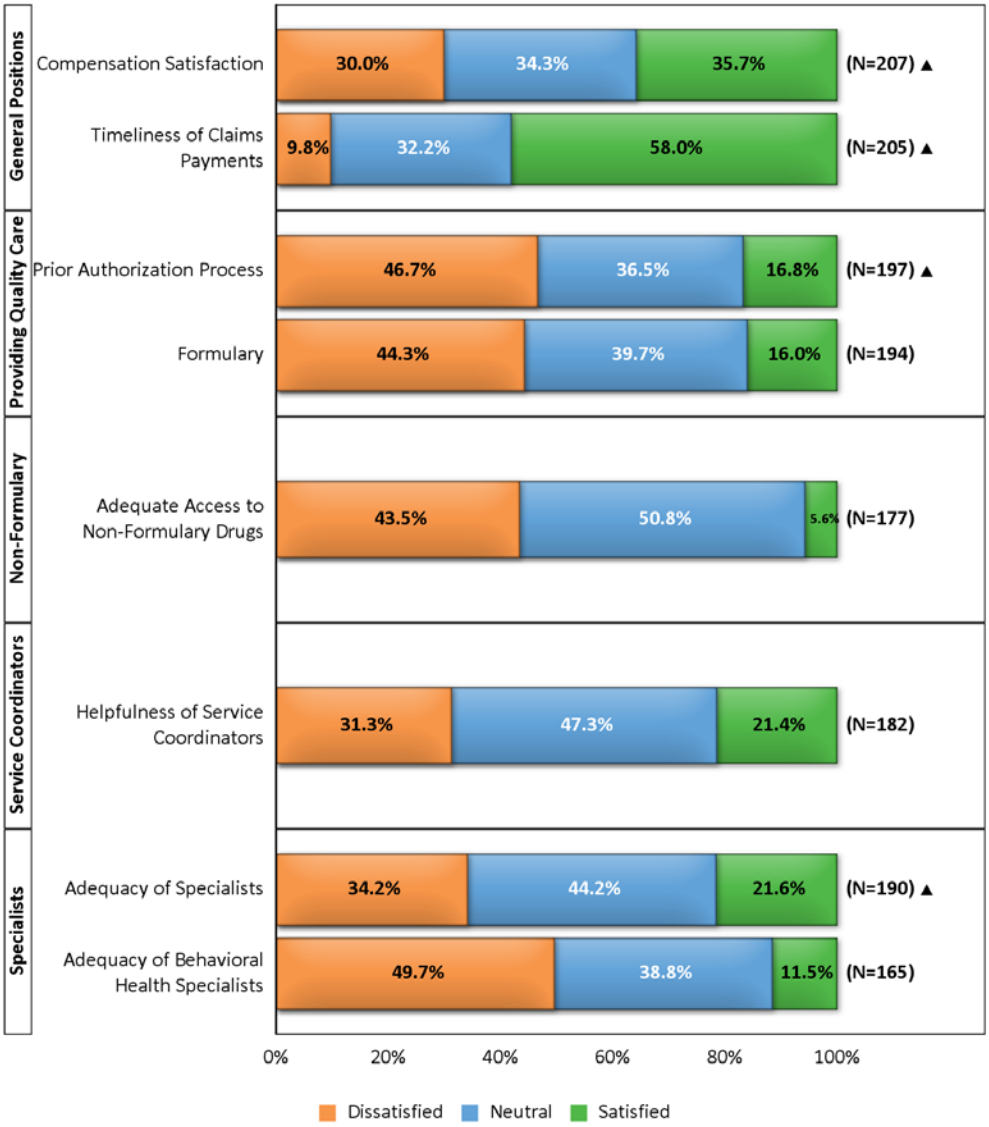
- The differences between AlohaCare QI's 2016 top-box rates for compensation satisfaction and timeliness of claims payments (21.0 percent and 37.9 percent, respectively) and the aggregate rates of the other QI health plans were not statistically significant.
- The differences between AlohaCare QI's 2016 top-box rates for prior authorization process and formulary (12.2 percent and 10.7 percent, respectively) and the aggregate rates of the other QI health plans were not statistically significant.
- The difference between AlohaCare QI's 2016 top-box rate for adequate access to non-formulary drugs (6.2 percent) and the aggregate rate of the other QI health plans was not statistically significant.
- The difference between AlohaCare QI's 2016 top-box rate for helpfulness of service coordinators (16.7 percent) and the aggregate rate of the other QI health plans was not statistically significant.
- AlohaCare QI's 2016 top-box rate for adequacy of specialists (6.6 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant. The difference between the 2016 top-box rate for adequacy of behavioral health specialists (5.8 percent) and the aggregate rate of the other QI health plans was not statistically significant.

HMSA QI

Results

Figure 3-2 depicts the 2016 response category proportions (i.e., the percentage of responses that fell into the categories of satisfied, neutral, and dissatisfied) on the domains of General Positions, Providing Quality Care, Non-formulary, Service Coordinators, and Specialists for HMSA QI.

Figure 3-2—HMSA QI: General Positions, Providing Quality Care, Non-Formulary, Service Coordinators, and Specialists



Note: Percentages may not total 100.0% due to rounding.

▲ *indicates the QI health plan's top-box rate is higher than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

▼ *indicates the QI health plan's top-box rate is lower than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

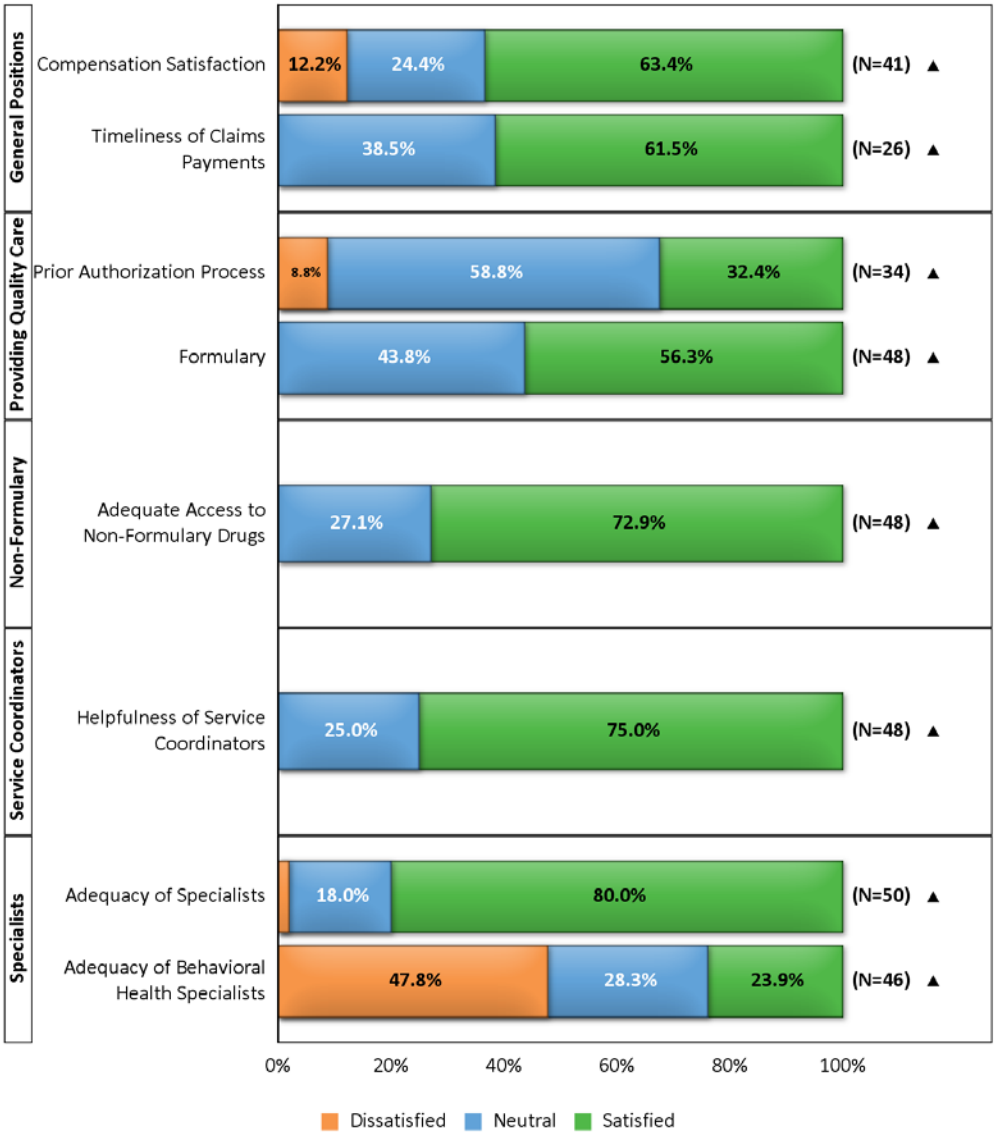
- HMSA QI's 2016 top-box rates for compensation satisfaction and timeliness of claims payments (35.7 percent and 58.0 percent, respectively) were both higher than the aggregate rates of the other QI health plans, and the differences were statistically significant.
- HMSA QI's 2016 top-box rate for prior authorization process (16.8 percent) was higher than the aggregate rate of the other QI health plans, and the difference was statistically significant. The difference between the 2016 top-box rate for formulary (16.0 percent) and the aggregate rate of the other QI health plans was not statistically significant.
- The difference between HMSA QI's 2016 top-box rate for adequate access to non-formulary drugs (5.6 percent) and the aggregate rate of the other QI health plans was not statistically significant
- The difference between HMSA QI's 2016 top-box rate for helpfulness of service coordinators (21.4 percent) and the aggregate rate of the other QI health plans was not statistically significant.
- HMSA QI's 2016 top-box rate for adequacy of specialists (21.6 percent) was higher than the aggregate rate of the other QI health plans, and the difference was statistically significant. The difference between the 2016 top-box rate for adequacy of behavioral health specialists (11.5 percent) and the aggregate rate of the other QI health plans was not statistically significant.

Kaiser QI

Results

Figure 3-3 depicts the 2016 response category proportions (i.e., the percentage of responses that fell into the categories of satisfied, neutral, and dissatisfied) on the domains of General Positions, Providing Quality Care, Non-formulary, Service Coordinators, and Specialists for Kaiser QI.

Figure 3-3—Kaiser QI: General Positions, Providing Quality Care, Non-Formulary, Service Coordinators, and Specialists



Note: Percentages may not total 100.0% due to rounding.

▲ *indicates the QI health plan's top-box rate is higher than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

▼ *indicates the QI health plan's top-box rate is lower than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

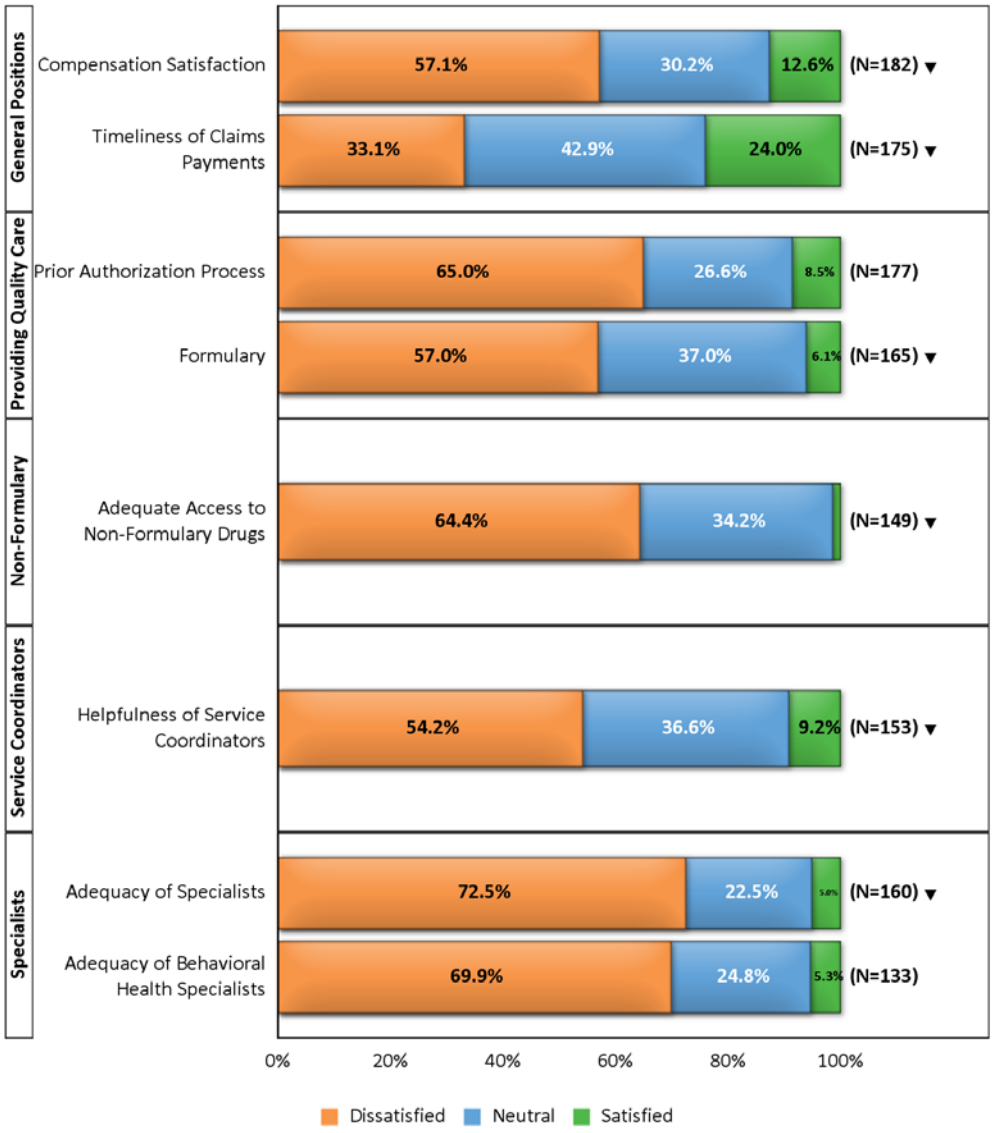
- Kaiser QI's 2016 top-box rates for compensation satisfaction and timeliness of claims payments (63.4 percent and 61.5 percent, respectively) were higher than the aggregate rates of the other QI health plans, and the differences were statistically significant. Also, no providers were dissatisfied with the timeliness of claims payments from Kaiser QI.
- Kaiser QI's 2016 top-box rates for prior authorization process and formulary (32.4 percent and 56.3 percent, respectively) were both higher than the aggregate rates of the other QI health plans, and the differences were statistically significant. Also, no providers indicated that Kaiser QI's formulary negatively impacted their ability to provide quality care.
- Kaiser QI's 2016 top-box rate for adequate access to non-formulary drugs (72.9 percent) was higher than the aggregate rate of the other QI health plans, and the difference was statistically significant. Also, no providers were dissatisfied with the adequacy of Kaiser QI's access to non-formulary drugs.
- Kaiser QI's 2016 top-box rate for helpfulness of service coordinators (75.0 percent) was higher than the aggregate rate of the other QI health plans, and the difference was statistically significant. Also, no providers were dissatisfied with the adequacy of the help provided by Kaiser QI's service coordinators.
- Kaiser QI's 2016 top-box rates for adequacy of specialists and adequacy of behavioral health specialists (80.0 percent and 23.9 percent, respectively) were both higher than the aggregate rates of the other QI health plans, and the differences were statistically significant.

'Ohana QI

Results

Figure 3-4 depicts the 2016 response category proportions (e.g., the percentage of responses that fell into the categories of satisfied, neutral, and dissatisfied) on the domains of General Positions, Providing Quality Care, Non-formulary, Service Coordinators, and Specialists for 'Ohana QI.

Figure 3-4—'Ohana QI: General Positions, Providing Quality Care, Non-Formulary, Service Coordinators, and Specialists



Note: Percentages may not total 100.0% due to rounding.

▲ *indicates the QI health plan's top-box rate is higher than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

▼ *indicates the QI health plan's top-box rate is lower than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

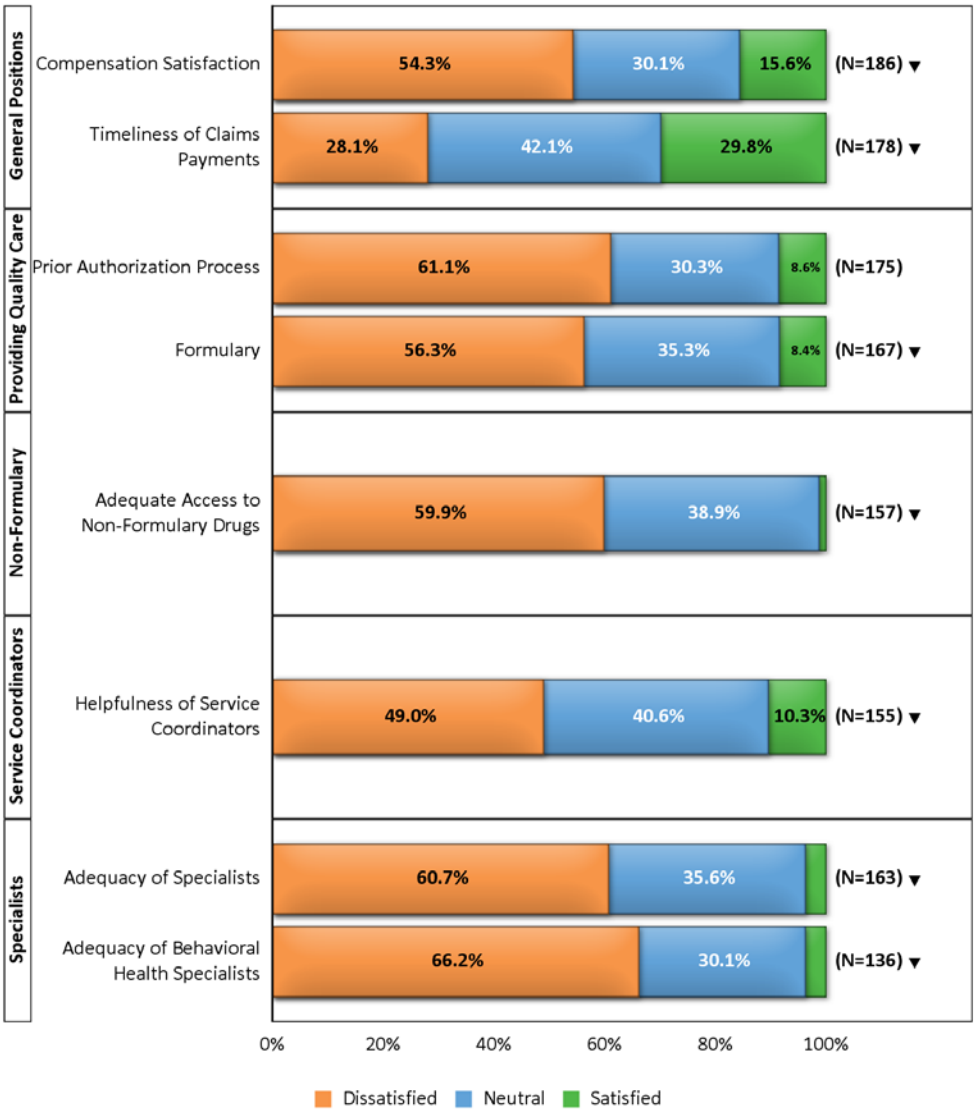
- 'Ohana QI's 2016 top-box rate for compensation satisfaction and timeliness of claims payments (12.6 percent and 24.0 percent, respectively) were both lower than the aggregate rates of the other QI health plans, and the differences were statistically significant.
- The difference between 'Ohana QI's 2016 top-box rate for prior authorization process (8.5 percent) and the aggregate rate of the other QI health plans was not statistically significant. The 2016 top-box rate for formulary (6.1 percent) was lower than the aggregate of the other QI health plans, and the difference was statistically significant.
- 'Ohana QI's 2016 top-box rate for adequate access to non-formulary drugs (1.3 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- 'Ohana QI's 2016 top-box rate for helpfulness of service coordinators (9.2 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- 'Ohana QI's 2016 top-box rate for adequacy of specialists (5.0 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant. The difference between the 2016 top-box rate for adequacy of behavioral health specialists (5.3 percent) and the other QI health plans was not statistically significant.

UHC CP QI

Results

Figure 3-5 depicts the 2016 response category proportions (i.e., the percentage of responses that fell into the categories of satisfied, neutral, and dissatisfied) on the domains of General Positions, Providing Quality Care, Non-formulary, Service Coordinators, and Specialists for UHC CP QI.

Figure 3-5—UHC CP QI: General Positions, Providing Quality Care, Non-Formulary, Service Coordinators, and Specialists



Note: Percentages may not total 100.0% due to rounding.

▲ *indicates the QI health plan's top-box rate is higher than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

▼ *indicates the QI health plan's top-box rate is lower than the aggregate rate of the other QI health plans, and the difference is statistically significant.*

- UHC CP QI's 2016 top-box rates for compensation satisfaction and timeliness of claims payments (15.6 percent and 29.8 percent, respectively) were lower than the aggregate rates of the other QI health plans, and the differences were statistically significant.
- The difference between UHC CP QI's 2016 top-box rate for prior authorization process (8.6 percent) and the aggregate rate of the other QI health plans was not statistically significant. The 2016 top-box rate for formulary (8.4 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- UHC CP QI's 2016 top-box rate for adequate access to non-formulary drugs (1.3 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- UHC CP QI's 2016 top-box rate for helpfulness of service coordinators (10.3 percent) was lower than the aggregate rate of the other QI health plans, and the difference was statistically significant.
- UHC CP QI's 2016 top-box rates for adequacy of specialists and adequacy of behavioral health specialists (both 3.7 percent) were both lower than the aggregate rates of the other QI health plans, and the differences were statistically significant.

Recommendations

The Provider Survey revealed opportunities to improve provider satisfaction. HSAG has provided some potential QI suggestions that plans and the MQD may use to increase satisfaction.[3-7]

- HSAG recommends that the MQD evaluate 'Ohana QI's and UHC CP QI's performance on the various domains evaluated as part of the survey, based on the provider's feedback. The issues/concerns expressed by providers with these two plans may cause some providers to leave the Medicaid market, which would add to the provider shortage and provider access issue in the State of Hawaii.
- Providers consistently expressed concerns in getting adequate specialty care due to the immense lack of specialists. The process to refer patients to specialists was noted as especially difficult. The shortage of specialists on the island requires patients to travel to get care, but limitations related to availability and travel arrangements prevent many patients from being seen in a timely manner. Providers are becoming overwhelmed by the growing demand, while many patients are being left with nowhere to go. HSAG recommends the MQD and the QI health plans continue to collaborate on a solution to this issue, such as provider recruitment and retention, and implementation of a PCMH model of care.
- Some providers indicated that the prior authorization process negatively impacts on their ability to provide quality care. QI health plans could work toward programming medical services and drugs that require prior authorization into their systems and workflows to automate the process (e.g., expand availability and interoperability of health information technology). The MQD can continue working with the QI health plans to support the simplification and standardization of the preauthorization forms and process.
- Providers' feedback indicated that opportunities still exist to ensure that QI health plans have adequate access to non-formulary drugs. QI health plans typically choose which drugs to include in the formulary. The MQD should consider working with the QI health plans to establish standard policies and procedures to ensure adequate access to non-formulary drugs.
- Periodic provider focus groups could be implemented to gain further valuable information and insight into areas of poor performance as described in the survey feedback. Hearing about specific scenarios and examples of provider issues may help the QI health plans in understanding and targeting areas needing performance improvement. QI health plans could then use a performance improvement project approach to determine interventions and perform a targeted remeasurement of provider satisfaction at a later date.

[3-7] Brodsky, Karen L. "Best Practices in Specialty Provider Recruitment and Retention: Challenges and Solutions." *HealthWorks Consulting, LLC*, 2005.

4. Health Plan Comparison by EQR Activity

Introduction

This section compares EQR activity results across the Hawaii health plans and provides comparisons to statewide scores or to national benchmarks, if available and methodologically appropriate to do so.

Health Plan Comparison

Compliance Monitoring Review

The following table provides information that can be used to compare the Hawaii Medicaid managed care health plans' performance on a set of requirements (federal Medicaid managed care regulations and State contract provisions) for each of the five compliance standard areas selected for review this year. Scores have been calculated for each standard area statewide and for each health plan for all standards.

Table 4-1—Compliance Standards and Scores

Standard #	Standard Name	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	'Ohana CCS	UHC CP QI	Statewide/ All Plans
I	Member Rights and Protections and Member Information	95%	93%	84%	95%	96%	95%	93%
II	Member Grievance System	98%	94%	97%	98%	98%	98%	97%
III	Access and Availability	100%	95%	95%	95%	100%	100%	98%
IV	Coverage and Authorization	100%	100%	96%	100%	100%	100%	99%
V	Coordination and Continuity of Care	100%	100%	100%	100%	100%	100%	100%
Total Compliance Score:		98%	96%	93%	98%	98%	98%	97%

Scores were calculated by assigning 1 point to *Met* items, 0.5 points to *Partially Met* items, and 0 points to *Not Met* and *NA* items, then dividing the total by the number of applicable items.

Statewide areas of strong performance that emerged were Standards V (Coordination and Continuity of Care) at 100 percent, Standard IV (Coverage and Authorization) at 99 percent, Standard III (Access and Availability) at 98 percent, and Standard II (Member Grievance System) at 97 percent. Identified as having the greatest opportunity for improvement was Standard I (Member Rights and Protections and Member Information) at 93 percent.

All health plans scored at or above 93 percent for overall total compliance, indicating a high degree of compliance with managed care requirements.

Each health plan received a detailed written report of findings and recommendations, and was required to develop and implement a corrective action plan (CAP) for all items that were not fully *Met*. The MQD and HSAG reviewed and approved the plans' CAPs and will provide follow-up monitoring until the identified deficiencies are corrected.

AlohaCare QI, 'Ohana QI, 'Ohana CCS, and UHC CP QI had the highest overall compliance scores this year and, therefore, the fewest number of standard areas requiring CAPs. For AlohaCare QI, this represents a significant accomplishment, as it had previously rated as one of the lowest scoring health plans in compliance reviews conducted in the last cycle of reviews (2012–2013). AlohaCare QI, 'Ohana QI, 'Ohana CCS, and UHC CP all scored 98 percent overall, demonstrating strong performance, but with several areas for corrective action. HMSA QI and Kaiser QI were the two lowest-scoring plans (at 96 and 93 percent overall, respectively). For all the programs, the Member Rights and Protections and Member Information standard represented the greatest opportunity for improvement.

Validation of Performance Measures—NCQA HEDIS Compliance Audits

NCQA HEDIS Compliance Audits—QI Health Plans

Table 4-2 compares each QI health plan's compliance with each information system (IS) standard reviewed during an NCQA HEDIS Compliance Audit. Regardless of the specific populations for which the QI health plans were contracted during calendar year 2015 (i.e., non-ABD, ABD, or CCS), each individual QI health plan used the same data systems and processes to capture, store, and manage its data required for performance measure reporting. Therefore, the QI health plans' compliance with each IS standard was assessed at the health plan level, not at the population level.

As demonstrated below, all QI health plans were *Fully Compliant* with the IS standards applicable to the measures under the scope of the audit. All QI health plans followed the NCQA HEDIS 2016 specifications to calculate their rates for the required HEDIS measures; therefore, all measures received the audit designation of *Reportable*. Of note, the QI health plans were not required to report any HEDIS call center measures; therefore, IS 6.0 was *Not Applicable* and not included under the scope of the Hawaii Medicaid audit.

Table 4-2—Validation of Performance Measures Comparison—NCQA HEDIS Compliance Audit Information System Review Results

QI Health Plan	IS 1.0—Medical Data	IS 2.0—Enrollment Data	IS 3.0—Provider Data	IS 4.0—Medical Record Data	IS 5.0—Supplemental Data	IS 6.0—Call Center	IS 7.0—Data Integration
AlohaCare QI	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Not Applicable*	*Fully Compliant*

QI Health Plan	IS 1.0—Medical Data	IS 2.0—Enrollment Data	IS 3.0—Provider Data	IS 4.0—Medical Record Data	IS 5.0—Supplemental Data	IS 6.0—Call Center	IS 7.0—Data Integration
HMSA QI	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Not Applicable*	*Fully Compliant*
Kaiser QI	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Not Applicable*	*Fully Compliant*
'Ohana QI	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Not Applicable*	*Fully Compliant*
UHC CP QI	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Fully Compliant*	*Not Applicable*	*Fully Compliant*

This section of the report reflects a comparison of the QI health plans' performance for the current year by domain of care. The QI health plan results tables below show the current year's performance for each measure indicator compared to the NCQA national Medicaid HEDIS 2015 percentiles, where applicable.[4-1] The performance level star ratings illustrated in the tables evaluates the QI health plans' performance as follows:

★★★★★ = At or above the 90th percentile
★★★★ = From the 75th percentile to the 89th percentile
★★★ = From the 50th percentile to the 74th percentile
★★ = From the 25th percentile to the 49th percentile
★ = Below the national Medicaid 25th percentile

In the tables following, a 2016 measure result of "*Not Applicable (NA)*" indicates that the health plan followed technical measure specifications, but the denominator was too small (i.e., fewer than 30) to report a valid rate.

Additionally, the percentage of performance targets met by measure domain for each plan is presented in tabular format by population in the sections below.

QI HEDIS Performance Measure Results

Access to Care

Table 4-3 displays the QI health plans' Access to Care performance measure results for the QI population compared to the national Medicaid percentiles.

[4-1] 2016 performance measure rates were compared to HEDIS Audit Means and Percentiles for HEDIS 2015 for benchmarking purposes.

Table 4-3—Comparison of 2016 QI Rates for Access to Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	65.59% ★	74.54% ★	80.55% ★★	64.70% ★	63.62% ★
Ages 45 to 64 Years	76.08% ★	83.48% ★	86.51% ★★	82.44% ★	82.84% ★
Ages 65 Years and Older	84.82% ★★	87.88% ★★★	92.51% ★★★★★	90.61% ★★★★	92.80% ★★★★★
Total	69.59% ★	77.79% ★	83.10% ★★	77.49% ★	79.91% ★★
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	94.11% ★	96.52% ★★★	99.07% ★★★★★	85.25% ★	88.40% ★
Ages 25 Months to 6 Years	83.38% ★	91.01% ★★★	95.38% ★★★★★	76.49% ★	77.27% ★
Ages 7 to 11 Years	87.17% ★	93.34% ★★★	93.43% ★★★	83.91% ★	85.53% ★
Ages 12 to 19 Years	84.34% ★	91.05% ★★★	92.34% ★★★	83.14% ★	82.43% ★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment					
Initiation of Alcohol or Other Drug Treatment	30.21% ★	36.77% ★★	38.94% ★★★	36.00% ★★	36.99% ★★
Engagement of Alcohol or Other Drug Treatment	7.02% ★	15.92% ★★★★	13.46% ★★★	9.21% ★★	8.63% ★★

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the QI population, Kaiser QI performed best among the health plans, with three measure rates ranking at or above the national Medicaid 90th percentile: *Adults' Access to Preventive/Ambulatory Health Services—Ages 65 Years and Older* and *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* and *Ages 25 Months to 6 Years*.

Conversely, AlohaCare QI demonstrated the lowest performance among the health plans, with nine measure rates ranking below the national Medicaid 25th percentile: *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years, Ages 45 to 64 Years,* and *Total; Children and Adolescents' Access to Primary Care Practitioners* (all indicators)*;* and *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* (all indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 4-4 displays the QI health plans' Effectiveness of Care performance measure results for the QI population compared to the national Medicaid percentiles, where applicable.

Table 4-4—Comparison of 2016 QI Rates for Effectiveness of Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adult BMI Assessment					
Adult BMI Assessment	78.83% ★★	75.67% ★★	94.35% ★★★★★	82.74% ★★	88.08% ★★★
Colorectal Cancer Screening[1]					
Colorectal Cancer Screening	27.25%	46.23%	69.24%	40.83%	45.26%
Care for Older Adults[1]					
Advance Care Planning	25.55%	7.79%	48.09%	38.11%	54.26%
Medication Review	56.20%	17.52%	82.13%	74.60%	78.83%
Functional Status Assessment	48.66%	6.33%	42.55%	56.12%	58.15%
Pain Assessment	64.72%	7.54%	74.89%	78.75%	81.27%
Medication Reconciliation Post-Discharge[2]					
Medication Reconciliation Post-Discharge	15.33% ★	2.43% ★	45.26% ★★★	4.37% ★	7.30% ★

[1] *Results are presented for informational purposes only. These rates do not have applicable benchmarks for comparison.*

[2] *National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Effectiveness of Care performance measure domain for the QI population, Kaiser QI's rate for the *Adult BMI Assessment* measure ranked highest among the health plans, at or above the national Medicaid 90th percentile. Of note, Kaiser QI's rate for *Colorectal Cancer Screening* exceeded all other plans' rates for this measure and was 23.01 percentage points greater than HMSA QI's rate, the next-highest rate for this measure. Similarly, Kaiser QI's rate for *Medication Reconciliation Post-Discharge* exceeded all other plans' rates for this measure and was 29.93 percentage points greater than AlohaCare QI's rate, the next-highest rate for this measure.

Conversely, AlohaCare QI's, HMSA QI's and 'Ohana QI's rates for *Adult BMI Assessment* fell below the national Medicaid 50th percentile. The *Colorectal Cancer Screening* rate reported by AlohaCare QI was the lowest among all the health plans. Further, HMSA QI's rates for the *Care for Older Adults* indicators were notably lower than the other health plans' rates for these indicators. None of the health plans met the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge,* the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 4-5 displays the QI health plans' Children's Preventive Care performance measure results for the QI population compared to the national Medicaid percentiles.

Table 4-5—Comparison of 2016 QI Rates for Children's Preventive Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	35.28% ★	45.26% ★★	44.41% ★★	31.18% ★	34.31% ★
Childhood Immunization Status					
DtaP	69.34% ★	71.29% ★	84.93% ★★★★	57.89% ★	66.79% ★
IPV	81.02% ★	81.51% ★	92.73% ★★★	66.08% ★	81.79% ★
MMR	81.51% ★	88.08% ★★	92.46% ★★★	70.47% ★	79.29% ★
HiB	81.27% ★	85.64% ★	88.96% ★★	70.18% ★	80.00% ★
Hepatitis B	82.73% ★	77.37% ★	93.94% ★★★★	69.59% ★	80.36% ★
VZV	80.29% ★	87.59% ★★	90.98% ★★	69.88% ★	78.21% ★
Pneumococcal Conjugate	71.53% ★	72.26% ★	82.37% ★★★	56.14% ★	65.71% ★
Hepatitis A	73.72% ★	63.26% ★	90.85% ★★★★	69.59% ★	71.07% ★
Rotavirus	60.83% ★	57.42% ★	84.12% ★★★★★	45.91% ★	52.50% ★
Influenza	52.31% ★★★	40.63% ★	73.76% ★★★★★	45.32% ★★	47.14% ★★
Combination 2	65.94% ★	65.45% ★	83.31% ★★★★★	54.09% ★	64.64% ★
Combination 3	64.72% ★	63.02% ★	80.75% ★★★★	52.05% ★	61.79% ★
Combination 4	59.61% ★	54.74% ★	80.62% ★★★★★	50.88% ★	57.14% ★
Combination 5	49.88% ★	48.66% ★	76.04% ★★★★★	38.60% ★	45.00% ★
Combination 6	45.74% ★★★	35.04% ★	68.51% ★★★★★	38.01% ★★	41.07% ★★
Combination 7	45.74% ★	46.96% ★	75.91% ★★★★★	37.43% ★	41.79% ★
Combination 8	43.07% ★★★	34.31% ★	68.51% ★★★★★	37.72% ★★	39.64% ★★
Combination 9	36.25% ★★	30.90% ★★	64.74% ★★★★★	28.65% ★	32.14% ★★

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Combination 10	34.55% ★★	30.41% ★★	64.74% ★★★★★	28.36% ★	30.71% ★★
Immunizations for Adolescents					
Meningococcal	45.01% ★	44.28% ★	86.92% ★★★★	45.87% ★	43.75% ★
Tdap/Td	48.66% ★	47.20% ★	88.47% ★★★	48.17% ★	45.31% ★
Combination 1 (Meningococcal, Tdap/Td)	43.55% ★	41.12% ★	85.37% ★★★★	43.58% ★	41.41% ★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	60.83% ★★	70.07% ★★★	92.94% ★★★★★	72.45% ★★★	73.24% ★★★
Counseling for Nutrition—Total	50.36% ★	40.88% ★	97.57% ★★★★★	52.31% ★★	60.34% ★★
Counseling for Physical Activity—Total	46.47% ★★	33.82% ★	97.57% ★★★★★	45.83% ★★	51.34% ★★
Well-Child Visits in the First 15 Months of Life					
Zero Visits[1]	1.70% ★★	2.19% ★★	0.00% ★★★★★	5.96% ★	5.99% ★
Six or More Visits	65.45% ★★★	68.13% ★★★★	79.56% ★★★★★	53.66% ★★	59.51% ★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	64.48% ★	73.97% ★★★	87.14% ★★★★★	57.64% ★	60.10% ★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the QI population, Kaiser QI performed best among the health plans, with 16 measure rates ranking above the national Medicaid 90th percentile: *Childhood Immunization Status* (10 of 19 indicators); *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (all indicators); *Well-Child Visits in the First 15 Months of Life* (all indicators); and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.* Within this domain, *Childhood Immunization Status—Combination 2* is the only measure with an MQD Quality Strategy target established for HEDIS 2016. Kaiser QI met or exceeded the MQD Quality Strategy target for this measure.

Conversely, 'Ohana QI demonstrated the lowest performance among the health plans, with 22 measure rates ranking below the national Medicaid 25th percentile: *Adolescent Well-Care Visits; Childhood Immunization Status* (16 of 19 indicators); *Immunizations for Adolescents* (all indicators); *Well-Child*

Visits in the First 15 Months of Life—Zero Visits; and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.*

Women's Health

Table 4-6 displays the QI health plans' Women's Health performance measure results for the QI population compared to the national Medicaid percentiles.

Table 4-6—Comparison of 2016 QI Rates for Women's Health

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Breast Cancer Screening					
Breast Cancer Screening	50.11% ★	66.17% ★★★★	81.55% ★★★★★	55.62% ★★	56.64% ★★
Cervical Cancer Screening					
Cervical Cancer Screening	51.58% ★	65.94% ★★★	81.27% ★★★★★	45.56% ★	48.18% ★
Chlamydia Screening in Women					
Ages 16 to 20 Years	40.15% ★	56.44% ★★★	68.05% ★★★★★	43.26% ★	38.10% ★
Ages 21 to 24 Years	44.65% ★	60.69% ★★	76.12% ★★★★★	53.58% ★	47.88% ★
Total	42.35% ★	58.54% ★★★	71.23% ★★★★★	50.15% ★★	45.26% ★
Human Papillomavirus Vaccine for Female Adolescents					
Human Papillomavirus Vaccine for Female Adolescents	12.90% ★	3.16% ★	34.67% ★★★★★	21.43% ★★	15.87% ★
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	66.91% ★	73.97% ★	91.00% ★★★★	69.16% ★	68.73% ★
Postpartum Care	51.58% ★	48.42% ★	77.37% ★★★★★	50.60% ★	50.44% ★
Frequency of Ongoing Prenatal Care					
<21 Percent of Expected Visits[1]	22.63% ★	27.01% ★	1.72% ★★★★★	12.53% ★★	24.78% ★
≥81 Percent of Expected Visits	31.39% ★	25.79% ★	63.15% ★★★	44.82% ★	32.45% ★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the QI population, Kaiser QI performed best among the health plans, with eight measure rates ranking above the national Medicaid 90th

percentile: *Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening in Women* (all indicators), *Human Papillomavirus Vaccine for Female Adolescents, Prenatal and Postpartum Care—Postpartum Care*, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits.* Kaiser QI met or exceeded the five MQD Quality Strategy targets for *Breast Cancer Screening, Cervical Cancer Screening, Prenatal and Postpartum Care—Timeliness of Prenatal Care,* and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits*. HMSA QI met or exceeded the MQD Quality Strategy target for *Breast Cancer Screening*.

Conversely, AlohaCare QI demonstrated the lowest performance among the health plans, with all 10 measure rates in this domain of care ranking below the national Medicaid 25th percentile.

Care for Chronic Conditions

Table 4-7 displays the QI health plans' Care for Chronic Conditions performance measure results for the QI population compared to the national Medicaid percentiles, where applicable.

Table 4-7—Comparison of 2016 QI Rates for Care for Chronic Conditions

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	79.20% ★	81.93% ★	95.93% ★★★★★	84.00% ★★	85.84% ★★
HbA1c Poor Control (>9.0%)[1]	56.02% ★	51.82% ★	30.14% ★★★★	42.86% ★★	41.65% ★★★
HbA1c Control (<8.0%)	33.03% ★	38.87% ★	58.04% ★★★★	47.53% ★★	51.03% ★★★
HbA1c Control (<7%)	21.54% ★	26.81% ★	32.98% ★★	31.66% ★★	33.82% ★★
Eye Exam (Retinal) Performed	52.01% ★★	53.28% ★★	71.35% ★★★★★	56.52% ★★★	69.79% ★★★★★
Medical Attention for Nephropathy	85.58% ★★★★	86.86% ★★★★	95.83% ★★★★★	89.77% ★★★★★	90.78% ★★★★★
Blood Pressure Control (<140/90 mm Hg)	44.89% ★	47.26% ★	87.04% ★★★★★	59.00% ★★	59.51% ★★
Controlling High Blood Pressure					
Controlling High Blood Pressure	44.88% ★	37.71% ★	83.21% ★★★★★	57.17% ★★	63.50% ★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	85.01% ★★	87.53% ★★	91.58% ★★★★	91.62% ★★★★	91.70% ★★★★
Digoxin	NA	46.15% ★	NA	49.52% ★★	52.03% ★★
Diuretics	84.79% ★★	87.55% ★★★	88.79% ★★★	92.83% ★★★★★	92.07% ★★★★★
Total	84.88% ★★	87.03% ★★	90.63% ★★★★	91.25% ★★★★	90.97% ★★★★

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Medication Management for People With Asthma					
Medication Compliance 50%—Total	54.25% ★★★	54.98% ★★★	35.75% ★	67.41% ★★★★★	62.81% ★★★★
Medication Compliance 75%—Total	31.80% ★★★	29.34% ★★	15.46% ★	48.66% ★★★★★	42.21% ★★★★

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

[1] A lower rate indicates better performance for this measure.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the QI population, Kaiser QI performed best among the health plans, with five measure rates ranking above the national Medicaid 90th percentile: *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, Eye Exam (Retinal) Performed, Medical Attention for Nephropathy,* and *Blood Pressure Control (<140/90 mm Hg)* and *Controlling High Blood Pressure.* Kaiser QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed,* and *Blood Pressure Control (<140/90 mm Hg);* and *Controlling High Blood Pressure*. UHC CP QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%),* and *Eye Exam (Retinal) Performed,* and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total*. 'Ohana QI met or exceeded the MQD Quality Strategy targets for *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total.*

Conversely, HSMA QI demonstrated the lowest performance among the health plans, with seven measure rates ranking below the national Medicaid 25th percentile: *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), HbA1c Control (<7%),* and *Blood Pressure Control (<140/90 mm Hg); Controlling High Blood Pressure;* and *Annual Monitoring for Patients on Persistent Medications—Digoxin.*

Behavioral Health

Table 4-8 displays the QI health plans' Behavioral Health performance measure results for the QI population compared to the national Medicaid percentiles, where applicable.

Table 4-8—Comparison of 2016 QI Rates for Behavioral Health

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adherence to Antipsychotic Medications for Individuals with Schizophrenia					
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	38.02% ★	43.63% ★	60.00% ★★	71.43% ★★★★	70.93% ★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	48.51% ★★	48.32% ★★	53.51% ★★★	52.63% ★★★	61.88% ★★★★
Effective Continuation Phase Treatment	32.05% ★★	32.84% ★★	38.16% ★★★	38.48% ★★★	48.51% ★★★★★
Follow-Up After Hospitalization for Mental Illness					
Follow-Up Within 7 Days of Discharge	19.17% ★	40.67% ★★	58.44% ★★★★	24.71% ★	41.98% ★★
Follow-Up Within 30 Days of Discharge	39.17% ★	55.95% ★★	72.73% ★★★	43.73% ★	62.96% ★★
Follow-up Care for Children Prescribed ADHD Medication					
Initiation Phase	42.65% ★★★	52.67% ★★★★	77.65% ★★★★★	NA	NA
Continuation and Maintenance Phase	NA	63.38% ★★★★	NA	NA	NA

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the QI population, UHC CP QI performed best among the health plans, with three measure rates ranking above the national Medicaid 75th percentile: *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* and *Antidepressant Medication Management* (all indicators).

Conversely, AlohaCare QI demonstrated the lowest performance among the health plans, with three measure rates ranking below the national Medicaid 25th percentile: *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* and *Follow-Up After Hospitalization for Mental Illness* (all indicators). Kaiser QI met or exceeded the MQD Quality Strategy target for *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge.*

Utilization and Health Plan Descriptive Information

Table 4-9 displays the QI health plans' Utilization and Health Plan Descriptive Information measure results for the QI population compared to the national Medicaid percentiles, where applicable.

Table 4-9—Comparison of 2016 QI Rates for Utilization and Health Plan Descriptive Information

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Ambulatory Care					
Emergency Department Visits per 1,000 Member Months[1]	50.41 ★★★★	39.84 ★★★★	27.97 ★★★★★	64.70 ★★	59.38 ★★★
Outpatient Visits per 1,000 Member Months[2]	286.77	323.87	311.29	493.00	499.16
Inpatient Utilization—General Hospital/Acute Care[2]					
Discharges per 1,000 Member Months (Total Inpatient)	7.22	4.93	4.65	14.87	10.83
Days per 1,000 Member Months (Total Inpatient)	34.73	20.37	19.98	101.28	53.16
Average Length of Stay (Total Inpatient)	4.81	4.13	4.29	6.81	4.91
Discharges per 1,000 Member Months (Medicine)	3.36	2.01	2.09	9.05	6.52
Days per 1,000 Member Months (Medicine)	14.46	9.24	10.36	46.27	27.09
Average Length of Stay (Medicine)	4.30	4.60	4.96	5.11	4.15
Discharges per 1,000 Member Months (Surgery)	1.61	0.92	0.77	4.23	3.26
Days per 1,000 Member Months (Surgery)	14.58	6.13	5.26	50.88	23.49
Average Length of Stay (Surgery)	9.08	6.70	6.86	12.02	7.20
Discharges per 1,000 Member Months (Maternity)	3.26	2.92	2.76	2.25	1.62
Days per 1,000 Member Months (Maternity)	8.24	7.27	6.69	5.84	3.99
Average Length of Stay (Maternity)	2.53	2.49	2.42	2.59	2.46
Mental Health Utilization[2]					
Any Service—Total	8.13%	10.01%	7.08%	14.71%	12.50%
Inpatient—Total	0.41%	0.32%	0.32%	1.14%	0.67%
Intensive Outpatient or Partial Hospitalization—Total	0.06%	0.06%	0.03%	0.05%	0.04%
Outpatient or Emergency Department—Total	7.96%	9.91%	7.01%	14.16%	12.24%
Plan All-Cause Readmissions[3]					
Plan All-Cause Readmissions[4]	11.32%	11.71%	13.07%	18.08%	11.70%

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

[2] *Results are presented for informational purposes only. Benchmarking these rates was not applicable because performance should be assessed based on individual health plan characteristics.*

[3] *A lower rate indicates better performance for this measure. Results are presented for informational purposes only. These rates do not have applicable benchmarks for comparison.*

[4] *In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information performance measure domain for the QI population, Kaiser QI's rate for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months* rate ranked above the national Medicaid 90th percentile. Conversely, 'Ohana QI's rate for this measure indicator was the lowest among the health plans, falling below the national Medicaid 50th percentile. Within this domain, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months* is the only measure with an MQD Quality Strategy target established for HEDIS 2016. Kaiser QI met or exceeded the MQD Quality Strategy target for this measure.

The remaining reported rates for Utilization and Health Plan Descriptive Information measures did not take into account the characteristics of the population; therefore, HSAG could not draw conclusions on performance based on the reported Utilization and Health Plan Descriptive Information results and these measures are presented for information purposes only. Nonetheless, combined with other performance metrics, health plans' utilization results provide additional information that may be used to assess barriers or patterns of utilization when evaluating improvement interventions. Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Summary of MQD Quality Strategy Targets

Table 4-10—Percentage of MQD Quality Strategy Targets Met or Exceeded for QI Population*

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Access to Care	—	—	—	—	—
Effectiveness of Care	0.00%	0.00%	0.00%	0.00%	0.00%
Children's Preventive Care	0.00%	0.00%	100.00%	0.00%	0.00%
Women's Health	0.00%	20.00%	80.00%	0.00%	0.00%
Care for Chronic Conditions	0.00%	0.00%	75.00%	25.00%	62.50%
Behavioral Health	0.00%	0.00%	50.00%	0.00%	0.00%
Utilization and Health Plan Descriptive Information	0.00%	0.00%	100.00%	0.00%	0.00%
Total	**0.00%**	**5.56%**	**72.22%**	**11.11%**	**27.78%**

** Excludes HEDIS 2016 measures that did not have MQD Quality Strategy targets and does not include measures that were not comparable to targets (e.g., rates designated as NA).*

— Indicates there were no MQD Quality Strategy targets established by the MQD or no rates were reported by the plan in this domain that were comparable to performance targets; therefore, the percentage of MQD Quality Strategy targets met was not calculated.

All five health plans had reportable rates for the 18 measures with MQD Quality Strategy targets that were specific to the QI population. Thirteen of Kaiser QI's rates (72 percent) met or exceeded the MQD Quality Strategy targets. Five of UHC CP QI's rates (28 percent) met or exceeded the MQD Quality Strategy targets. Two of 'Ohana QI's rates (11 percent) met or exceeded the MQD Quality Strategy targets, and one of HMSA's QI rates (6 percent) met or exceeded the MQD Quality Strategy targets. None of AlohaCare QI's rates met the MQD Quality Strategy targets.

Non-ABD HEDIS Performance Measure Results

Access to Care

Table 4-11 displays the QI health plans' Access to Care performance measure results for the non-ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-11—Comparison of 2016 Non-ABD Rates for Access to Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	65.36% ★	74.30% ★	80.32% ★★	56.66% ★	56.16% ★
Ages 45 to 64 Years	74.89% ★	82.92% ★	85.77% ★★	71.23% ★	70.76% ★
Ages 65 Years and Older	NA	NA	NA	NA	NA
Total	68.53% ★	77.20% ★	82.30% ★★	62.02% ★	61.53% ★
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	94.08% ★	96.53% ★★★	99.07% ★★★★★	84.89% ★	88.47% ★
Ages 25 Months to 6 Years	83.34% ★	91.00% ★★★	95.35% ★★★★★	74.91% ★	76.31% ★
Ages 7 to 11 Years	87.15% ★	93.32% ★★★	93.41% ★★★	79.32% ★	82.63% ★
Ages 12 to 19 Years	84.32% ★	91.04% ★★★	92.32% ★★★	78.65% ★	79.04% ★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment					
Initiation of Alcohol or Other Drug Treatment	29.53% ★	36.91% ★★	39.23% ★★★	35.57% ★★	34.96% ★★
Engagement of Alcohol or Other Drug Treatment	7.14% ★	16.22% ★★★★	14.10% ★★★	12.06% ★★★	10.03% ★★

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the non-ABD population, Kaiser QI performed best among the health plans, with two measure rates ranking above the national Medicaid 90th percentile: *Children and Adolescents' Access to Primary Care Practitioners—Ages 12 to 24 Months* and *Ages 25 Months to 6 Years*. Conversely, AlohaCare QI demonstrated the lowest performance among the health plans, with all nine measure rates ranking below the national Medicaid 25th percentile: *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years*, *Ages 45 to 64 Years*, and *Total; Children and Adolescents' Access to Primary Care Practitioners* (all indicators)*;* and *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* (all indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 4-12 displays the QI health plans' Effectiveness of Care performance measure results for the non-ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-12—Comparison of 2016 Non-ABD Rates for Effectiveness of Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adult BMI Assessment					
Adult BMI Assessment	78.83% ★★	75.43% ★★	94.21% ★★★★★	79.49% ★★	85.16% ★★★
Colorectal Cancer Screening[1]					
Colorectal Cancer Screening	26.76%	45.50%	68.13%	26.85%	29.20%

[1] *Results are presented for informational purposes only. These rates do not have applicable benchmarks for comparison.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Kaiser QI's non-ABD rate for the *Adult BMI Assessment* measure ranked highest among the health plans, at or above the national Medicaid 90th percentile. Additionally, Kaiser QI's rate for *Colorectal Cancer Screening* exceeded all other plans' rates for this measure and was 22.63 percentage points greater than HMSA QI's rate, the next-highest rate for this measure. Conversely, AlohaCare QI's, HMSA QI's and 'Ohana QI's non-ABD rates for *Adult BMI Assessment* fell below the national Medicaid 50th percentile. There were no measures in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 4-13 displays the QI health plans' Children's Preventive Care performance measure results for the non-ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-13—Comparison of 2016 Non-ABD Rates for Children's Preventive Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	35.77% ★	44.04% ★★	44.27% ★★	25.46% ★	34.31% ★
Childhood Immunization Status					
DtaP	69.59% ★	70.56% ★	84.89% ★★★★	57.23% ★	66.29% ★
IPV	81.51% ★	81.02% ★	92.71% ★★★	66.04% ★	81.44% ★
MMR	81.51% ★	87.35% ★	92.44% ★★★	70.44% ★	79.17% ★
HiB	81.51% ★	85.16% ★	88.93% ★★	69.81% ★	79.55% ★
Hepatitis B	82.97% ★	77.13% ★	93.93% ★★★★	69.50% ★	79.92% ★
VZV	80.29% ★	87.10% ★	90.96% ★★	69.81% ★	77.65% ★
Pneumococcal Conjugate	71.53% ★	71.78% ★	82.32% ★★★	55.66% ★	64.77% ★
Hepatitis A	74.21% ★	62.53% ★	90.82% ★★★★	68.87% ★	70.83% ★
Rotavirus	61.80% ★	57.42% ★	84.08% ★★★★★	47.48% ★	53.79% ★
Influenza	53.28% ★★★	39.17% ★	73.82% ★★★★★	44.34% ★★	45.45% ★★
Combination 2	65.94% ★	65.21% ★	83.27% ★★★★★	53.46% ★	64.02% ★
Combination 3	64.23% ★	62.77% ★	80.70% ★★★★	51.57% ★	60.98% ★
Combination 4	59.37% ★	54.50% ★	80.57% ★★★★★	50.31% ★	56.44% ★
Combination 5	49.39% ★	48.91% ★	75.98% ★★★★★	39.94% ★	46.59% ★
Combination 6	45.50% ★★★	33.82% ★	68.56% ★★★★★	36.79% ★★	39.39% ★★
Combination 7	45.26% ★	47.20% ★	75.84% ★★★★★	38.68% ★	43.56% ★
Combination 8	43.07% ★★★	33.09% ★	68.56% ★★★★★	36.48% ★★	38.26% ★★
Combination 9	35.77% ★★	30.66% ★★	64.78% ★★★★★	29.25% ★★	32.95% ★★
Combination 10	34.06% ★★	30.17% ★★	64.78% ★★★★★	28.93% ★★	31.82% ★★
Immunizations for Adolescents					
Meningococcal	45.74% ★	44.28% ★	87.01% ★★★★	39.42% ★	43.68% ★
Tdap/Td	49.39% ★	47.93% ★	88.42% ★★★	41.61% ★	45.98% ★

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Combination 1 (Meningococcal, Tdap/Td)	44.04% ★	41.12% ★	85.45% ★★★★	36.50% ★	40.23% ★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	60.34% ★★	70.56% ★★★	95.00% ★★★★★	70.60% ★★★	71.53% ★★★
Counseling for Nutrition—Total	49.88% ★	40.39% ★	97.50% ★★★★★	50.93% ★	62.53% ★★★
Counseling for Physical Activity—Total	45.50% ★★	32.85% ★	97.50% ★★★★★	45.37% ★★	53.28% ★★
Well-Child Visits in the First 15 Months of Life					
Zero Visits[1]	1.70% ★★	2.19% ★★	0.00% ★★★★★	6.06% ★	5.07% ★
Six or More Visits	65.69% ★★★	69.34% ★★★★	80.50% ★★★★★	53.99% ★★	60.51% ★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	65.21% ★	74.94% ★★★	87.07% ★★★★★	55.64% ★	61.56% ★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the non-ABD population, Kaiser QI performed best among the health plans, with 16 measure rates ranking at or above the national Medicaid 90th percentile: *Childhood Immunization Status* (10 of 19 indicators)*; Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (all indicators); *Well-Child Visits in the First 15 Months of Life* (all indicators); and *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life.* Within this domain, *Childhood Immunization Status—Combination 2* is the only measure with an MQD Quality Strategy target established for HEDIS 2016. Kaiser QI met or exceeded the MQD Quality Strategy target for this measure.

Conversely, HMSA QI demonstrated the lowest performance among the health plans, with 22 measure rates ranking below the national Medicaid 25th percentile: *Childhood Immunization Status* (17 of 19 indicators), *Immunizations for Adolescents* (all indicators), and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total.* Additionally, all of the health plans ranked below the national Medicaid 50th percentile for the *Adolescent Well-Care Visits* measure.

Women's Health

Table 4-14 displays the QI health plans' Women's Health performance measure results for the non-ABD population compared to the national Medicaid percentiles.

Table 4-14—Comparison of 2016 Non-ABD Rates for Women's Health

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Breast Cancer Screening					
Breast Cancer Screening	49.29% ★	66.46% ★★★★	80.96% ★★★★★	57.01% ★★	49.47% ★
Cervical Cancer Screening					
Cervical Cancer Screening	53.53% ★	65.45% ★★★	80.00% ★★★★★	45.15% ★	47.93% ★
Chlamydia Screening in Women					
Ages 16 to 20 Years	40.05% ★	56.44% ★★★	68.27% ★★★★★	43.56% ★	40.16% ★
Ages 21 to 24 Years	44.64% ★	60.82% ★★	76.43% ★★★★★	57.14% ★★	49.44% ★
Total	42.30% ★	58.60% ★★★	71.48% ★★★★★	53.05% ★★	47.07% ★
Human Papillomavirus Vaccine for Female Adolescents					
Human Papillomavirus Vaccine for Female Adolescents	13.38% ★	3.65% ★	34.78% ★★★★★	18.84% ★★	16.67% ★
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	66.42% ★	71.78% ★	90.44% ★★★★	70.11% ★	68.67% ★
Postpartum Care	51.58% ★	47.20% ★	77.87% ★★★★★	52.12% ★	50.95% ★
Frequency of Ongoing Prenatal Care					
<21 Percent of Expected Visits[1]	23.84% ★	27.98% ★	1.73% ★★★★★	12.70% ★★	25.00% ★
≥81 Percent of Expected Visits	30.66% ★	25.06% ★	62.99% ★★★	46.03% ★	31.96% ★

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ = *90th percentile and above*
★★★★ = *75th to 89th percentile*
★★★ = *50th to 74th percentile*
★★ = *25th to 49th percentile*
★ = *Below 25th percentile*

Within the Women's Health performance measure domain for the non-ABD population, Kaiser QI performed best among the health plans, with eight measure rates ranking above the national Medicaid 90th percentile: *Breast Cancer Screening*, *Cervical Cancer Screening*, *Chlamydia Screening in Women* (all indicators), *Human Papillomavirus Vaccine for Female Adolescents*, *Prenatal and Postpartum*

Care—Postpartum Care, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits.* Kaiser QI met or exceeded the MQD Quality Strategy targets for *Breast Cancer Screening*, *Cervical Cancer Screening*, *Prenatal and Postpartum Care—Timeliness of Prenatal Care*, and *Frequency of Ongoing Prenatal Care—<21 Percent of Expected Visits.* HMSA QI met or exceeded the MQD Quality Strategy target for *Breast Cancer Screening*.

Conversely, AlohaCare QI and UHC CP QI demonstrated the lowest performance among the health plans, both with all 10 measure rates ranking below the national Medicaid 25th percentile within this domain.

Care for Chronic Conditions

Table 4-15 displays the QI health plans' Care for Chronic Conditions performance measure results for the non-ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-15—Comparison of 2016 Non-ABD Rates for Care for Chronic Conditions

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	79.20% ★	83.58% ★★	95.54% ★★★★★	80.93% ★	80.28% ★
HbA1c Poor Control (>9.0%)[1]	56.93% ★	49.82% ★★	32.04% ★★★★	49.42% ★★	54.35% ★
HbA1c Control (<8.0%)	32.12% ★	42.15% ★★	55.84% ★★★★	42.12% ★★	39.25% ★
HbA1c Control (<7%)	21.52% ★	30.19% ★★	32.30% ★★	26.97% ★	26.28% ★
Eye Exam (Retinal) Performed	51.28% ★★	52.74% ★★	69.71% ★★★★★	47.10% ★★	59.68% ★★★
Medical Attention for Nephropathy	84.85% ★★★	87.59% ★★★★	95.31% ★★★★★	86.40% ★★★★	83.30% ★★★
Blood Pressure Control (<140/90 mm Hg)	43.98% ★	46.72% ★	86.68% ★★★★★	56.38% ★	55.06% ★
Controlling High Blood Pressure					
Controlling High Blood Pressure	41.56% ★	36.50% ★	82.96% ★★★★★	49.20% ★	50.12% ★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	84.17% ★	87.77% ★★★	90.72% ★★★★	86.03% ★★	87.38% ★★
Digoxin	NA	43.42% ★	NA	NA	NA
Diuretics	83.39% ★	86.95% ★★	86.67% ★★	86.67% ★★	86.28% ★★
Total	83.88% ★	86.99% ★★	89.35% ★★★★	85.78% ★★	86.59% ★★

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Medication Management for People With Asthma					
Medication Compliance 50%—Total	54.31% ★★★	54.80% ★★★	35.38% ★	52.86% ★★	53.49% ★★
Medication Compliance 75%—Total	31.90% ★★★	28.88% ★★	14.99% ★	25.71% ★★	25.58% ★★

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

[1] A lower rate indicates better performance for this measure.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the non-ABD population, Kaiser QI performed best among the health plans, with five measure rates ranking above the national Medicaid 90th percentile: *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, Eye Exam (Retinal) Performed, Medical Attention for Nephropathy,* and *Blood Pressure Control (<140/90 mm Hg);* and *Controlling High Blood Pressure.* Kaiser QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed,* and *Blood Pressure Control (<140/90 mm Hg)*; and *Controlling High Blood Pressure*.

Conversely, AlohaCare QI demonstrated the lowest performance among the health plans, with nine measure rates ranking below the national Medicaid 25th percentile: *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), HbA1c Control (<7%),* and *Blood Pressure Control (<140/90 mm Hg); Controlling High Blood Pressure;* and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs, Diuretics,* and *Total.*

Behavioral Health

Table 4-16 displays the QI health plans' Behavioral Health performance measure results for the non-ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-16—Comparison of 2016 Non-ABD Rates for Behavioral Health

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adherence to Antipsychotic Medications for Individuals with Schizophrenia					
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	37.63% ★	40.26% ★	59.38% ★★	39.22% ★	47.06% ★
Antidepressant Medication Management					
Effective Acute Phase Treatment	48.20% ★★	48.21% ★★	53.55% ★★★	55.08% ★★★	56.02% ★★★

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Effective Continuation Phase Treatment	31.47% ★★	32.69% ★★	37.91% ★★★	41.71% ★★★★	44.58% ★★★★
Follow-Up After Hospitalization for Mental Illness					
Follow-Up Within 7 Days of Discharge	19.64% ★	40.68% ★★	58.33% ★★★★	19.86% ★	40.57% ★★
Follow-Up Within 30 Days of Discharge	39.29% ★	55.93% ★★	72.22% ★★★	39.04% ★	52.83% ★
Follow-up Care for Children Prescribed ADHD Medication					
Initiation Phase	42.65% ★★★	52.67% ★★★★	77.65% ★★★★★	NA	NA
Continuation and Maintenance Phase	NA	63.38% ★★★★	NA	NA	NA

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the non-ABD population, Kaiser QI performed best among the health plans, with one measure rate ranking above the national Medicaid 90th percentile, *Follow-up Care for Children Prescribed ADHD Medication—Initiation Phase,* and one other measure rate ranking above the 75th percentile, *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge.*

Conversely, AlohaCare QI and 'Ohana QI demonstrated the lowest performance among the health plans, with three measure rates ranking below the national Medicaid 25th percentile: *Adherence to Antipsychotic Medications for Individuals with Schizophrenia* and *Follow-Up After Hospitalization for Mental Illness* (all indicators). Kaiser QI met or exceeded the MQD Quality Strategy target for *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 7 Days of Discharge*.

Utilization and Health Plan Descriptive Information

Table 4-17 displays the QI health plans' Utilization and Health Plan Descriptive Information measure results for the non-ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-17—Comparison of 2016 Non-ABD Rates for Utilization and Health Plan Descriptive Information

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Ambulatory Care					
Emergency Department Visits per 1,000 Member Months[1]	49.87 ★★★★	40.35 ★★★★	27.67 ★★★★★	56.11 ★★★	53.90 ★★★
Outpatient Visits per 1,000 Member Months[2]	278.32	328.72	307.91	300.05	268.30

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Inpatient Utilization—General Hospital/Acute Care[2]					
Discharges per 1,000 Member Months (Total Inpatient)	6.70	4.97	4.31	9.25	6.62
Days per 1,000 Member Months (Total Inpatient)	29.86	20.28	16.18	47.59	34.76
Average Length of Stay (Total Inpatient)	4.45	4.08	3.75	5.15	5.25
Discharges per 1,000 Member Months (Medicine)	2.97	2.01	1.77	4.32	2.92
Days per 1,000 Member Months (Medicine)	12.12	9.14	7.55	19.32	13.73
Average Length of Stay (Medicine)	4.08	4.55	4.25	4.47	4.70
Discharges per 1,000 Member Months (Surgery)	1.43	0.91	0.70	2.34	1.83
Days per 1,000 Member Months (Surgery)	11.91	6.04	4.18	21.58	16.45
Average Length of Stay (Surgery)	8.36	6.60	6.01	9.23	8.99
Discharges per 1,000 Member Months (Maternity)	3.30	2.97	2.82	3.19	2.30
Days per 1,000 Member Months (Maternity)	8.35	7.40	6.81	8.23	5.63
Average Length of Stay (Maternity)	2.53	2.49	2.42	2.58	2.45
Mental Health Utilization[2]					
Any Service—Total	8.02%	10.08%	6.96%	10.63%	10.25%
Inpatient—Total	0.39%	0.32%	0.31%	0.87%	0.56%
Intensive Outpatient or Partial Hospitalization—Total	0.05%	0.06%	0.03%	0.03%	0.05%
Outpatient or Emergency Department—Total	7.88%	9.97%	6.90%	10.22%	10.04%
Plan All-Cause Readmissions[3]					
Plan All-Cause Readmissions[4]	11.08%	11.23%	10.20%	14.39%	8.09%
Enrollment by Product Line[2]					
Ages 0 to 19 Years	54.59%	54.97%	61.21%	31.20%	30.41%
Ages 20 to 44 Years	30.64%	30.02%	25.01%	44.45%	45.23%
Ages 45 to 64 Years	14.77%	15.01%	13.78%	24.35%	24.32%
Ages 65 Years and Older	0.00%	0.00%	0.00%	0.01%	0.04%

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for informational purposes only. Benchmarking these rates was not applicable because performance should be assessed based on individual health plan characteristics.

[3] *A lower rate indicates better performance for this measure. Results are presented for informational purposes only. These rates do not have applicable benchmarks for comparison.*

[4] *In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information performance measure domain for the non-ABD population, Kaiser QI performed best among the health plans, with *Ambulatory Care—Emergency Department Visits per 1,000 Member Months* ranking above the national Medicaid 90th percentile. Additionally, AlohaCare QI and HMSA QI ranked above the national Medicaid 75th percentile for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months*. Within this domain, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months* is the only measure with an MQD Quality Strategy target established for HEDIS 2016. Kaiser QI met or exceeded the MQD Quality Strategy target for this measure.

The remaining reported rates for Utilization and Health Plan Descriptive Information measures did not take into account the characteristics of the population; therefore, HSAG could not draw conclusions on performance based on the reported Utilization and Health Plan Descriptive Information results and these measures are presented for information purposes only. Nonetheless, combined with other performance metrics, health plans' utilization results provide additional information that may be used to assess barriers or patterns of utilization when evaluating improvement interventions.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Summary of MQD Quality Strategy Targets

Table 4-18—Percentage of MQD Quality Strategy Targets Met or Exceeded for Non-ABD Population*

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Access to Care	—	—	—	—	—
Effectiveness of Care	—	—	—	—	—
Children's Preventive Care	0.00%	0.00%	100.00%	0.00%	0.00%
Women's Health	0.00%	25.00%	80.00%	0.00%	0.00%
Care for Chronic Conditions	0.00%	0.00%	75.00%	0.00%	0.00%
Behavioral Health	0.00%	0.00%	50.00%	0.00%	0.00%
Utilization and Health Plan Descriptive Information	0.00%	0.00%	100.00%	0.00%	0.00%

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Total	**0.00%**	**5.88%**	**76.47%**	**0.00%**	**0.00%**

** Excludes HEDIS 2016 measures that did not have MQD Quality Strategy targets and does not include measures that were not comparable to targets (e.g., rates designated as NA).*

— Indicates there were no MQD Quality Strategy targets established by the MQD or no rates were reported by the plan in this domain that were comparable to performance targets; therefore, the percentage of MQD Quality Strategy targets met was not calculated.

For the measures that were specific to the non-ABD population, all five health plans had reportable rates for the 17 measures with MQD Quality Strategy targets. Thirteen measure indicator rates reported by Kaiser QI (76 percent) met or exceeded the MQD Quality Strategy targets, and one of HMSA QI's reported rates (6 percent) met or exceeded the MQD Quality Strategy target. None of AlohaCare QI's, 'Ohana QI's, or UHC CP QI's rates met the MQD Quality Strategy targets.

ABD HEDIS Performance Measure Results

Access to Care

Table 4-19 displays the QI health plans' Access to Care performance measure results for the ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-19—Comparison of 2016 ABD Rates for Access to Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adults' Access to Preventive/Ambulatory Health Services					
Ages 20 to 44 Years	80.79% ★★	87.40% ★★★★★	89.44% ★★★★★	85.13% ★★★★	84.79% ★★★
Ages 45 to 64 Years	92.88% ★★★★★	92.07% ★★★★	96.30% ★★★★★	90.92% ★★★★	91.66% ★★★★
Ages 65 Years and Older	84.72% ★★	87.87% ★★★	92.48% ★★★★★	90.61% ★★★★	92.80% ★★★★★
Total	87.28% ★★★★	89.56% ★★★★★	93.20% ★★★★★	89.65% ★★★★★	91.33% ★★★★★
Children and Adolescents' Access to Primary Care Practitioners					
Ages 12 to 24 Months	NA	NA	NA	NA	NA
Ages 25 Months to 6 Years	NA	93.81% ★★★★★	100.0% ★★★★★	85.43% ★★	84.68% ★
Ages 7 to 11 Years	NA	100.0% ★★★★★	NA	90.76% ★★	92.26% ★★★
Ages 12 to 19 Years	NA	96.97% ★★★★★	NA	87.52% ★★	88.11% ★★
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment					
Initiation of Alcohol or Other Drug Treatment	43.40% ★★★★	33.33% ★	NA	36.41% ★★	38.67% ★★★
Engagement of Alcohol or Other Drug Treatment	4.72% ★	8.18% ★★	NA	6.50% ★	7.48% ★★

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Access to Care performance measure domain for the ABD population, HMSA QI and Kaiser QI performed best among the health plans compared to the national Medicaid percentiles. Specifically, HMSA QI's rates for *Adults' Access to Preventive/Ambulatory Health Services—Ages 20 to 44 Years* and *Total* and *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years* ranked at or above the national Medicaid 90th percentile. Kaiser QI's rates for *Adults' Access to Preventive/Ambulatory Health Services* (all indicators) and *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years* ranked at or above the national Medicaid 90th percentile. Also, HMSA QI reported 100 percent compliance for the *Children and Adolescents' Access to Primary Care Practitioners—Ages 7 to 11 Years* measure indicator and Kaiser QI reported 100 percent compliance for the *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years* measure indicator.

Conversely, 'Ohana QI demonstrated the lowest performance among the health plans, with five measure rates ranking below the national Medicaid 50th percentile: *Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months to 6 Years*, *Ages 7 to 11 Years*, and *Ages 12 to 19 Years*, and *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment* (all indicators). There were no measures in this domain with MQD Quality Strategy targets for HEDIS 2016.

Effectiveness of Care

Table 4-20 displays the QI health plans' Effectiveness of Care performance measure results for the ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-20—Comparison of 2016 ABD Rates for Effectiveness of Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adult BMI Assessment					
Adult BMI Assessment	86.37% ★★★	79.32% ★★	97.44% ★★★★★	79.31% ★★	89.29% ★★★
Colorectal Cancer Screening[1]					
Colorectal Cancer Screening	35.17%	45.99%	77.73%	40.41%	44.53%
Care for Older Adults[1]					
Advance Care Planning	25.79%	8.52%	48.09%	38.34%	54.26%
Medication Review	55.47%	17.52%	82.13%	74.83%	78.83%
Functional Status Assessment	49.64%	6.33%	42.55%	56.35%	58.15%
Pain Assessment	64.48%	7.54%	74.89%	78.98%	81.27%
Medication Reconciliation Post-Discharge[2]					
Medication Reconciliation Post-Discharge	19.32% ★	8.31% ★	55.56% ★★★	5.83% ★	8.03% ★

[1] *Results are presented for informational purposes only. These rates do not have applicable benchmarks for comparison.*

[2] *National Medicaid benchmarks are not available for this measure; therefore, this rate was compared to national Medicare benchmarks. Caution should be exercised when comparing Medicaid rates to the corresponding Medicare percentiles.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Kaiser QI's rate for the *Adult BMI Assessment* measure ranked highest among the health plans, above the national Medicaid 90th percentile. Conversely, HMSA QI's and 'Ohana QI's rates for *Adult BMI Assessment* fell below the national Medicaid 50th percentile. Additionally, Kaiser QI's *Medication Reconciliation Post-Discharge* rate exceeded all other plans' rates for this measure and was 36.24 percentage points greater than AlohaCare QI's rate, the next-highest rate for this measure. Similarly, Kaiser QI's rate for *Colorectal Cancer Screening* exceeded all other plans' rates for this measure and was 31.74 percentage points greater than HMSA QI's rate, the next-highest rate for this measure. None of the health plans met the MQD Quality Strategy target for *Medication Reconciliation Post-Discharge*, the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Children's Preventive Care

Table 4-21 displays the QI health plans' Children's Preventive Care performance measure results for the ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-21—Comparison of 2016 ABD Rates for Children's Preventive Care

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adolescent Well-Care Visits					
Adolescent Well-Care Visits	33.33% ★	42.11% ★★	60.00% ★★★★	39.31% ★	43.55% ★★
Childhood Immunization Status					
DtaP	NA	NA	NA	NA	NA
IPV	NA	NA	NA	NA	NA
MMR	NA	NA	NA	NA	NA
HiB	NA	NA	NA	NA	NA
Hepatitis B	NA	NA	NA	NA	NA
VZV	NA	NA	NA	NA	NA
Pneumococcal Conjugate	NA	NA	NA	NA	NA
Hepatitis A	NA	NA	NA	NA	NA
Rotavirus	NA	NA	NA	NA	NA
Influenza	NA	NA	NA	NA	NA
Combination 2	NA	NA	NA	NA	NA
Combination 3	NA	NA	NA	NA	NA
Combination 4	NA	NA	NA	NA	NA

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Combination 5	NA	NA	NA	NA	NA
Combination 6	NA	NA	NA	NA	NA
Combination 7	NA	NA	NA	NA	NA
Combination 8	NA	NA	NA	NA	NA
Combination 9	NA	NA	NA	NA	NA
Combination 10	NA	NA	NA	NA	NA
Immunizations for Adolescents					
Meningococcal	NA	NA	NA	56.79% ★	43.90% ★
Tdap/Td	NA	NA	NA	59.26% ★	46.34% ★
Combination 1 (Meningococcal, Tdap/Td)	NA	NA	NA	55.56% ★	43.90% ★
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents					
BMI Percentile Documentation—Total	66.18% ★★	65.75% ★★	95.06% ★★★★★	70.60% ★★★	71.92% ★★★
Counseling for Nutrition—Total	47.06% ★	32.68% ★	96.30% ★★★★★	50.00% ★	58.87% ★★
Counseling for Physical Activity—Total	39.71% ★	26.77% ★	95.06% ★★★★★	37.04% ★	46.80% ★★
Well-Child Visits in the First 15 Months of Life					
Zero Visits[1]	NA	NA	NA	NA	NA
Six or More Visits	NA	NA	NA	NA	NA
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life					
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NA	66.67% ★★	NA	67.43% ★★	60.75% ★

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Children's Preventive Care performance measure domain for the ABD population, three of Kaiser QI's four measure indicator rates that were comparable to national benchmarks ranked at or above the national Medicaid 90th percentile, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (all indicators).

Conversely, six of 'Ohana QI's eight measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 25th percentile*: Adolescent Well-Care Visits*,

Immunizations for Adolescents (all indicators), and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* and *Counseling for Physical Activity—Total.* In addition, four of the five plans' rates fell below the national Medicaid 50th percentile for *Adolescent Well-Care Visits* and *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* (two of three indicators). All five health plans' rates for *Childhood Immunization Status—Combination 2* were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy target for this measure. This was the only measure in this domain with an MQD Quality Strategy target for HEDIS 2016.

Women's Health

Table 4-22 displays the QI health plans' Women's Health performance measure results for the ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-22—Comparison of 2016 ABD Rates for Women's Health

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Breast Cancer Screening					
Breast Cancer Screening	58.47% ★★★	63.32% ★★★	86.00% ★★★★★	55.48% ★★	57.09% ★★
Cervical Cancer Screening					
Cervical Cancer Screening	44.38% ★	45.85% ★	69.03% ★★★★	48.21% ★	52.55% ★
Chlamydia Screening in Women					
Ages 16 to 20 Years	NA	NA	NA	42.31% ★	NA
Ages 21 to 24 Years	NA	NA	NA	29.09% ★	35.56% ★
Total	NA	50.00% ★★	NA	35.51% ★	32.86% ★
Human Papillomavirus Vaccine for Female Adolescents					
Human Papillomavirus Vaccine for Female Adolescents	NA	NA	NA	NA	NA
Prenatal and Postpartum Care					
Timeliness of Prenatal Care	NA	NA	NA	61.11% ★	NA
Postpartum Care	NA	NA	NA	33.33% ★	NA
Frequency of Ongoing Prenatal Care					
<21 Percent of Expected Visits[1]	NA	NA	NA	11.11% ★★	NA
≥81 Percent of Expected Visits	NA	NA	NA	30.56% ★	NA

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

[1] *A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.*

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Women's Health performance measure domain for the ABD population, two of Kaiser QI's measure indicator rates were comparable to national benchmarks. One measure indicator rate ranked above the national Medicaid 90th percentile, *Breast Cancer Screening*, and one ranked above the national Medicaid 75th percentile, *Cervical Cancer Screening.* Kaiser QI met or exceeded the MQD Quality Strategy targets for *Breast Cancer Screening* and *Cervical Cancer Screening.*

Seven of 'Ohana QI's nine measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 25th percentile: *Cervical Cancer Screening, Chlamydia Screening in Women* (all indicators), *Prenatal and Postpartum Care* (all indicators), and *Frequency of Ongoing Prenatal Care—≥81 Percent of Expected Visits.* Additionally, all four of UHC CP QI's measure indicator rates that were comparable to national benchmarks fell below the national Medicaid 50th percentile: *Breast Cancer Screening, Cervical Cancer Screening,* and *Chlamydia Screening in Women* (two of three indicators).

Care for Chronic Conditions

Table 4-23 displays the QI health plans' Care for Chronic Conditions performance measure results for the ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-23—Comparison of 2016 ABD Rates for Care for Chronic Conditions

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Comprehensive Diabetes Care					
Hemoglobin A1c (HbA1c) Testing	83.81% ★★	81.20% ★	98.10% ★★★★★	85.92% ★★	84.29% ★★
HbA1c Poor Control (>9.0%)[1]	53.33% ★	51.82% ★	19.62% ★★★★★	41.35% ★★★	51.78% ★
HbA1c Control (<8.0%)	39.05% ★	39.05% ★	70.25% ★★★★★	49.18% ★★★	40.46% ★★
HbA1c Control (<7%)	23.33% ★	28.78% ★	42.31% ★★★★★	35.70% ★★	26.37% ★
Eye Exam (Retinal) Performed	53.33% ★★	61.31% ★★★	75.80% ★★★★★	60.10% ★★★	67.31% ★★★★
Medical Attention for Nephropathy	93.33% ★★★★★	91.06% ★★★★★	98.73% ★★★★★	91.10% ★★★★★	92.42% ★★★★★
Blood Pressure Control (<140/90 mm Hg)	45.71% ★	42.34% ★	87.90% ★★★★★	59.03% ★★	45.66% ★

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Controlling High Blood Pressure					
Controlling High Blood Pressure	48.17% ★	39.31% ★	85.41% ★★★★★	60.78% ★★★	59.37% ★★★
Annual Monitoring for Patients on Persistent Medications					
ACE Inhibitors or ARBs	91.38% ★★★★	85.74% ★★	94.90% ★★★★★	92.54% ★★★★★	92.24% ★★★★★
Digoxin	NA	NA	NA	49.47% ★★	51.47% ★★
Diuretics	94.74% ★★★★★	91.81% ★★★★★	96.84% ★★★★★	93.80% ★★★★★	92.77% ★★★★★
Total	92.31% ★★★★★	87.32% ★★★	95.58% ★★★★★	92.13% ★★★★★	91.50% ★★★★
Medication Management for People With Asthma					
Medication Compliance 50%—Total	NA	NA	NA	74.03% ★★★★★	65.38% ★★★★
Medication Compliance 75%—Total	NA	NA	NA	59.09% ★★★★★	46.79% ★★★★★

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

[1] A lower rate indicates better performance for this measure.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Care for Chronic Conditions performance measure domain for the ABD population, Kaiser QI performed best among the health plans, with 11 measure rates ranking above the national Medicaid 90th percentile: *Comprehensive Diabetes Care* (all indicators); *Controlling High Blood Pressure;* and *Annual Monitoring for Patients on Persistent Medications—ACE Inhibitors or ARBs*, *Diuretics*, and *Total.* Conversely, HMSA QI demonstrated the lowest performance among the health plans, with six measure rates ranking below the national Medicaid 25th percentile: *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), HbA1c Control (<7%),* and *Blood Pressure Control (<140/90 mm Hg);* and *Controlling High Blood Pressure*. Kaiser QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—Hemoglobin A1c (HbA1c) Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), Eye Exam (Retinal) Performed,* and *Blood Pressure Control (<140/90 mm Hg)*; and *Controlling High Blood Pressure.* 'Ohana QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *HbA1c Control (<8.0%),* and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total.* UHC CP QI met or exceeded the MQD Quality Strategy targets for *Comprehensive Diabetes Care—Eye Exam (Retinal) Performed,* and *Medication Management for People With Asthma—Medication Compliance 50%—Total* and *Medication Compliance 75%—Total.*

Behavioral Health

Table 4-24 displays the QI health plans' Behavioral Health performance measure results for the ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-24—Comparison of 2016 ABD Rates for Behavioral Health

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Adherence to Antipsychotic Medications for Individuals with Schizophrenia					
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	NA	53.01% ★	NA	74.10% ★★★★	72.68% ★★★★
Antidepressant Medication Management					
Effective Acute Phase Treatment	NA	52.78% ★★★	NA	51.37% ★★★	63.50% ★★★★★
Effective Continuation Phase Treatment	NA	38.89% ★★★	NA	36.81% ★★★	49.75% ★★★★★
Follow-Up After Hospitalization for Mental Illness					
Follow-Up Within 7 Days of Discharge	NA	40.63% ★★	NA	30.77% ★	43.07% ★★
Follow-Up Within 30 Days of Discharge	NA	56.25% ★★	NA	49.57% ★	70.80% ★★★
Follow-up Care for Children Prescribed ADHD Medication					
Initiation Phase	NA	NA	NA	NA	NA
Continuation and Maintenance Phase	NA	NA	NA	NA	NA

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation. Rates presented as NA were not compared to benchmarks.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Behavioral Health performance measure domain for the ABD population, UHC CP QI performed best among the health plans with reportable rates, with two measure rates ranking above the national Medicaid 90th percentile, *Antidepressant Medication Management* (all indicators).

Conversely, 'Ohana QI demonstrated the lowest performance among the health plans with reportable rates, with two measure rates ranking below the national Medicaid 25th percentile, *Follow-Up After Hospitalization for Mental Illness* (all indicators). For the measures in this domain with MQD Quality Strategy targets, the health plans' rates did not meet the targets or the rates were designated as *Not Applicable (NA)* and, therefore, were not comparable to the MQD Quality Strategy targets.

Utilization and Health Plan Descriptive Information

Table 4-25 displays the QI health plans' Utilization and Health Plan Descriptive Information measure results for the ABD population compared to the national Medicaid percentiles, where applicable.

Table 4-25—Comparison of 2016 ABD Rates for Utilization and Health Plan Descriptive Information

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Ambulatory Care					
Emergency Department Visits per 1,000 Member Months[1]	70.20 ★★	13.27 ★★★★★	38.62 ★★★★★	75.75 ★	65.60 ★★
Outpatient Visits per 1,000 Member Months[2]	591.87	71.70	430.22	741.14	759.93
Inpatient Utilization—General Hospital/Acute Care[2]					
Discharges per 1,000 Member Months (Total Inpatient)	25.83	3.05	16.88	22.11	15.59
Days per 1,000 Member Months (Total Inpatient)	210.37	25.28	156.09	170.34	73.97
Average Length of Stay (Total Inpatient)	8.15	8.28	9.25	7.70	4.75
Discharges per 1,000 Member Months (Medicine)	17.50	1.93	13.30	15.12	10.59
Days per 1,000 Member Months (Medicine)	98.79	14.02	111.23	80.93	42.19
Average Length of Stay (Medicine)	5.64	7.27	8.37	5.35	3.99
Discharges per 1,000 Member Months (Surgery)	8.13	1.01	3.35	6.67	4.88
Days per 1,000 Member Months (Surgery)	110.82	11.06	44.17	88.57	31.45
Average Length of Stay (Surgery)	13.63	10.97	13.17	13.27	6.44
Discharges per 1,000 Member Months (Maternity)	0.45	0.18	0.42	0.55	0.26
Days per 1,000 Member Months (Maternity)	1.79	0.32	1.27	1.47	0.73
Average Length of Stay (Maternity)	4.00	1.75	3.00	2.69	2.78
Mental Health Utilization[2]					
Any Service—Total	17.86%	11.54%	14.65%	20.24%	15.16%
Inpatient—Total	1.08%	0.22%	0.71%	1.51%	0.79%
Intensive Outpatient or Partial Hospitalization—Total	0.29%	0.04%	0.00%	0.07%	0.03%
Outpatient or Emergency Department—Total	16.95%	11.29%	14.37%	19.49%	14.82%

Measure	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI
Plan All-Cause Readmissions[3]					
Plan All-Cause Readmissions[4]	15.07%	17.81%	22.64%	18.67%	12.14%
Enrollment by Product Line[2]					
Ages 0 to 19 Years	4.93%	10.17%	11.45%	9.49%	5.00%
Ages 20 to 44 Years	12.51%	21.69%	18.40%	17.09%	13.38%
Ages 45 to 64 Years	27.53%	36.54%	29.78%	33.81%	29.78%
Ages 65 Years and Older	55.02%	31.61%	40.37%	39.61%	51.83%

[1] A lower rate indicates better performance for this measure. For performance level evaluation, HSAG reversed the order of the national Medicaid percentiles to be consistently applied to the measure as with the other measures. For example, the national Medicaid 25th percentile (a lower rate) was reversed to become the national Medicaid 75th percentile, indicating better performance.

[2] Results are presented for informational purposes only. Benchmarking these rates was not applicable because performance should be assessed based on individual health plan characteristics.

[3] A lower rate indicates better performance for this measure. Results are presented for informational purposes only. These rates do not have applicable benchmarks for comparison.

[4] In early February 2017, HSAG was notified that the measure calculation vendor for AlohaCare, HMSA, and Kaiser incorrectly calculated the Plan All-Cause Readmissions (PCR) measure. Revised PCR rates were submitted by the three Hawaii plans and incorporated into the EQR Report of Results; however, these rates have not been validated by HSAG and are reported as received.

2016 performance levels represent the following national Medicaid percentile comparisons:
★★★★★ *= 90th percentile and above*
★★★★ *= 75th to 89th percentile*
★★★ *= 50th to 74th percentile*
★★ *= 25th to 49th percentile*
★ *= Below 25th percentile*

Within the Utilization and Health Plan Descriptive Information performance measure domain for the ABD population, HMSA QI's and Kaiser QI's rate for *Ambulatory Care—Emergency Department Visits per 1,000 Member Months* ranked highest among the health plans, above the national Medicaid 90th percentile. Conversely, 'Ohana QI's rates for this measure ranked lowest among the health plans, below the national Medicaid 25th percentile. Within this domain, *Ambulatory Care—Emergency Department Visits per 1,000 Member Months* is the only measure with an MQD Quality Strategy target established for HEDIS 2016. HMSA QI and Kaiser QI met or exceeded the MQD Quality Strategy target for this measure.

The remaining reported rates for Utilization and Health Plan Descriptive Information measures did not take into account the characteristics of the population; therefore, HSAG could not draw conclusions on performance based on the reported Utilization and Health Plan Descriptive Information results and these measures are presented for information purposes only. Nonetheless, combined with other performance metrics, health plans' utilization results provide additional information that may be used to assess barriers or patterns of utilization when evaluating improvement interventions.

Of note, the *Ambulatory Care—Outpatient Visits per 1,000 Member Months* measure indicator was compared to national Medicaid benchmarks in the prior year's report. Due to the fact that utilization of more or fewer outpatient services is not indicative of performance, HSAG determined that this measure should not be compared to national Medicaid benchmarks and implemented this change in this year's report.

Summary of MQD Quality Strategy Targets

Table 4-26—Percentage of MQD Quality Strategy Targets Met or Exceeded for ABD Population*

Measure	AlohaCare QI (n=10)	HMSA QI (n=12)	Kaiser QI (n=10)	'Ohana QI (n=17)	UHC CP QI (n=14)
Access to Care	—	—	—	—	—
Effectiveness of Care	0.00%	0.00%	0.00%	0.00%	0.00%
Children's Preventive Care	—	—	—	—	—
Women's Health	0.00%	0.00%	100.00%	0.00%	0.00%
Care for Chronic Conditions	0.00%	0.00%	100.00%	50.00%	37.50%
Behavioral Health	—	0.00%	—	0.00%	0.00%
Utilization and Health Plan Descriptive Information	0.00%	100.00%	100.00%	0.00%	0.00%
Total	**0.00%**	**8.33%**	**90.00%**	**23.53%**	**21.43%**

** Excludes HEDIS 2016 measures that did not have MQD Quality Strategy targets and does not include measures that were not comparable to targets (e.g., rates designated as NA).*

— Indicates there were no MQD Quality Strategy targets established by the MQD or no rates were reported by the plan in this domain that were comparable to performance targets; therefore, the percentage of MQD Quality Strategy targets met was not calculated.

Of the 17 ABD population measures with MQD Quality Strategy targets, Kaiser QI had reportable rates for 10 of these measure indicators, and nine of these rates (90 percent) met or exceeded the MQD Quality Strategy targets. Of the 17 measure indicators that were reportable for 'Ohana QI, four rates (24 percent) met or exceeded the MQD Quality Strategy targets. Of the 14 measure indicators that were reportable for UHC CP QI, three rates (21 percent) met or exceeded the MQD Quality Strategy targets. Of the 12 reportable rates for HMSA QI, one rate (8 percent) met or exceeded the MQD Quality Strategy targets. None of AlohaCare QI's rates met the MQD Quality Strategy targets.

Validation of Performance Improvement Projects

Validity of Performance Improvement Projects for QUEST Integration Health Plans

HSAG conducted a review of two PIPs for each of the five QUEST Integration plans—AlohaCare QI, HMSA QI, Kaiser QI, ‘Ohana QI, and UHC CP QI. The topics for each were *All-Cause Readmissions* (a Quality Strategy measure) and *Diabetes Care*. For the 2016 validation, all QI health plans progressed to testing interventions in Module 4 using PDSA cycles.

Validity of Performance Improvement Projects for the CCS Program

HSAG conducted a review of two PIPs for the ‘Ohana CCS program. The topics were *Follow-Up After Hospitalization for Mental Illness* and *Initiation of Alcohol and Substance Abuse Treatment*. For the 2016 validation, CCS also progressed to testing interventions in Module 4 using PDSA cycles.

Performance Improvement Projects Outcomes

The health plans had not yet progressed to reporting healthcare measure outcomes at the time of the 2016 validation process. In 2016, the health plans progressed to testing interventions by conducting PDSA cycles in Module 4 and will submit to HSAG a completed Module 4 summary for each intervention that is tested at the conclusion of the PIP in February 2017. The health plans will also submit Module 5 with the PIP outcomes, lessons learned, conclusions, and plans for sustaining and spreading changes that led to improvement. Outcome data and health plan comparative information will be available after completion of the Module 4 and Module 5 submissions in the 2017 validation year.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Adult Survey

Top-Box Comparisons

QI HEALTH PLANS

Table 4-27 presents the question summary rates and global proportions for each QI health plan and the QI Program aggregate.[4-2]

Table 4-27—Comparison of 2016 QUEST Integration Adult CAHPS Results

	AlohaCare QI	HMSA QI	Kaiser QI	'Ohana QI	UHC CP QI	QI Program Aggregate
Global Ratings						
Rating of Health Plan	58.9%	54.9%↓	67.0%↑	54.2%↓	60.0%	59.2%
Rating of All Health Care	55.5%	56.1%	63.1%↑	52.9%	56.0%	56.8%
Rating of Personal Doctor	61.6%	60.0%	68.1%	68.3%	64.8%	64.9%
Rating of Specialist Seen Most Often	70.6%	67.0%	66.3%	67.1%	70.9%	68.3%
Composite Measures						
Getting Needed Care	80.8%	84.6%	83.1%	82.2%	80.5%	82.2%
Getting Care Quickly	79.0%	78.9%	80.4%	84.2%	77.9%	80.3%
How Well Doctors Communicate	91.0%	92.7%	92.4%	92.3%	90.1%	91.7%
Customer Service	84.6%	83.0%	87.4%	85.6%	89.1%	86.1%
Shared Decision Making	83.5%	81.0%	80.2%	82.0%	81.8%	81.6%
Individual Item Measures						
Coordination of Care	85.6%	83.9%	83.1%	85.5%	84.0%	84.4%
Health Promotion and Education	81.2%	71.9%	74.1%	77.9%	76.3%	76.0%

Cells highlighted in yellow represent rates and proportions that are equal to or greater than the 2015 NCQA national adult Medicaid average.
↑ Indicates that the score is higher than the QI Program aggregate by a statistically significant degree.
↓ Indicates that the score is lower than the QI Program aggregate by a statistically significant degree.

[4-2] The QI Program aggregate results were derived from the combined results of the five participating QI health plans.

Comparison of the QI Program aggregate, AlohaCare QI, HMSA QI, Kaiser QI, ‘Ohana QI, and UHC CP QI scores to the 2015 NCQA national adult Medicaid average revealed the following:

- The QI Program aggregate scores were at or above the NCQA national adult Medicaid average on nine measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *How Well Doctors Communicate*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education.*
- AlohaCare QI scored at or above the NCQA national adult Medicaid average on seven measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, *How Well Doctors Communicate*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education.*
- HMSA QI scored at or above the NCQA national adult Medicaid average on seven measures: *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *How Well Doctors Communicate*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.
- Kaiser QI scored at or above the NCQA national adult Medicaid average on 10 measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *How Well Doctors Communicate*, *Customer Service*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.
- ‘Ohana QI scored at or above the NCQA national adult Medicaid average on nine measures: *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education*.
- UHC CP QI scored at or above the NCQA national adult Medicaid average on eight measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, *Customer Service*, *Shared Decision Making*, *Coordination of Care*, and *Health Promotion and Education.*

Comparison of the AlohaCare QI, HMSA QI, Kaiser QI, ‘Ohana QI, and UHC CP QI scores to the QI Program aggregate scores revealed the following:

- AlohaCare QI did not score significantly higher or lower than the QI Program aggregate on any measures.
- HMSA QI scored significantly lower than the QI Program aggregate on one measure, *Rating of Health Plan.*
- Kaiser QI scored significantly higher than the QI Program aggregate on two measures: *Rating of Health Plan* and *Rating of All Health Care.*
- ‘Ohana QI scored significantly lower than the QI Program aggregate on one measure, *Rating of Health Plan*.
- UHC CP QI did not score significantly higher or lower than the QI Program aggregate on any measures.

CHILD HEALTH INSURANCE PROGRAM (CHIP) STATEWIDE SURVEY

Table 4-28 presents the question summary rates and global proportions for the Hawaii CHIP population.

Table 4-28—Comparison of 2016 CHIP CAHPS Results

Global Ratings	2016 CHIP
Rating of Health Plan	69.7%
Rating of All Health Care	66.8%
Rating of Personal Doctor	73.3%
Rating of Specialist Seen Most Often	72.7%+
Composite Measures	
Getting Needed Care	83.8%
Getting Care Quickly	86.0%
How Well Doctors Communicate	94.4%
Customer Service	84.3%
Shared Decision Making	81.4%
Individual Item Measures	
Coordination of Care	81.2%
Health Promotion and Education	76.2%

+ The program had fewer than 100 respondents for this measure; therefore, caution should be exercised when interpreting these results.

Cells highlighted in yellow represent rates and proportions that are equal to or greater than the 2015 NCQA national child Medicaid average.

Comparison of the CHIP scores to the 2015 NCQA national child Medicaid average revealed the following:

- Hawaii's CHIP scored at or above the NCQA national child Medicaid average on six measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, *How Well Doctors Communicate*, *Shared Decision Making*, and *Health Promotion and Education*.

NCQA Comparisons

QI HEALTH PLANS [4-3]

Table 4-29 presents the overall adult member satisfaction ratings for the QI Program aggregate and each health plan on each of the four global ratings.

Table 4-29—NCQA Comparisons: Global Ratings

Plan Name	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
QI Program Aggregate	★★★	★★★★	★★★★	★★★★
AlohaCare QI	★★★	★★★★	★★★	★★★★★
HMSA QI	★★	★★★	★★	★★★
Kaiser QI	★★★★★	★★★★★	★★★★★	★★★★
‘Ohana QI	★★	★★★	★★★★★	★★★★
UHC CP QI	★★★	★★★	★★★★	★★★★★

★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

Table 4-30 presents the overall adult member satisfaction ratings for the QI Program aggregate and each health plan on the four composite measures.

Table 4-30—NCQA Comparisons: Composite Measures

Plan Name	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
QI Program Aggregate	★★	★★	★★★★★	★★
AlohaCare QI	★	★★	★★★★	★★
HMSA QI	★★★	★	★★★★★	★
Kaiser QI	★★★	★★	★★★★★	★★
‘Ohana QI	★★	★★★	★★★★★	★
UHC CP QI	★★	★★	★★★	★★★

★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

[4-3] Because NCQA does not provide benchmarking information for the *Shared Decision Making* composite measure and the *Coordination of Care* and *Health Promotion and Education* individual item measures, star ratings cannot be assigned.

Table 4-31 shows the QI Program aggregate's and each participating QI health plans' adult member satisfaction ratings on the one individual item measure.

Table 4-31—NCQA Comparisons: Individual Measure

Plan Name	Coordination of Care
QI Program Aggregate	★★★
AlohaCare QI	★★★★
HMSA QI	★★
Kaiser QI	★★★
'Ohana QI	★★★
UHC CP QI	★★★

★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th
★★ 25th–49th ★ Below 25th

One of the goals the MQD identified for the Hawaii Medicaid program is to improve beneficiary satisfaction with health plan services. The MQD selected three CAHPS measures as part of its Quality Strategy to monitor the QI health plans' performance on beneficiaries' satisfaction with these areas of service compared to national benchmarks. The three CAHPS Quality Strategy measures the MQD selected were *Rating of Health Plan*, *Getting Needed Care*, and *How Well Doctors Communicate*.

Kaiser QI's member satisfaction ratings for *Rating of Health Plan* and *How Well Doctors Communicate* met or exceeded the 75th percentile requirement. AlohaCare QI's, HMSA QI's, and 'Ohana QI's member satisfaction ratings for *How Well Doctors Communicate* met or exceeded the 75th percentile requirement. None of the QI health plans' member satisfaction ratings met or exceeded the 75th percentile for *Getting Needed Care*. UHC CP QI's member satisfaction ratings did not meet or exceed the 75th percentile for any of the three CAHPS Quality Strategy measures.

CHIP[4-4,4-5]

Table 4-32 presents the overall member satisfaction ratings for the Hawaii CHIP population on each of the four global ratings.

Table 4-32—NCQA Comparisons: Global Ratings

Population	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Hawaii CHIP	★★★★	★★★★★	★★★★	★★★★★+

Note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there were fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

Table 4-33 presents the overall member satisfaction ratings for the Hawaii CHIP population on each of the four composite measures.

Table 4-33—NCQA Comparisons: Composite Measures

Population	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Hawaii CHIP	★	★	★★★	★

★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

Table 4-34 presents the overall member satisfaction rating for the Hawaii CHIP population on the Coordination of Care individual item measure.

Table 4-34—NCQA Comparisons: Individual Item

Individual Item Measure	Coordination of Care
Hawaii CHIP	★★

[4-4] Because NCQA does not provide benchmarking information for the *Shared Decision Making* composite measure and the *Health Promotion and Education* individual item measures, star ratings cannot be assigned.

[4-5] NCQA's benchmarks and thresholds for the child Medicaid population were used to derive the overall member satisfaction ratings; therefore, caution should be exercised when interpreting these results.

Provider Survey

QI Health Plans

Table 4-35 presents a summary of the statistically significant differences that exist between the "top-box" rates (i.e., percentage satisfied) of the QI health plans.

Table 4-35—Plan Comparisons Summary of Results

	AlohaCare QI		HMSA QI		Kaiser QI		'Ohana QI		UHC CP QI	
General Positions										
Compensation Satisfaction	21.0%	—	35.7%	▲	63.4%	▲	12.6%	▼	15.6%	▼
Timeliness of Claims Payments	37.9%	—	58.0%	▲	61.5%	▲	24.0%	▼	29.8%	▼
Providing Quality Care										
Prior Authorization Process	12.2%	—	16.8%	▲	32.4%	▲	8.5%	—	8.6%	—
Formulary	10.7%	—	16.0%	—	56.3%	▲	6.1%	▼	8.4%	▼
Non-Formulary										
Adequate Access to Non-Formulary Drugs	6.2%	—	5.6%	—	72.9%	▲	1.3%	▼	1.3%	▼
Service Coordinators										
Helpfulness of Service Coordinators	16.7%	—	21.4%	—	75.0%	▲	9.2%	▼	10.3%	▼
Specialists										
Adequacy of Specialists	6.6%	▼	21.6%	▲	80.0%	▲	5.0%	▼	3.7%	▼
Adequacy of Behavioral Health Specialists	5.8%	—	11.5%	—	23.9%	▲	5.3%	—	3.7%	▼

▲ *indicates the plan's top-box rate is significantly higher than the aggregate of the other plans.*
— *indicates the plan's top-box rate is not significantly different than the aggregate of the other plans.*
▼ *indicates the plan's top-box rate is significantly lower than the aggregate of the other plans.*

The following is a summary of the QI health plans' performance on the eight measures evaluated for statistical differences:

- AlohaCare QI's performance rate was lower than the aggregate rate of the other QI health plans on one measure, Adequacy of Specialists (6.6 percent), and the difference was statistically significant.
- HMSA QI's performance rate was higher than the aggregate rate of the other QI health plans on four measures: Compensation Satisfaction (35.7 percent), Timeliness of Claims Payments (58.0 percent), Prior Authorization Process (16.8 percent), and Adequacy of Specialists (21.6 percent). The differences were all statistically significant.
- Kaiser QI's performance rate was higher than the aggregate performance rate of the other QI health plans on all eight measures: Compensation Satisfaction (63.4 percent), Timeliness of Claims Payments (61.5 percent), Prior Authorization Process (32.4 percent), Formulary (56.3 percent), Adequate Access to Non-Formulary Drugs (72.9 percent), Helpfulness of Service Coordinators (75.0 percent), Adequacy of Specialists (80.0 percent), and Adequacy of Behavioral Health Specialists (23.9 percent). The differences were all statistically significant.
- 'Ohana QI's performance rate was lower than the aggregate performance rate of the other QI health plans on six measures: Compensation Satisfaction (12.6 percent), Timeliness of Claims Payments (24.0 percent), Formulary (6.1 percent), Adequate Access to Non-Formulary Drugs (1.3 percent), Helpfulness of Service Coordinators (9.2 percent), and Adequacy of Specialists (5.0 percent). The differences were all statistically significant.
- UHC CP QI's performance rate was lower than the aggregate performance rate of the other QI health plans on seven measures: Compensation Satisfaction (15.6 percent), Timeliness of Claims Payments (29.8 percent), Formulary (8.4 percent), Adequate Access to Non-Formulary Drugs (1.3 percent), Helpfulness of Service Coordinators (10.3 percent), Adequacy of Specialists (3.7 percent), and Adequacy of Behavioral Health Specialists (3.7 percent). The differences were all statistically significant.

5. Assessment of Follow-Up to Prior Year Recommendations

Introduction

This section of the annual report presents an assessment of how effectively the QI health plans and the CCS program addressed the improvement recommendations made by HSAG in the prior year (2015) as a result of the EQR activity findings for compliance monitoring, HEDIS, PIPs, CAHPS and the provider survey. The CCS program members were not separately sampled for the CAHPS survey, as they were included in the health plans' sampling; therefore, there are not separate CAHPS results related to CCS members.

With the exception of the compliance monitoring section and PIPs, the improvements and corrective actions related to the EQR activity recommendations were self-reported by each health plan. HSAG reviewed this information to assess the degree to which the health plans' initiatives were responsive to the improvement opportunities.

2015 Compliance Monitoring Review

The 2015 Hawaii compliance monitoring review activities included a review of select standards for the CCS plan. CCS was the only plan that had an on-site review of compliance in 2015, in order to bring the plan into the same three-year review cycle as the QI plans. Formal follow-up reevaluations of CCS' corrective actions, to address the deficiencies identified in the 2015 compliance reviews, were completed by HSAG in late 2015. The specific compliance review findings and recommendations were reported in the 2015 EQR Report of Results. As appropriate, HSAG conducted technical assistance for the plans and conducted the follow-up assessments of compliance either telephonically or on-site as indicated by the significance or number of deficiencies. All health plans were found to have sufficiently addressed and corrected their deficiencies through implementation of corrective action plans and were found to be in full compliance with requirements by HSAG by the end of 2015.

2015 Validation of Performance Measures—NCQA HEDIS Compliance Audits

AlohaCare QI

AlohaCare QI's HEDIS Performance Measures Recommendations

Overall, AlohaCare QI showed improvement. Compared to HEDIS 2014, five HEDIS 2015 rates for AlohaCare QI demonstrated a statistically significant increase, and no measures demonstrated a statistically significant decrease. Of the 78 non-ABD rates compared to national HEDIS 2014 Medicaid percentiles, more than half of AlohaCare QI's measure results ranked below the 25th percentile, and only two ranked above the 75th percentile but below the 90th percentile.

For HEDIS 2015, none of the performance measure results showed significant decline from the prior year. However, HSAG noted that many performance measure rates ranked below the national Medicaid 25th percentiles. These primarily non-ABD measures spread across different categories. HSAG recommended that AlohaCare QI focus on the following measures for improvement:

- Children's Preventive Care:
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health:
  - *Chlamydia Screening in Women*
  - *Human Papillomavirus Vaccine for Female Adolescents*
- Care for Chronic Conditions:
  - *Comprehensive Diabetes Care—HbA1c Control indicators*
  - *Controlling High Blood Pressure*
- Access to Care: All measures
- Utilization:
  - *Ambulatory Care—Outpatient Visits*
  - *Frequency of Ongoing Prenatal Care*
- Effectiveness of Care:
  - *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
  - *Follow-Up After Hospitalization for Mental Illness*
  - *Use of Appropriate Medications for People With Asthma*

In addition, based on AlohaCare QI's data systems and processes, the auditors made several recommendations:

- Regarding its enrollment data process, instead of waiting for new enrollment contact information to be received in the 834 file from the State, AlohaCare QI should consider utilizing the new member contact information once it is received from the member. This recommendation was also made by the auditor in 2014.
- Regarding its practitioner data process, AlohaCare QI should conduct an independent verification of the data entered. Currently, data entry and verification were performed by the same staff.
- Regarding its data transfer process, AlohaCare QI should create more robust processes to monitor the accuracy and completeness of the file transfer process so as to enhance its ability to compare records sent to its software vendor and those input into the software.

Improvement Activities Implemented

Non-ABD Measure Results—AlohaCare QI implemented a three-year provider incentive program to help improve rates in targeted HEDIS measures during 2015. As a part of this program, providers are incentivized for improving performance over their individual 2015 baseline performance. HEDIS measures incentivized include:

- *Childhood Immunization Status—Combination 2*
- *Frequency of Prenatal Care*
- *Timeliness of Prenatal Care*
- *Controlling High Blood Pressure*
- *Comprehensive Diabetes Care*
  - *HbA1C Outcome*
  - *Systolic and Diastolic BP Levels (<140/90)*
  - *Eye Exams*
  - *Nephrology*

The focus of the incentive program payment methodology was changed for 2016. Rather than reimburse providers for each service completed, providers are required to improve their own performance (based on their individual 2015 baseline) to be paid.

To address the recommendations based on AlohaCare QI's data systems and processes, AlohaCare QI implemented the following improvement activities:

Enrollment process—The enrollment team had considered updating the demographic data as soon as it was received from the member; however, the decision was made to retain the current process. AlohaCare QI's QNXT system (a TriZetto product) only allows one set of member demographic data, and AlohaCare uses the State-derived data so that they always match MQD data.

Additionally, though, when updated member contact information is found through interaction with the member, or sources such as hospital admission face sheets, an activity is added to the member's G7 software profile, and the updated member demographic details are noted in the comment section. This can then be accessed by clinical staff trying to reach the member to initiate and/or follow up on services.

Practitioner data process—The business analyst runs a monthly report by individual contracts and reviews each contract to ensure:

- Provider type of each affiliation is appropriate to the contract.
- Provider specialty of each affiliation is appropriate to the contract.
- If the contract is a "custom" contract, the appropriate providers are attached.
  - Also, if a specific PAY TO provider has a "custom" contract, the specific provider affiliation is tied to the correct "custom" contract.

The business analyst then sends a report to the contract data specialist. The contract data specialist reviews the report and researches any discrepancies by reviewing documentation received from the provider and other resources to verify if the correct title, type, and specialty have been applied within QNXT. Corrections will then be made if needed to the provider's contracts. This process occurs monthly, so any errors that the contract data specialist made manually would be captured in the subsequent month through the Business Analyst report.

Data transfer process—Every month, AlohaCare QI transmits claim, enrollment, membership, provider, and other data files to its HEDIS vendor (Verisk Health). After receiving the files, Verisk runs a data audit—the result of which is a report that flags any errors for further inspection. This year, AlohaCare QI requested a copy of the claim source table to compare the total records that AlohaCare QI sends with the total records that Verisk processes in its software (Verisk shows this count on the audit report). If the records do not match, the AlohaCare QI Quality Department would bring this to the attention of Verisk and the AlohaCare staff member who transmits the file. Since there was evidence that the files were routinely transmitted, the health plan had greater confidence that Verisk had not missed receiving any portion of the submitted data.

In addition, AlohaCare QI sent spreadsheets containing measure and compliance data from its medical records abstraction to Verisk throughout the year. After Verisk processed these supplemental data, a Supplemental Data Impact report was downloaded from the Verisk application. Source spreadsheets were compared with Verisk's impact report. Those members that AlohaCare QI had determined to be compliant should be reflected as such in the impact report. AlohaCare QI reported any discrepancies to Verisk for investigation. This provided the opportunity to identify data capture issues early in the process; fix mapping, capture process, processing, and display; and apply those fixes to the supplemental data prior to HEDIS reporting.

HMSA QI

HMSA QI's HEDIS Performance Measures Recommendations

Overall, HMSA had room for improvement. Compared to HEDIS 2014, two HEDIS 2015 rates reported a statistically significant increase, and 12 measures reported a statistically significant decrease. Of the 80 non-ABD rates compared to national HEDIS 2014 Medicaid percentiles, almost 75 percent of HMSA QI's measure results ranked below the 50th percentile (i.e., 58 measures), and one measure ranked at or above the 90th percentile.

Based on HMSA's data systems and processes, the auditors made one recommendation:

- Regarding its enrollment data process, instead of waiting for new enrollment contact information to be received in the 834 file from the State, HMSA QI should consider using the new member contact information once it is received from the member. This recommendation was also made by the auditor in 2014.

Although HMSA QI indicated that improvement efforts were made to improve the *Childhood Immunization Status* measure, several indicators from this measure showed significant decline from the year prior and ranked below the 25th percentile. HSAG also recognized that HMSA QI conducted data analyses and education interventions to improve performance on the *Comprehensive Diabetes Care* measure. Nonetheless, the HEDIS 2015 rates remained fairly stable compared to HEDIS 2014. Many other performance measure rates fell below the national Medicaid 25th percentile. These measures spread across different categories. HSAG recommended that HMSA focus on the following measures for improvement:

- Children's Preventive Care:
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition and Counseling for Physical Activity*
- Care for Chronic Conditions:
  - *Comprehensive Diabetes Care—HbA1c Control <7% and Blood Pressure Control <140/90 mm Hg*
  - *Controlling High Blood Pressure*
- Access to Care:
  - *Adults' Access to Preventive/Ambulatory Health Services*
  - *Prenatal and Postpartum Care*
- Utilization:
  - *Frequency of Ongoing Prenatal Care*

- Effectiveness of Care:
  - *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
  - *Adult BMI Assessment*
  - *Annual Monitoring for Patients on Persistent Medications—Digoxin*
  - *Follow-Up After Hospitalization for Mental Illness*
  - *Follow-Up Care for Children Prescribed ADHD Medication—Continuation Phase*
  - *Persistence of Beta-Blocker Treatment After a Heart Attack*
  - *Use of Appropriate Medications for People With Asthma*

Improvement Activities Implemented: Children's Preventive Care

Pay-for-Quality

HMSA QI has a Pay-for-Quality program in which part of a physician's compensation is tied to specific quality metrics. This shifts the physician incentive from volume to value. HMSA QI's Pay-for-Quality program included a childhood immunizations measure called "Combo 3" which encompasses diphtheria, tetanus, pertussis, polio, mumps, measles, rubella, haemophilus influenza type b, hepatitis B, and varicella as well as an adolescent immunization "Combo 1" measure which includes DTap and meningococcal vaccinations. *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* is also a measure in HMSA's Pay-for-Quality program.

Patient-Centered Medical Home

HMSA QI has adopted the Patient-Centered Medical Home (PCMH) model of primary care, and encourages this model through incentivizing members incrementally as the provider demonstrates greater adherence to the PCMH model of care. Staff worked with the PCMH office at various levels to develop the whole-person approach to care, focused on self-management and the patient-provider relationship. As part of PCMH, providers have access to the Cozeva platform, displaying their registry of patients in need of a vaccination and providing the ability to communicate with patients and family members about needed vaccinations.

Mailers to Parents

These mailers were tied to the child's age rather than to his or her immunization status, which is often not completely known. The mailers were sent at 6-, 12-, and 15-month-old intervals.

Children received immunizations when they visited the doctor to receive other childhood preventable services. For this reason, the two messages were presented together to the parents. For the commercial lines of business, the mailers included a well-child message, a developmental milestones tracker, and an immunization schedule. For QUEST, the approved mailers included a well-child message with the immunization schedule embedded on the same page. Providers of these members also received notification of the mailer.

Provider and Member Nurse Reminders

HMSA engaged in this activity in two different phases. In the first phase, providers were given "one sheet per child" reports of the children on their caseload with the existing shots filled in and the shots needed identified. A nurse and HMSA QI field staff took these sheets to all providers of children turning age 2 from February to June. This was both a data gathering and an intervention effort, as incomplete reports were left with the provider as prompts. In the second phase, the information gathered in the previous phase was used to characterize more at-risk members and providers, and a nurse called both these groups—the members to remind them on the need for immunizations and discuss barriers to receiving them, and the providers to discuss processes and barriers.

Care for Chronic Conditions

CVS Medication Adherence for Statins and Antihypertensive and Antidiabetic Medications

CVS had several programs to enhance the adherence of members to medications. This was particularly important for chronic illnesses such as diabetes, hypertension, and cardiovascular conditions. CVS' key program to address adherence is Pharmacy Advisor, a multi-channel approach to adherence.

Patients were identified for a pharmacy advisor intervention by missing an expected fill date on one of the key identified medications for chronic illness. Identified patients received a telephone call in which a pharmacist addressed adherence concerns and behavior. Patients who could not be reached by telephone received alternative communications such as a follow-up letter. Providers were involved in the process via fax to their office. Other adherence programs included encouraging mail order scripts and 90-day scripts, which removed some of the barriers to adhering to medication.

Pay-for-Quality

HMSA QI's aforementioned Pay-for-Quality program also encompassed several chronic illness measures including diabetes hemoglobin A1c control, testing for retinopathy, kidney function, blood pressure control and medication adherence. Providers had access to the Cozeva platform, displaying their registry of patients with chronic conditions and providing the ability to communicate with patients and family members about needed tests and medications.

Patient-Centered Medical Home

HMSA QI adopted the Patient-Centered Medical Home (PCMH) model of primary care, and encouraged this model through incentivizing members incrementally as the provider demonstrated greater adherence to the PCMH model of care. As part of PCMH, providers were offered training on managing their diabetes registry, displayed in the Cozeva platform. As part of demonstrating their level of PCMH status, providers were required to perform several quality improvement activities. These included diabetes-focused activities. However, even for those providers who did not select a diabetes-focused PCMH activity, the whole-person approach to care, focused on self-management and the patient-provider relationship, gave members with diabetes a fertile ground for managing their illness.

Cozeva Gap Mailers

Through Cozeva, providers had the ability to send letters to their patients addressing gaps in care related to quality measures that are part of the Pay-for-Quality program, including diabetes, hypertension, chronic obstructive pulmonary disease (COPD), and asthma. The letter communicated that the member appears to have that particular gap and directs the member to his or her provider.

HMSA QI Disease Management Program

The goal of the Disease Management Program is to increase awareness of the importance of members managing their disease in conjunction with their PCP for treatment of diabetes, asthma, COPD, congestive heart failure (CHF), coronary artery disease (CAD), and hypertension.

Members were stratified into groups by criteria including control value, regular care (as demonstrated by recent PCP or specialist visits), emergency department or inpatient service use, complications, and comorbidities.

Group	Definition
Group 1	Well-controlled disease
Group 2	Moderate disease, managed by a high-performing PCP or by a specialist
Group 3	Moderate disease managed by a low-performing PCP or no attributed PCP
Group 4	Severe disease
Group 5	Special Health Care Needs
Group 6	Complex Case Management

Member Outreach in 2015 included:

Condition	Materials (Source)	Audience
Diabetes	ABCD's of Diabetes (HMSA)	All
	Problem Solving (American Association of Diabetes Educators [AADE])	Groups 3 & 4
Asthma	Asthma Action Plan (American Lung Association)	All
	Staying Active/Exercise-Induced Asthma (American Lung Association)	Groups 3 & 4
COPD	COPD Action Plan (American Lung Association)	All
	Smoking Cessation (Smoking.gov)	Groups 3 & 4
CHF	Congestive Heart Failure Action Plan	
CAD	Coronary Artery Disease Action Plan	All
	Food Choice Action Plan (American Heart Association [AHA])	Groups 3 & 4
HTN	Your Guide to a Healthy Heart	All
	Measuring Your Blood Pressure (HMSA)	Groups 3 & 4

Condition	Materials (Source)	Audience
All	Medication Hints rack brochure (HMSA)	Groups 3 & 4
All	CVS medication mail order information sheet (HMSA)	Groups 3 & 4 in Akamai Advantage

COPD = Chronic Obstructive Pulmonary Disease, CHF= Congestive Heart Failure, CAD = Coronary Artery Disease, HTN = Hypertension

Each mailing included information about the free health education classes offered by HMSA QI and its partners; community resources; and (for commercial members) the Well-Being 5 assessment that covered health, wellness, and psychosocial needs.

The Disease Management Program was designed to work with providers and provider organizations. At the beginning of 2015, 10 of the 27 provider organizations had opted out of these activities. In 2015 through working with the provider organizations, all but two organizations had opted into these activities.

Providers were initially notified of the program via an announcement card. In addition, providers were notified and kept informed of the program by HMSA QI's strategic relationship managers and Provider Outreach team. Materials sent to members were placed on HMSA's provider portal, which was regularly updated with each new piece of material. For those providers and provider organizations wanting a greater level of involvement, HMSA provided a member list with members' stratification group upon each mailing.

Access to Care

Prenatal/Postpartum Care

In 2015 the following activities were implemented to address prenatal and postpartum care:

- A member focus group was conducted by HMSA QI's Consumer Experience/Marketing section in conjunction with Moms In Hawaii, a local consumer-sponsored group.
- Discussions with Healthy Mothers, Healthy Babies resulted in a contract to link the HMSA QI website to the community resources and information available on the Healthy Mothers, Healthy Babies website.
- Discussions with March of Dimes led to an authorization to link to its website as a resource.
- Authorization was received from Hawaii Pacific Health to link to Kapiolani Medical Center's Hapai application for expectant mothers.
- All the above resulted in improving HMSA QI's ability to offer additional pregnancy information and resources to members on hmsa.com (https://hmsa.com/help-center/preparing-for-your-newborn/).
- HMSA QI solicited feedback from physicians to discuss the pregnancy program, their needs, program goals, and how HMSA QI can support OBs and their patients. As part of the activity, an information feedback and referral form for HMSA QI pregnant members was developed as a pilot to gather data about the actual needs of HMSA QI members.

Effectiveness of Care

Follow-Up After Hospitalization for Mental Illness

Aftercare Program

Beacon Hawaii continued to operate the Beacon Aftercare Program that incorporated systematic ambulatory follow-up coordination services and quality management practices.

The following is a list of the aftercare coordinator's main tasks of the aftercare process which strived to ensure that members received aftercare appointments within seven and 30 days of discharge:

- Make reminder calls to discharged members. These calls included reminders to members with appointments and calls to members without appointments offering to assist in making appointments.
- Sent "trying to reach you" cards for members who were difficult to reach.
- Mailed aftercare materials and brochures to the member's home to remind the member of an upcoming appointment. Members who had their appointments within 48 hours of discharge were not mailed letters and only received outreach calls.
- Sent letters to members who did not keep follow-up appointments, offering assistance with rescheduling and reinforcing the importance of follow-up.
- Made outreach calls to members who rescheduled or who had appointments between eight and 30 days post discharge to remind them of upcoming appointments. Called providers to verify whether members kept, canceled, rescheduled, or did not keep their appointments.
- Assisted members with rescheduling or finding new appointments.
- Recorded all contact with members and providers.
- Tracked all aftercare appointments until the appointment outcome was determined, or for 90 days to allow for a claim to be submitted.
- For providers, when a claim was not received or out-of-network services were performed, procure primary source verification.

Mid-year 2015, Beacon developed an Aftercare Program dashboard to measure and track effectiveness of the program. Weekly meetings were established to review and discuss the data and trends, and to identify areas of improvement. The dashboard was also shared weekly with the HMSA Behavioral Health team.

Provider Engagement/Facility Visits

Beacon visited high-volume facilities to raise awareness of the *Follow-Up After Hospitalization for Mental Illness (FUH)* measure and to encourage proactive discharge planning and scheduling of FUH appointments by facility staff. High-volume facilities were determined by the number of discharges per month. Examples of such facilities were Queens, Maui Memorial, and Castle Medical Centers. Facilities were provided their individual FUH rates quarterly. Through these visits, Beacon was able to gain a better understanding of various facility challenges contributing to the rate not being met.

Following are some of the barriers that were identified in 2015:

- Behavioral health (BH) provider no availability for FUH appointments within the HEDIS seven-day time frame
- No availability of appointments with BH providers outside of normal business hours
- Facility staffing shortages
- Possible scheduling of FUH appointments with non-BH providers such as PCPs, which resulted in no HEDIS hit.

Beacon supported the facilities by providing them updated listings of BH providers that could see patients within normal and outside normal business hours. Beacon also offered these facilities the support of the Beacon aftercare coordinator to assist with scheduling appointments for those that had staffing shortages. Furthermore, Beacon continued to raise awareness and provide education on the *FUH* measure at the Beacon Provider Advisory Council (PAC) meetings, focusing on HMSA QI-contracted BH providers in the community. *FUH* was a topic of discussion at the Q2 and Q4 2015 PAC meetings.

Follow-Up Care for Children Prescribed ADHD Medication

Top-Prescribing Providers Outreach Campaign

The Prescriber Outreach campaign was the primary activity to improve results for the *Follow-Up Care for Children Prescribed ADHD Medication* measure. The goal of the Prescriber Outreach campaign was to use the results from Beacon Hawaii's root cause analysis to improve health outcomes for children prescribed ADHD medication. The campaign focused on outreach to the top 15 prescribing providers of the HEDIS eligible population. Through visits to provider offices and face-to-face communication with providers, Beacon gained a better understanding of the barriers. Beacon also provided provider offices with details of the members that contributed to their rates by identifying which members did and did not meet the measure and why (root cause analysis).

Beacon identified the top 15 prescribing providers of ADHD medications using claims data from March 1, 2014–February 28, 2015. These providers collectively had a total HEDIS eligible population of 397, and their average HEDIS rate was 47 percent for the Initiation phase. Through the provider outreach campaign, Beacon piloted the distribution of provider and member materials to raise awareness and to promote education of the HEDIS measure to both the provider and its members. Through this outreach, several common themes were identified: lack of understanding of the HEDIS measures between the provider and the office staff and access issues to meet appointments within 30 days of a "new start" date for a member. Beacon continued to work with these providers to overcome barriers and to communicate findings to the HMSA QI BH team.

Provider Awareness and Education

Beacon produced provider and member materials to distribute to providers to raise awareness and to provide education on the HEDIS measure. Beacon distributed custom-designed member materials on ADHD to provider offices geared toward the HMSA QI member population. Beacon also continued to provide education and awareness around HEDIS measures at PAC meetings which are held quarterly. ADHD was reviewed in the 2015 Q2 and Q3 PACs, where valuable discussions occurred between the Quality Committee, Provider Partnerships Committee, the medical director, and HMSA QI BH providers who are members of the council.

ADHD Stop Gap Activity

The ADHD Stop Gap Quality Improvement Activity (QIA) was launched on November 1, 2015, to improve the Continuation and Maintenance phase of the HEDIS measure. The primary activity targeted members who were eligible for this phase but had not yet met the measure. Based on October 2015 claims data, 53 opportunities remained to improve the ADHD Continuation and Maintenance phase for HEDIS 2016. Further data analysis revealed that 41 members had met the required amount of visits by HEDIS but were missing the continuous medication requirement. The goal of this Stop Gap Quality Improvement Activity (QIA) was to remind parents or legal guardians to pick up remaining medication refills, to fulfill this portion of the HEDIS requirement. As part of this activity, case consultations were also offered to parents. The ADHD Stop Gap HEDIS 2016 (CY 2015) QIA provides additional details on this activity.

Kaiser QI

Kaiser QI's HEDIS Performance Measures Recommendations

Overall, Kaiser QI's results remained consistent with prior years in that Kaiser QI continued to be the top-performing health plan across all measures. Compared to HEDIS 2014, two HEDIS 2015 rates reported a statistically significant increase, and two measures reported a statistically significant decrease. Of the 74 non-ABD rates compared to national HEDIS 2014 Medicaid percentiles, more than half of Kaiser QI's measure results ranked at or above the 90th percentile, and only four ranked below the 25th percentile.

Only a few measures fell below the national 25th percentile. HSAG recommended that Kaiser focus on the following measures for improvement:

- Access to Care:
  - *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of AOD Treatment*
- Utilization:
  - *Ambulatory Care—Outpatient Visits*
- Effectiveness of Care:
  - *Medication Management for People With Asthma*

Improvement Activities Implemented

The following table depicts the three-year trend results for the measures recommended for improvement. HEDIS 2016 results indicate that improvement was achieved during 2015 measurement for three of the four metrics.

An evaluation of the barriers and the activities implemented as part of the QI process are also outlined as follows:

QUEST Integration Non-ABD Trend for Selected Measures

Measure/Data Element	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Effectiveness of Care: Respiratory Conditions			
Medication Management for People With Asthma (MMA)			
Total—Medication Compliance 50%	25.14%	33.75%	**35.19%**
Total—Medication Compliance 75%	9.22%	13.25%	**12.86%**
Access/Availability of Care			
Initiation and Engagement of AOD Dependence Treatment (IET)			
Initiation of AOD Treatment: Total	23.04%	25.61%	**39.23%**

Measure/Data Element	HEDIS 2014 Rate	HEDIS 2015 Rate	HEDIS 2016 Rate
Use of Services			
Ambulatory Care			
Outpatient Visits/1,000	292.21	284.95	**307.91**

Access to Care

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of AOD Treatment

Steady improvement was evident in the Initiation phase of this measure.

Barriers:

- The Behavioral Health Department was reorganized in 2014. A new director and manager worked to integrate with the Primary Care Department (now known as Integrated Behavioral Health—IBH).

Activities:

- Daily data monitoring was established in 2015 to identify members with the appropriate diagnoses.
- Developed workflow changes around the data files to get the member seen quickly (same day if possible; at least within 14 days).
- Improved referral to Chemical Dependency staff.

Utilization

Ambulatory Care: Outpatient Visits

Outpatient visits increased in 2015, suggesting that access to care improved. Outpatient visits are approaching the national average (357/1000).

Barriers:

- An increase in membership produced some stress on outpatient clinics.

Activities:

- After-hours clinic hours were extended.

Effectiveness of Care

Medication Management for People with Asthma

Improvement has been seen in the 50 percent compliance rate, while 75 percent compliance has remained flat or slightly decreased.

Barriers:

- The specifications for this measure are complex, which makes it very difficult to obtain the data needed to create an actionable report of noncompliant members.
- The pharmacy staff resources are not available to monitor the compliance even if/when a report could be created.

Activities:

- Kaiser QI's electronic medical record (EMR) (KPHC) was modified to include drug/dose alerts to providers.
- Established coordination among PCPs, pediatric providers and Kaiser QI's pharmacy regarding this measure.

'Ohana QI

'Ohana QI HEDIS Performance Measures Recommendations

Non-ABD HEDIS Performance Results

Compared to HEDIS 2014, three 'Ohana HEDIS 2015 rates demonstrated statistically significant improvement. Of the 70 non-ABD rates compared to national HEDIS 2014 Medicaid percentiles, more than half of 'Ohana's measure results ranked below the 25th percentile, and only one ranked above the 75th percentile but below the 90th percentile.

'Ohana QI did not have any non-ABD performance measures showing significant decline from HEDIS 2014. HSAG recognized that 'Ohana initiated many strategies in 2014 to improve its performance. However, several HEDIS 2015 rates fell below the national Medicaid 25th percentile. These measures spread across different categories. HSAG recommended that 'Ohana QI focus on the following measures for improvement:

- Children's Preventive Care:
  - *Adolescent Well-Care Visits*
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health:
  - *Cervical Cancer Screening*
  - *Human Papillomavirus Vaccine for Female Adolescents*
- Care for Chronic Conditions:
  - *Comprehensive Diabetes Care—HbA1c Control <7%*
- Access to Care:
  - *Adults' Access to Preventive/Ambulatory Health Services*
  - *Children and Adolescents' Access to Primary Care Practitioners*
  - *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- Utilization:
  - *Ambulatory Care—Outpatient Visits*
- Effectiveness of Care:
  - *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
  - *Annual Monitoring for Patients on Persistent Medications—Diuretics*
  - *Follow-Up After Hospitalization for Mental Illness—30 Days*
  - *Medication Management for People With Asthma*
  - *Use of Appropriate Medications for People With Asthma*

Improvement Activities Implemented

'Ohana QI's Quality Improvement Intervention Workgroup (QIIW) and Quality Improvement (QI) Team HEDIS Focus Workgroup met regularly to review trending data for HEDIS measures, completed causal barrier analysis, and monitored status updates of interventions developed specifically to improve HEDIS rates. Smaller workgroups were developed to address specific HEDIS measures, such as diabetes, behavioral health, and child-related measures. The following are improvement activities that were continued or implemented in 2015:

- 'Ohana QI continued to receive lab results directly from two lab vendors, Clinical Laboratories and Diagnostic Laboratory Services.
- HEDIS practice advisors (HPAs) conducted quality-focused provider visits. In partnership with the provider relations representatives (PR reps), providers received education and coaching on HEDIS measures and how to improve in their rates. The HPA and/or PR Reps distributed HEDIS toolkits and care gap reports to providers, and taught providers how to use the HEDIS online tool (via provider portal) as an additional method to locate and close members' care gaps by submitting medical records through the online tool.
- The Pay-for-Performance bonus program was offered to certain provider groups.
- 'Ohana continued to insource the process of scheduling and retrieving medical records. Thirty temporary staff members were on boarded to schedule and retrieve records.
- Articles for both member and provider newsletters were published for the following: chronic condition management, well-visits for children and adolescents, immunizations, women's health, prenatal and postpartum care, and behavioral health. Also, periodicity letters were mailed to members to remind them of preventive screenings and the importance of seeing their PCP.
- Community case management agencies (CCMAs) were provided care gaps reports, and a scorecard was continued to monitor the CCMA's progress in closing care gaps.
- A Preventive Care Checklist which incorporated HEDIS-related preventive screenings was distributed to all members assigned to a service coordinator (SC). The reader-friendly checklist doubled as an educational tool explaining in simple layman's terms the "why" behind the age- , gender- , and disease-specific tests and procedures on the list. The SCs and Disease Management nurses discussed the checklist with members and instructed them to bring the checklist to their doctor's office during a follow-up visit for completion.
- Letters were mailed to providers to address members who had persistent asthma (based on claims data) and were on a controller medication. The letter included recommendations and a reminder to reach out to members to schedule a doctor's appointment.
- *Mommy & Baby Matters* booklets were mailed to pregnant members, which included educational information on prenatal and postpartum care.
- Several outreach programs to educate members on chronic condition management and preventive screenings were completed. The following lists 'Ohana's various outreach programs:
  - The Centralized Telephonic Outreach program consisted of a vendor calling members who had HEDIS care gaps and assisting with scheduling an appointment with their physician and arranging transportation when needed.

- The Early and Periodic Screen, Diagnostic, and Treatment (EPSDT) coordinator and SCs reached out to parents and guardians of pediatric members to educate and assist with scheduling appointments for well-visits and to get their immunizations updated.
- The SCs addressed care gaps with members during their home visits or follow-up phone calls. In addition, one designated SC focused on reaching out to members discharged from a mental health facility to close *FUH* care gaps.

ABD HEDIS Performance Measure Results

Compared to HEDIS 2014, three of 'Ohana QI's HEDIS 2015 measure rates reported a statistically significant decrease. Of the 74 ABD rates compared to national HEDIS 2014 Medicaid percentiles, 24 of 'Ohana QI's measure results ranked below the 25th percentile, and eight ranked above the 90th percentile. 'Ohana QI should continue to ensure that claims and encounter data are complete and accurate and increase the use of supplemental data sources for reporting all ABD measures.

For HEDIS 2015, one ABD measure result (*Adults' Access to Preventive/Ambulatory Health Services*) showed a significant decline from the prior year. Additionally, many rates fell below the national 25th percentile. Some were also measures noted for improvement for the non-ABD population. HSAG recommended that 'Ohana focus on the following measures across different categories for improvement and develop integrative strategies for its various populations:

- Children's Preventive Care:
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
- Women's Health:
  - *Chlamydia Screening in Women*
- Access to Care:
  - *Initiation and Engagement of Alcohol and Other Drug Dependence Treatment—Initiation of AOD Treatment*
- Utilization:
  - *Ambulatory Care—Emergency Visits*
  - *Frequency of Ongoing Prenatal Care*
- Effectiveness of Care:
  - *Annual Monitoring for Patients on Persistent Medications—Digoxin*
  - *Use of Appropriate Medications for People With Asthma—Total*
  - *Use of Spirometry Testing in the Assessment and Diagnosis of COPD*

Improvement Activities Implemented

The following are improvement activities that were continued or implemented in 2015:

- HPAs conducted quality-focused provider visits. In partnership with PR Reps, providers received education and coaching on HEDIS measures and how to improve their rates. The HPA and/or PR Reps distributed HEDIS toolkits and care gap reports to providers, and taught providers how to use the HEDIS online tool (via provider portal) as an additional method to locate and close members' care gaps by submitting medical records through the online tool.
- The Pay-for-Performance bonus program was offered to top-volume providers.
- HPAs educated providers on the importance of chlamydia screening and collected medical records to enter into the pseudoclaims supplemental database.
- 'Ohana QI continued to insource the process of scheduling and retrieving medical records. Thirty temporary staff members were on-boarded to schedule and retrieve records.
- Articles for both member and provider newsletters were published for the following: chronic condition management, well-visits for children and adolescents, immunizations, women's health, prenatal and postpartum care, and behavioral health. Also, periodicity letters were mailed to members to remind them of preventive screenings and the importance of seeing their PCP.
- CCMAs were provided care gaps reports, and a scorecard was continued to monitor the CCMA's progress in closing care gaps.
- A Preventive Care Checklist which incorporated HEDIS-related preventive screenings was distributed to all members assigned to a service coordinator (SC). The reader-friendly checklist doubled as an educational tool explaining in simple layman's terms the "why" behind the age-, gender-, and disease-specific tests and procedures on the list. The SCs/DM RNs discussed the checklist with members and instructed them to bring the checklist to their doctor's office during a follow-up visit for completion.
- Letters were mailed to providers to address members who had persistent asthma (based on claims data) and were on a controller medication. The letter included recommendations and a reminder to reach out to members to schedule a doctor's appointment.
- *Mommy & Baby Matters* booklets were mailed to pregnant members, which included educational information on prenatal and postpartum care.
- Several outreach programs to educate members on chronic condition management and preventive screenings were completed. The following lists 'Ohana's various outreach programs:
  - Centralized Telephonic Outreach program consisted of a vendor, Results, calling members who had HEDIS care gaps and assisting with scheduling an appointment with their physician and arranging transportation when needed.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Coordinator and SCs outreached parents and guardians of pediatric members to educate and assist with scheduling appointments for well-visits and to get their immunizations updated.
  - The SCs addressed care gaps with members during their home visits or follow-up phone calls.

‘Ohana CCS HEDIS and Non-HEDIS Performance Measure Results

Of the five CCS rates compared to national HEDIS 2014 Medicaid percentiles, two measures ranked above the 50th percentile but below the 75 percentile, one measure ranked above the 25th percentile but below the 50th percentile, and two measures fell below the 25th percentile.

For HEDIS 2015, none of the ‘Ohana CCS measures had a significant decline from the prior year. However, HSAG noted a few measures with rates below the national 25th percentile. HSAG recommended that ‘Ohana continue to work with other health plans on the following Effectiveness of Care measures to ensure data completeness as well as explore improvement opportunities:

- *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- *Follow-Up After Hospitalization for Mental Illness—30 Days*

Although ‘Ohana CCS was found to be *Fully Compliant* with all applicable IS assessment standards, the auditor made one recommendation regarding its encounter data systems and processes. For its CCS population, ‘Ohana received behavioral health encounters from other Hawaii Medicaid health plans annually. This file receipt schedule did not allow sufficient coordination of services between physical and behavioral health services. In addition, ‘Ohana CCS did not in return provide the behavioral health services data to the other physical health plans. The auditor recommended that ‘Ohana CCS work to obtain these data monthly from the other health plans, or quarterly at a minimum. A two-way data exchange may further enhance data usability and reporting for all the health plans.

Improvement Activities Implemented

Specifically, for CCS members, ‘Ohana CCS worked with other health plans to receive file information for HEDIS measures that were based on medical services. The BH case management agencies received education on the different HEDIS measures. The BH case manager was notified of hospital discharges using the Inpatient Notification form, which included a section to complete for *FUH*. ‘Ohana’s BH care coordinator tracked all discharges and follow-up appointments with BH providers post discharge.

A pilot project was started with one of the BH Case Management agencies, which consisted of ‘Ohana’s BH care coordinator notifying the BH case manager of an admission, and the BH case manager contacting the hospital staff prior to discharge to coordinate care and arrange for the member to have a follow-up appointment with a BH provider within seven days of hospital discharge.

‘Ohana CCS continued to work with the health plans to resolve issues pertaining to the timing of data file exchanges. ‘Ohana has agreements and processes in place with all the health plans to exchange data on a quarterly basis.

UnitedHealthcare Community Plan Quest Integration

UHC CP QI's HEDIS Performance Measures Recommendations

Non-ABD Performance Measure Results

Compared to HEDIS 2014, no HEDIS 2015 rates reported a statistically significant increase, and two measure rates showed a statistically significant decrease. Of the 67 non-ABD rates compared to national HEDIS 2014 Medicaid percentiles, less than a third of UHC CP QI's measure results ranked above the 25th percentile, and only eight ranked above the 50th percentile.

For HEDIS 2015, two non-ABD measure rates showed a significant decline from the prior year. HSAG recognized that UHC CP QI had been implementing various improvement initiatives targeting the *Well-Child Visits in the First 15 Months of Life, Comprehensive Diabetes Care,* and *Controlling High Blood Pressure* measures. Nonetheless, two of these measures, along with other measures, fell below the national 25th percentile. HSAG recommends that UHC CP focus on the following measures across different categories for improvement:

- Children's Preventive Care:
  - *Adolescent Well-Care Visits*
  - *Childhood Immunization Status*
  - *Immunizations for Adolescents*
  - *Well-Child Visits in the First 15 Months of Life*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health: All measures
- Care for Chronic Conditions:
  - *Comprehensive Diabetes Care—HbA1c Control* and *Blood Pressure Control (<140/90)*
- Access to Care: All measures
- Utilization:
  - *Ambulatory Care—Outpatient Visits*
  - *Frequency of Ongoing Prenatal Care*
- Effectiveness of Care:
  - *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*
  - *Follow-Up After Hospitalization for Mental Illness*

ABD Performance Measure Results

Compared to HEDIS 2014, two HEDIS 2015 rates reported a statistically significant increase, and four measure rates showed a statistically significant decrease. Of the 54 ABD rates compared to national HEDIS 2014 Medicaid percentiles, approximately half of UHC CP's measure results ranked above the 50th percentile, and nine ranked above the 90th percentile.

For HEDIS 2015, four of the ABD measure rates showed a significant decline from the prior year. A notable amount of HEDIS 2015 performance measure rates fell below the national 25th percentile. HSAG recommended that UHC CP QI focus on the following measures across different categories for improvement; since some of these measures are also identified as opportunities for improvement for the non-ABD populations, UHC CP QI should develop integrative strategies for various populations:

- Children's Preventive Care:
  - *Adolescent Well-Care Visits*
  - *Immunizations for Adolescents*
  - *Weight Assessment and Counseling for Nutrition and Physical Activity*
  - *for Children/Adolescents—Counseling for Physical Activity*
  - *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- Women's Health:
  - *Cervical Cancer Screening*
  - *Chlamydia Screening in Women—21–24 Years and Total*
- Access to Care:
  - *Children and Adolescents' Access to Primary Care Practitioners*
  - *Initiation and Engagement of Alcohol and Other Drug Treatment*
  - *Prenatal and Postpartum Care*
- Utilization:
  - *Frequency of Ongoing Prenatal Care*
- Effectiveness of Care:
  - *Annual Monitoring for Patients on Persistent Medications—Digoxin*
  - *Use of Appropriate Medications for People With Asthma—51–64 Years and Total*

Improvement Activities Implemented

The QI Program described the coordinated and collaborative activities and initiatives of UHC CP QI to provide the services necessary to meet the needs of its members and to continuously improve physical and behavioral healthcare outcomes. To meet the needs of members with multiple healthcare needs, UHC CP QI used an integrated care model employing systematic coordination of physical, pharmacy, and behavioral healthcare integrating mental health, substance abuse, and primary care service management to produce better outcomes.

Childhood Immunization Status (Combination 10) and *Frequency of Prenatal Care*

Status: Implemented and ongoing

- A picture frame refrigerator magnet was created with a listing of the appropriate immunizations for children before their second birthday and distributed to mothers who delivered in 2015. This information was also promoted during health fairs and provider visits. Along with a list of the appropriate immunizations, information on community resources was also provided.
- EPSDT training was conducted with field service coordinators.

- EPSDT and clinical practice consultant (CPC) outreach with providers included reports that indicate which immunizations are currently due.
- UH CCP QI HI continued to monitor this measure and explore other opportunities as appropriate for 2016.

Chlamydia Screening in Women (Total Rate)

Status: Implemented and ongoing

- Collaboration with the Hawaii State Department of Health in obtaining chlamydia screening for members attending State clinics showed improvement for the QUEST population but not for QExA. Chlamydia screening may not be appropriate for the QExA member population.
- UHC CP QI HI continued to collaborate with the Hawaii State Department of Health in 2016.

Prenatal and Postpartum Care (Timeliness of Prenatal Care)

Status: Implemented and ongoing

- An analysis was conducted to understand how to better improve in this area, and the data showed that there is an opportunity with the young population of pregnant members < 19 years of age. UHC CP QI explored partnering with high schools for possible educational opportunities in 2016.
- Educational sessions were completed with field service coordinators regarding this measure and the criteria for meeting this measure.
- A baby shower event was piloted to educate pregnant mothers about the importance of prenatal care.
- The Hapai Malama Pregnancy Program was launched by UHC CP QI and made available to pregnant members to provide information, resources, and education. High-risk members were referred to a field service coordinator for case management services as needed. The Hapai Malama Pregnancy program continued to actively reach out to pregnant women to enroll.
- The CPCs began reaching out to the obstetricians/gynecologists (OB/GYNs) and pediatricians during the latter part of 2015 and continued to do so in 2016.
- For 2016, UHC CP QI partnered with FQHCs to provide the baby shower event at their site(s).

Follow-Up for Children Prescribed ADHD Medication Initiation Phase* and *Follow-Up for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

Status: Implemented and ongoing

- Educated members about ADHD symptom management, medication compliance, and the importance of timely follow-up with their practitioner through an article in the Optum LAWW member newsletter.
- Disseminated ADHD guidelines to practitioners via the health plan's website.
- Distributed the Administrative Guide, which discussed ADHD treatment, where to find clinical care guidelines, and highlighted the importance of referring to a behavioral health practitioner.

  UHC CP QI will continue to monitor this measure and explore other opportunities as appropriate for 2016.

'Ohana CCS

'Ohana CCS Readiness Review

HSAG recommends that 'Ohana CCS continue to work with other health plans on the following Effectiveness of Care measures to ensure data completeness and explore improvement opportunities:

- *Diabetes Monitoring for People With Diabetes and Schizophrenia*
- *Follow-Up After Hospitalization for Mental Illness—30 Days*

Improvement Activities Implemented

Specifically, for CCS members, 'Ohana CCS worked with other health plans to receive file information for HEDIS measures that are based upon medical services. The BH case management agencies received education on the different HEDIS measures. The BH case managers were notified of hospital discharges using the inpatient notification form, which included a section to complete for *Follow-Up After Hospitalization for Mental Illness* (FUH). 'Ohana's BH care coordinator kept track of all discharges and follow-up appointments with a BH provider post-discharge.

A pilot project was started with one of the BH case management agencies that consisted of 'Ohana's BH care coordinator notifying the BH case manager of an admission, and the BH case manager contacting the hospital staff prior to discharge to coordinate care and arrange for the member to have a follow-up appointment with a BH provider within seven days of hospital discharge.

2015 Validation of Performance Improvement Projects

With the implementation of the rapid-cycle PIP approach in 2015, each health plan continued its rapid-cycle PIPs that were initiated in March 2015. The framework for PIPs includes five modules:

- Module 1: PIP Initiation
- Module 2: SMART Aim and Baseline Data Collection
- Module 3: Intervention Determination
- Module 4: Intervention Testing (Plan-Do-Study-Act)
- Module 5: PIP Conclusions

The purpose of a PIP is to achieve, through ongoing measurements and interventions, meaningful improvement sustained over time in clinical and nonclinical areas. For the 2015 validation cycle, the health plans had initiated new PIPs and had not yet progressed to reporting results. All health plans focused on two PIP topics that were key goals within the MQD's quality strategy:

- All-Cause Readmissions
- Diabetes Care

Each health plan identified specific SMART Aim measures for the two PIP topics that reflected key areas of focus.

Through the end of 2015, each health plan had submitted Modules 1 through 3. The structure of the rapid-cycle PIP approach called for HSAG to provide immediate feedback upon the submission of each module. HSAG provided required feedback and the health plans adjusted PIP strategies. Therefore, performance improvement recommendations were made, and the health plans immediately addressed the recommendations as part of their resubmission of a module.

Module 4 was initiated in August 2015, and the target for PIP conclusions was July 2016. However, due to challenges encountered by the health plans, Module 4 submissions were delayed until May 2016. As a result of these issues, HSAG recommended and the MQD approved a change in the timeline for the submission of Module 4 and ultimately to completion. An email was sent to all health plans on March 22, 2016, informing them of the change:

Based on HSAG's review of the Module 4 submissions, the following are changes to the 2015/2016 Hawaii rapid-cycle PIP timeline that the MQD has approved.

1. All PIPs have a SMART Aim end date of December 31, 2016. At the start of the PIPs, health plans were able to choose a SMART Aim end date, and some chose June 30, 2016. However, given delays and other challenges that health plans encountered in testing interventions, all health plans changed the SMART Aim end date to December 31, 2016, if it was set for a prior date. This allowed more time to test interventions and collect data.
2. HSAG provided a Module 4 retraining for all health plans on May 3, 2016.

3. The timeline had a Module 4 submission for a second intervention due to HSAG on May 2, 2016. This was removed from the timeline; instead, health plans submitted only the "Plan" portion of the PDSA cycle (i.e., details of intervention and data collection on pages 1 through 4 of the Module 4 submission form) for a second intervention in August 2016. HSAG reviewed the plan and provided recommendations prior to the health plans testing the second interventions. The specific due date for Module 4 is between August and December 2016.
4. With all SMART Aim end dates set for December 31, 2016, HSAG will allow approximately six weeks (until mid-February 2017) for health plans to submit Module 5 (PIP Conclusions) for the PIPs. HSAG will review and provide feedback to the health plans and the MQD by the end of March 2017, which will conclude this cycle of rapid-cycle PIPs. Specific due dates for the Module 5 submissions and feedback to be determined.

AlohaCare QI

Table 5-1 reflects AlohaCare QI's selected SMART Aim measures.

Table 5-1—SMART Aim Measures—AlohaCare QUEST Integration

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Readmissions within 30 days at The Queen's Medical Center.
Diabetes Care	Eye exams due within the measurement year for diabetic members ages 18–75 seen at Waimanalo Health Center.

AlohaCare QI's PIP Recommendations

As noted, HSAG's recommendations were made at the submission of each module. Health plans addressed the recommendations as part of either the resubmission of the module or the submission of the next module. Therefore, the 2015 technical report did not contain recommendations.

Improvement Activities Implemented

Improvements to the PIP processes and methodologies were made by each health plan at the time of resubmission of a module or the submission of the next module.

HMSA QI

Table 5-2 reflects HMSA QI's selected SMART Aim measures.

Table 5-2—SMART Aim Measures—HMSA QUEST Integration

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Readmissions within 30 days for members who had at least one secondary readmission in a five-year look-back period and were provided community

PIP Topic	SMART Aim Measure
	services by Hawaii Independent Physician's Organization, Pacific Health Partners, or Hawaii Physician Organization.
Diabetes Care	Members seen at Bay Clinic or Kalihi Palama Health Center whose latest HbA1c test within the prior 12 months indicated a control value of less than 9.

HMSA QI's PIP Recommendations

As noted, HSAG's recommendations were made at the submission of each module. Health plans addressed the recommendations as part of either the resubmission of the module or the submission of the next module. Therefore, the 2015 technical report did not contain recommendations.

Improvement Activities Implemented

Improvements to the PIP processes and methodologies were made by each health plan at the time of resubmission of a module or the submission of the next module.

Kaiser QI

Table 5-3 reflects Kaiser QI's selected SMART Aim measures.

Table 5-3—SMART Aim Measures—Kaiser QUEST Integration

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Readmissions within 30 days at Kaiser Foundation Hospital—Moanalua.
Diabetes Care	Diabetic members with an HbA1c < 8 who have Provider A, B, or C as their PCP.

Kaiser QI's PIP Recommendations

As noted, HSAG's recommendations were made at the submission of each module. Health plans addressed the recommendations as part of either the resubmission of the module or the submission of the next module. Therefore, the 2015 technical report did not contain recommendations.

Improvement Activities Implemented

Improvements to the PIP processes and methodologies were made by each health plan at the time of resubmission of a module or the submission of the next module.

'Ohana QI

QUEST Integration

Table 5-4 reflects 'Ohana QI's selected SMART Aim measures.

Table 5-4—SMART Aim Measures—'Ohana QUEST Integration

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Members discharged from the hospital who had a primary admitting diagnosis of heart failure or diabetes and had a readmission to the hospital for any reason within 30 days.
Diabetes Care	Diabetic members 18–75 years of age who have PCP-A or PCP-B as their primary care provider and had an annual diabetic retinal exam.

'Ohana QI's PIP Recommendations

As noted, HSAG's recommendations were made at the submission of each module. Health plans addressed the recommendations as part of either the resubmission of the module or the submission of the next module. Therefore, the 2015 technical report did not contain recommendations.

Improvement Activities Implemented

Improvements to the PIP processes and methodologies were made by each health plan at the time of resubmission of a module or the submission of the next module.

CCS

Table 5-5 reflects 'Ohana CCS' selected SMART Aim measures.

Table 5-5—SMART Aim Measures—'Ohana CCS

PIP Topic	SMART Aim Measure
Follow-Up After Hospitalization for Mental Illness	Members 18 years of age and older who are assigned to the Community Case Management Agencies, North Shore Mental Health Inc., or Care Hawaii Inc., who were discharged from an inpatient psychiatric facility and had a follow-up appointment with a mental health provider within seven days of discharge.
Initiation of Alcohol and Substance Abuse Treatment	Members 18 years of age and older who were assigned to the Community Case Management Agencies, Care Hawaii Inc., or North Shore Mental Health Inc.; were discharged from an inpatient psychiatric facility; had an admitting diagnosis of alcohol or other drug dependence; and engaged in two AOD treatments within 30 days of treatment initiation.

'Ohana CCS' PIP Recommendations

As noted, HSAG's recommendations were made at the submission of each module. Health plans addressed the recommendations as part of either the resubmission of the module or the submission of the next module. Therefore, the 2015 technical report did not contain recommendations.

Improvement Activities Implemented

Improvements to the PIP processes and methodologies were made by each health plan at the time of resubmission of a module or the submission of the next module.

UnitedHealthcare Community Plan QI

Table 5-6 reflects UHC CP QI's selected SMART Aim measures:

Table 5-6—SMART Aim Measures—UHC CP QI

PIP Topic	SMART Aim Measure
All-Cause Readmissions	Readmissions within 30 days for members 18–64 years of age assigned to Kalihi Palama Health Center.
Diabetes Care	Bay Clinic Members with diabetes who had at least one HbA1c test in the past 12 months (rolling).

UHC CP QI's PIP Recommendations

As noted, HSAG's recommendations were made at the submission of each module. Health plans addressed the recommendations as part of either the resubmission of the module or the submission of the next module. Therefore, the 2015 technical report did not contain recommendations.

UHC CP QI provided the following update to capture all 2016 PIP activities:

Improvement Activities Implemented

After receiving technical assistance from HSAG, UHC CP revised its modules and resubmitted them for final validation. UHC CP QI met the criteria for the three completed modules.

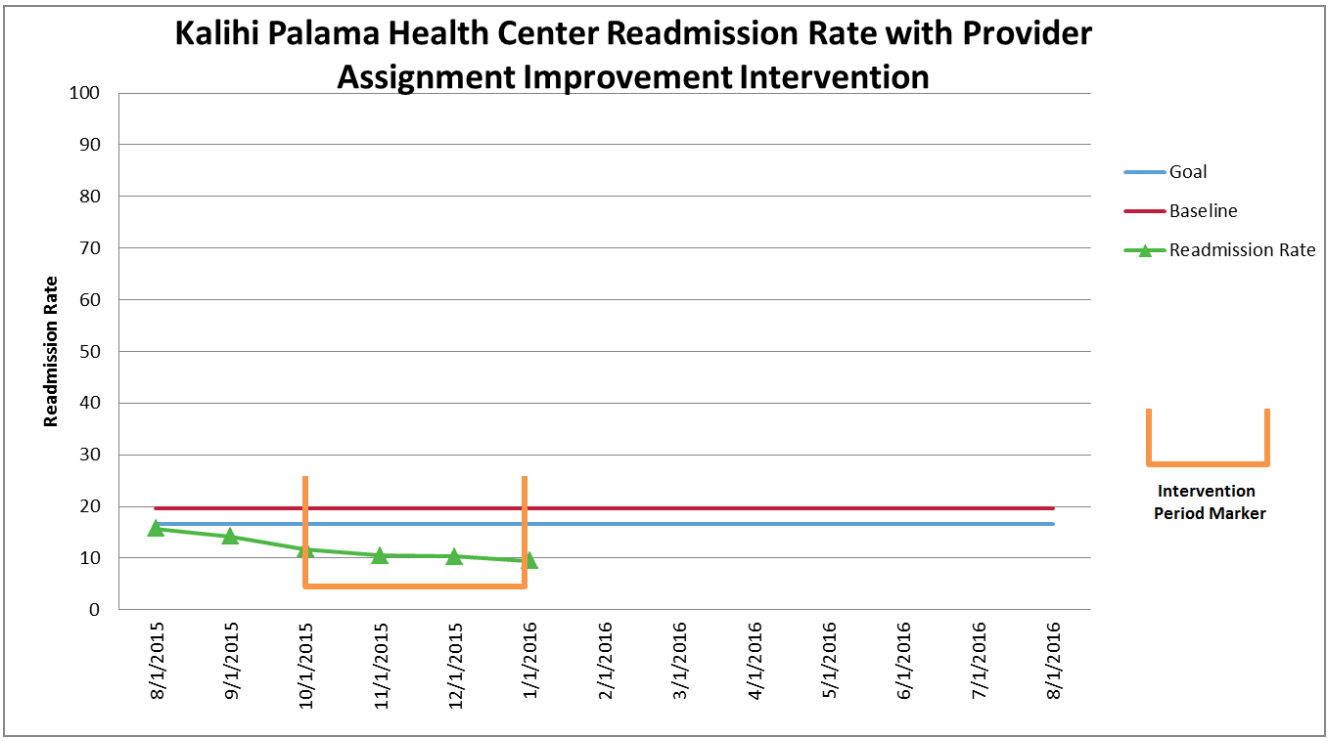
PIP #1

Reducing Readmissions for Kalihi Palama Health Center (KPHC).

Methodology

Using PDSA methodology, three interventions were developed based on key drivers with the goal written as a SMART Aim: By June 30, 2016, improve the rate of readmissions from acute inpatient stays among Kalihi Palama Health Center members 18–64 years of age that are not dually enrolled with Medicare from 19.64 percent to 16.69 percent. This performance improvement spans from 2015–2016 with an end date of June 30, 2016.

Results



Analysis/Barriers

With the baseline of 19.64 percent, the readmission rate decreased 4.98 percent before this PIP-specific intervention began for the months of August and September. Once the intervention started on October 1, 2015, a continued decrease of 2.24 percent occurred for the months of November and December. This downward trend may be indicative of this intervention having a positive result on the baseline; however, it cannot be certain if this intervention is the reason for the trend as it started before the intervention began.

Due to the small numerator for this measure, one readmission can affect the downward trend immensely. Analysis will continue to be conducted through 2016.

Actions/Interventions

UHC CP QI HI may be adapting this first of three interventions, as the newly developed Accountable Care Practice Transformation consultant position will assume the role of monitoring the provider's membership including newly assigned members in a more efficient way than was conducted during the intervention. A focus of a newly designed program, the Basic Quality Model will offer online provider tools, including the patient registry and UnitedHealthcare (UHC) Transitions to monitor members who have been admitted to an inpatient facility and offer a process to indicate that the follow-up after discharge was completed within seven days. This will ensure members are receiving the follow-up care

and medication reconciliation they need to prevent readmissions. The second and third interventions will continue into 2016.

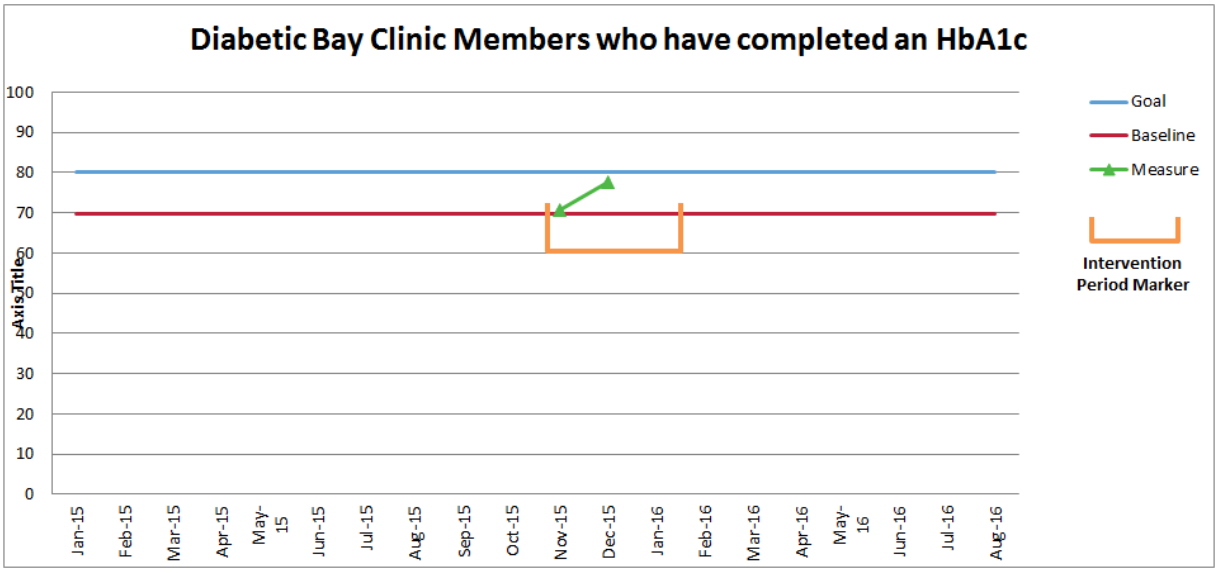
PIP #2

Diabetes Care—Improving HbA1c Testing for Bay Clinic.

Methodology

Using PDSA methodology, three interventions were developed based on key drivers with the goal written as a SMART Aim: By December 30, 2016, increase the percentage of members with diabetes ages 18–75 years with no more than one gap in enrollment of up to 45 days in the past 12 months with Bay Clinic as their PCP that have an at least one HbA1c test from 69.70 percent to 80.16 percent. This performance improvement spans from 2015–2016 with an end date of December 30, 2016.

Results



Analysis/Barriers

Due to numerous internal changes with Bay Clinic including leadership turnover, server issues, and a facility move, Bay Clinic started reviewing the PIP-related data in November 2015. The effectiveness of this intervention is demonstrated by closing the gap for 17 of the 72 noncompliant members. The graph above illustrates that the intervention was effective. With the baseline of 69.7 percent, the percentage of Bay Clinic members who have diabetes and have completed an HbA1c test began an upward trend in November to 70.2 percent and increased to 77.6 percent in December, with a third measurement of data to be determined in March 2016. The intervention had a positive impact on the SMART Aim by demonstrating an upward trending to the SMART Aim goal of 80.16 percent.

Actions/Interventions

UHC CP QI HI may be adapting this first of three interventions. At that time if UHC CP QI still determines that adoption of the intervention is appropriate, a realistic and achievable expansion plan will be provided.

2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Child Survey

AlohaCare QI

AlohaCare QI's CAHPS Child Survey Recommendations

Based on an evaluation of AlohaCare's results, the priority areas identified were *Rating of Specialists Seen Most Often, Getting Needed Care, Getting Care Quickly,* and *Customer Service.* The health plan was given recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in each of these areas.

Improvement Activities Implemented

Getting Needed Care

AlohaCare QI's Utilization Management Department more consistently implemented the "Extension to Review" process that allowed more time (i.e., an additional 14 calendar days) to review authorization requests when additional information pertinent to the decision was required. This enabled AlohaCare QI to have the most complete set of information to make appropriate decisions and ensure that members were getting the care that they need.

AlohaCare QI offered more peer-to-peer review of authorization requests to engage providers in a more collaborative case discussion, as applicable, to resolve incomplete and/or unclear information in the decision-making process. Again, this allowed both an improved understanding for providers of the reasons for authorization decisions as well as increased confidence for Utilization Management staff that decisions were being made with all available information pertinent to the case.

AlohaCare QI enhanced the authorization system functionalities to capture more reportable data to be used for better analysis and trending for continued process improvement.

AlohaCare QI established the Transition of Care team to conduct face-to-face, community, and facility member outreach to engage at-risk members in the implementation of care plan, to avoid unnecessary admissions or emergency department (ED) encounters.

Getting Care Quickly

The Provider Services department performed a network analysis to identify provider shortages and access to care issues. Specifically, it identified that AlohaCare QI members had limited access to rheumatologists and gastroenterologists. To mitigate this access to care risk, AlohaCare QI recruited new rheumatologists and gastroenterologists as well as established a special program to allow specialists with a closed panel to receive new members.

Customer Service

In 2015 AlohaCare QI began conducting Service Coordination operations. This put licensed nurses and social workers in the community, conducting face-to-face visits to assist members with coordinating their needs across primary care, behavioral health, and long-term services and supports systems. It is believed these efforts improved customer service and member satisfaction with AlohaCare QI because they provided a higher level of 1:1 intervention in individuals' own homes, to meet their needs. AlohaCare operated this person-centered model on all Hawaiian Islands, and through 2015 added physical office locations on Kauai, Oahu, Maui, and Hawaii. As of June 2016, the Service Coordination Department provided services for more than 1,300 members of AlohaCare QI's population. Staffing grew over previous months, per island, to ensure member needs were met. Current staffing is as follows:

- Hawaii 6 full-time equivalents (FTEs)
- Kauai 3.5 FTEs
- Maui 4 FTEs
- Oahu 12.1 FTEs

AlohaCare QI received positive feedback from members regarding the service, including the following letter sent to its CEO from a Service Coordination member.

> *Dear Mr. McComas:*
>
> *I would like to commend your Maui Service Coordination team for such an awesome job. Having been the recipient of their services during my cancer journey for the past two years, I wonder how I could have survived the process without their help. The Service Coordination Staff was instrumental from day one, even though I adamantly refused services at first, they gave me the time and space I needed to deal with the shocking news of cancer and kept in touch with me, following up and following up. Finally, I let them in, put my trust in them and they have never disappointed me. They were there when doctors sent me invoices. They were there when doctors told me "your plan doesn't cover this or that service or equipment" or even when I missed an appointment on Oahu because no flight arrangements were made. The staff was always available!! I would call or email and they always responded timely. They are my advocate.*
> *I have never had a medical plan so wonderful with caring physicians and staff that serve you with dignity and respect.*

HMSA QI

HMSA QI's CAHPS Child Survey Recommendations

Based on an evaluation of HMSA QI's results, the priority areas identified were *Getting Care Quickly* and *Getting Needed Care*. The health plan was given recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in these areas.

Improvement Activities Implemented

Getting Care Quickly

The HMSA QI value-driven healthcare initiative consisted of a PCMH program and a pay-for-quality program. One of the expectations of PCMH PCPs is that they work to improve care coordination and can demonstrate this by implementing open scheduling, and provide additional ways for members to access a care team via telephone, secure electronic messaging, or other means.

HMSA QI used Cozeva, a web-based platform that promotes communication between providers and their patients. It identifies gaps in care and sends reminders to members in preferred formats (e.g., email, phone, or text). Cozeva allows members to communicate electronically with their PCP, make appointments, receive individualized reminders, request prescription refills, and access their medical records.

HMSA QI provided a 24-Hour Nurse Advice Line that members could call to talk with a nurse. The nurse answers questions and determines whether a member should see a doctor or go to the emergency room. HMSA's 24-Hour Nurse Advice Line also refers members to a participating provider.

For members who are chronic no-shows, providers had the option of referring the member for service coordination. The service coordinator assigned to the member assists with identifying barriers, developing a service plan, and coordinating services that will support the member's needs and reduce no-shows.

Getting Needed Care

To simplify and streamline the referral process and to ensure members had access to care when they needed it, HMSA QI revised its referral process for specialty care. Beginning in January 2015, PCPs only needed to register referrals with HMSA QI for off-island specialty care, referrals to nonparticipating providers, plastic surgery, rehabilitation services, and dermatology services. Although a registered referral was no longer required, PCPs and specialists must still keep records of referrals in their patients' record.

HMSA QI used Cozeva, a web-based platform that promotes communication between providers and their patients. It allows providers to see their HMSA QI quality measures and correlating patient information. Through Cozeva, they are able to identify gaps in care and address them in an upcoming visit. If a member needs to see a specialist, PCPs are able to ensure their patients received the appropriate care by using Cozeva to create referrals and request/track prior authorizations. In addition,

members are able to review prior authorization requests, statuses, and decisions through Cozeva's member platform.

To ensure HMSA QI members received needed care, the Provider Economics and Network Administration department used geo-mapping and other data analytic tools to convert vast amounts of data into actionable information. Beyond the conventional participating provider penetration reports, turnover ratios, geo-access reports, and geo-access maps, HMSA QI further analyzed its networks by specialty, patient panel size, drive times, appointment wait times, and other important criteria identified by members and customers. HMSA QI also had a number of ongoing programs to build primary and specialty care to ensure appropriate providers are available to members on the neighbor islands.

- A recruitment package for neighbor island hospitals, FQHCs, clinics, and medical groups subsidizes the costs of physician recruitment, allowing physician groups and hospitals to offer more attractive arrangements to prospective physicians.
- Provider practice start-up cost subsidies help providers set up their practice by giving them a source of revenue while they are building their business. This incentivizes physicians to set up independent practices on neighbor islands. In particular, this program helped a PCP on Oahu relocate to Hawaii Island.
- HMSA QI provides travel subsidies to specialists who are willing to travel to the neighbor islands. This improves access to specialty care providers in rural areas that could not sustain specialists on their own.
- HMSA QI provides support to the Queen's specialty clinics and Straub specialty clinics as well as individual providers, all of whom are available to see QI members. The traveling specialists help to fill specialty shortages, such as nephrology (Hilo and Kona), otolaryngology (Kona), neurosurgery (Hilo), orthopedic surgery (Hilo and Kona), plastic surgery (Hilo), rheumatology (Hilo and Kauai), ophthalmology (Hilo), oncology, obstetrics/gynecology, and endocrinology.

Kaiser QI

Kaiser QI's CAHPS Child Survey Recommendations

Based on an evaluation of Kaiser's results, the priority areas identified were *Getting Needed Care*, *Getting Care Quickly*, *and Customer Service*. The health plan was given recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in these areas.

Improvement Activities Implemented

Getting Needed Care: Appropriate Health Care Providers

Processes were in place for PCPs to enter referrals for specialty care directly into the electronic medical record (KP HealthConnect). Referrals were then triaged by an MD or RN to determine whether the service was routine or should be expedited, for appropriateness, and to evaluate if other services were needed prior to the referral. As part of the pre-visit planning process, patients were contacted to be reminded of any clinical guidelines to follow if instructed by the physician's office.

Wait time standards specific for QI members were established and monitored. The 2016 QI Timely Access Reports indicated that 93.2 percent quarter 1(Q1) and 92.4 percent (Q2) of requests were meeting the specialist wait time standard. Receptionists contacted the member directly to schedule the referral. The physician or another member of the care team also contacted the patient if additional clinical information was needed.

Kaiser QI members also had access to online tools that made getting the care they need easier. Communication tools included secured email, and the ability to check test results, send pictures to specialists, refill prescriptions, make same-day appointments online, etc. Kaiser members could also call and speak with a nurse or physician assistant at any time.

PCPs also had the ability to call specialists directly for appointments needed immediately, and all specialty departments manage "sooner" appointment requests.

If the patient had multiple referrals for multiple specialties, the Consult and Referrals Specialties Team (CRST) tried to schedule all referrals when the patient was contacted for scheduling. If the patient was coming from an outer island, the CRST tried to coordinate services on the same day for patient convenience. If the physician determined that a procedure was needed to be performed when the referral was made, the physician informed CRST to schedule additional time for the procedure and a consult to be completed on the same day.

Getting Care Quickly: Open Access Scheduling

Kaiser QI continued to focus on access for members. Clinics provided same-day appointments as well as telephone appointments to meet members' needs in a way that was convenient for them. Select same-day appointment slots were made available the prior evening so members could book an appointment for

the following day. A select number of same-day appointments were held open to ensure there was adequate supply of appointments still available for same-day appointment calls or walk-ins.

Secured electronic communication was provided through the kp.org website. Members were able to send and receive messages from their doctors, schedule appointments directly online, order prescription refills, and check lab results.

Kaiser QI had advice nurses during clinic and after hours that triage for appointment scheduling as well as offer medical advice.

***Customer Service*: Training Program & Performance Measure**

In October 2015, Hawaii Customer Service joined the national team of Member Services Contact Centers. Through this partnership Hawaii Customer Service became Hawaii Member Services, and it gained access to a vast array of customer service and quality training as well as provided guidelines and metrics for which the department would be held accountable.

Face-to-face or virtual training:

- 1x1 monthly meetings were held to discuss challenges, coaching, and/or corrective actions.
- Quality assurance (QA) guidelines training (includes both content and delivery) and target metrics requirements.
- Five to six random calls per customer service representative (CSR) were evaluated per month by QA analysts, and the CSR was provided with evaluation results and recommendations for improvement.
- QA analysts performed WebEx coaching with each CSR monthly to discuss specific areas for improvement.
- Subject matter experts were invited to department meetings to conduct training on specific plans or benefits changes.

Online training:

- CSRs had access to KP Learn and were provided scheduled time off the phones for communication review and required self-training.
- CSRs had access to a Customer Service Information Repository which is a knowledge base for additional self-training.

Call metrics were monitored and reported to MQD monthly/quarterly. Results were reviewed with staff, and areas for improvement were addressed as needed.

'Ohana QI

'Ohana QI's CAHPS Child Survey Recommendations

Based on an evaluation of 'Ohana QUEST Integrated (QI) results, the priority areas identified were *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Getting Needed Care*, *Getting Care Quickly*, and *Customer Service* The health plan was given recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in each of these areas.

Improvement Activities Implemented

Rating of Health Plan

Quality improvement goals were part of 'Ohana QI's mission and goals, including plan-level performance measures. Internal reporting improved with a quicker turnaround time to create provider HEDIS rate summary and care gaps reports. In addition, provider segmentation reports were created monthly to analyze any provider and measure-specific trending. 'Ohana QI understands the importance of organization-wide engagement to improve the quality of care members receive and therefore continued the Quality Improvement Interventions Workgroup. In this workgroup representatives from all functional departments meet to discuss and track progress with key quality initiatives and to brainstorm new initiatives. Providers were supported through quality-focused visits by HPAs and provider relations (PR) representatives. Providers received education and coaching on HEDIS measures and CAHPS and how to improve their rates and survey results, as well as on using various resource tools such as HEDIS toolkits, care gap reports, and the provider portal.

Rating of All Health Care

To allow members to have quick and timely access to care, 'Ohana QI does not require a referral to an in-network specialist. Customer Service assisted members with any access to care requests, such as locating a specialist or PCP or assisting with calling a physician office. CSRs used an internal provider directory to locate available participating specialists or PCPs that are available. The CSRs made outreach calls to providers to verify that they were accepting members. CSRs also advised members that they can locate the provider directory on 'Ohana QI's Web portal. If the CSR could not locate a referral provider, he or she would forward the request to PR to allow the member to receive timely care. PR would then conduct a broader network search for providers who were available to schedule an appointment for the member. If PR could not locate an in-network provider to ensure delivery of timely, appropriate care, out-of-network options were explored and the Service Coordination (SC) team would assist with care coordination. Examples of interventions completed by the SC team include researching members' condition to coordinate care in a different way (i.e., arranging a home visiting provider), collaborating with the PCP to manage members' care, or referring members who are resistant to treatment to a counselor.

Providers also reached out to the SC team directly through Customer Service to assist with barriers that affected access to care. The SC team developed an in-office triage team of clinical staff to receive these calls and provide immediate help. The SC team also identified members with possible access to care

issues through a frequent ER utilization report. Those members who had multiple ER admissions often had medical or social barriers, and the SCs provided assistance to address these barriers.

In addition, the Service Coordination triage team outreached new members to complete a welcome call screening. During this initial call, the triage team identified any barriers to care. Once a member was identified as having special needs or barriers, the triage team immediately intervened by phone or referred to a field SC team member to conduct a home visit and health and functional assessment. Some of the barriers included transportation, language barriers, and lack of understanding in how to make appointments and access healthcare, or other socioeconomic factors.

The EPSDT coordinator reached out to members who indicated a referral on the EPSDT form and offered assistance with finding a specialist or scheduling an appointment. The EPSDT coordinator tracked that the appointment was completed by researching claims or by reaching out to the member again to confirm that the appointment was completed.

Patient and Family Engagement Advisory Councils

'Ohana QI is pleased to share the creation and development of the Members Matter Advisory Committee (MMAC). This committee is composed of Medicaid members who volunteer to meet regularly with key 'Ohana QI leadership staff to give first-hand feedback on members' experience and access to care.

Within the past year, the committee met quarterly, and members shared insightful feedback on key topics such as access to care, health plan materials, how to motivate members to attend recommended screening appointments, different ways to foster and develop closer relationships and communication between members and providers, etc. 'Ohana QI advertised regularly in its member newsletters to encourage more members to join the committee.

Rating of Personal Doctor

Timely access to care was monitored through telephonic surveys conducted quarterly, which alternated surveying of members and providers. When survey results identified a provider or practice as not meeting accessibility and availability standards, provider representatives contacted the providers to educate them on the contractually required accessibility of timely appointments for 'Ohana members. Providers who did not meet the requirements had to produce a corrective action plan outlining future improvement.

Direct Patient Feedback

'Ohana QI is dedicated to improving member/patient satisfaction. 'Ohana QI's understanding that obtaining direct patient feedback on members' experiences is key to improving satisfaction led to the creation of the MMAC. This committee is composed of 'Ohana QI Medicaid members and key 'Ohana leadership staff.

Last year, the committee met quarterly and discussed important topics such as understanding and reviewing the usefulness of plan materials, website enhancements to improve navigation and ensure

members are easily able to find the information they need, experience in provider offices, access to care, etc. 'Ohana QI found that this forum was helpful and continued to recruit new members to obtain additional member feedback.

Physician-Patient Communication

'Ohana QI published several articles in its provider newsletters on how to improve physician-patient communication. For example, one article offered suggestions on how to improve the patient experience, such as taking the time to listen to what patients have to say and to ask questions.

A personal health record was provided to members (primarily LTSS members but available to other members as appropriate) as a tool for personal tracking and improving member communication with their providers. The personal health record focused on seven key areas:

- Documentation and tracking of providers, contact numbers, and information on when to engage their provider, health plan, and service coordinator
- Member's Service Plan
- Legal documents/health directives
- Emergency preparedness plan/individualized back-up caregiver plan
- Infection control guidelines
- Preventive care checklist (incorporates HEDIS-related tests and procedures) using simple terms to explain that age-related tests and procedures are necessary
- Communication tools such as a medication log, blood pressure/blood sugar log, hospital admission/surgery log, and a place to document notes/reminders of topics to discuss with their providers.

Improving Shared Decision Making

Shared decision making is important to planning for members' care needs. In addition to providing members with a personal health record, service coordinators intervened in other ways. They often coordinated and attended interdisciplinary team meetings which included members, family/caregivers, and providers. Interdisciplinary team meetings were either partially telephonic, in person at the member's home, or at the hospital or nursing facilities. Service coordinators (or designees, such as CCMAs) also educated providers about Medicaid benefits, HCBS programs and criteria, and member preferences. On a case-by-case basis, physicians were provided with the service coordinator's perspective after completing a home visit, which gave the physician a broader understanding of a member's home environment and factors affecting the member's care.

Getting Care Quickly

Decreasing No-Show Appointments

The 'Ohana QI Operations team worked closely with the new transportation vendor to ensure that members were taken to their appointments in a timely manner. 'Ohana QI recently switched to a new

transportation vendor. ‘Ohana QI believed that the new vendor would provide better real-time information regarding the percentage of timely pick-ups and drop-offs for each individual transportation provider, giving insight into which providers were providing excellent services and which needed to be retrained, supported, and more closely monitored. The new vendor’s business model can also help determine which provider to select for a member pick-up given the transportation provider’s current location via GPS and current traffic patterns. This information should help to ensure that the process in place for on-time pick-ups is as efficient as possible.

For members who were assigned a SC, the SC explored barriers and interventions at the initial visit and reviewed members’ benefits, resources, and the member handbook. The SC discussed the importance of keeping visits with providers and the member’s responsibility to contact the provider if unable to keep appointments, and also addressed barriers to keeping appointments such as transportation, needing an escort or interpreter, etc. Other options were also presented to members who had difficulty leaving the home such as home-visiting MDs or nurse practitioners (NPs). In addition, providers referred members with frequent no-shows to the Service Coordination team.

Electronic Communication

‘Ohana QI understands the value of electronic communication, and its network providers do as well. Local lab vendors started to provide online access to lab test results. In addition, ‘Ohana tried to promote the use of electronic interfaces via training and newsletters. On the pharmacy side, in support of compliance to prescribed medication regimens, ‘Ohana QI developed a provider tool called Rx Effect that allowed providers to perform medication therapy management by viewing nearly real-time data for their members regarding prescribed medications and refill trends.

Open Access Scheduling

A few ‘Ohana QI providers adopted the open access scheduling model. One provider in particular found that this model worked to help decrease his members’ ER utilization. ‘Ohana QI shared this information with other providers to encourage consideration of this model, and it was pleased to see a few more practices migrate to this type of scheduling model on both Oahu and the outer islands. ‘Ohana QI will continue to promote this scheduling model via oral communication and may include a related newsletter article in an upcoming quarterly addition.

Getting Needed Care

Appropriate Healthcare Providers

Provider Relations undertook multiple efforts to ensure that the provider network provides as much access to care to membership as possible and to ensure “the right care is delivered by the right provider at the right time in the right setting.”

‘Ohana QI consistently reached out to high-volume, nonparticipating providers to gauge their willingness to contract in an effort to increase the number of in-network providers and enhance the

available options for members to receive the necessary care from the provider type most clinically appropriate to treat their condition(s).

Members who were assigned an SC were contacted regularly by the SC, and issues regarding appropriate healthcare were addressed during assessments and reassessments. Members who were not receiving appropriate healthcare were identified. A new member algorithm claims report was implemented, which ranked members' risks based on factors such as utilization and diagnosis. These members received an immediate outreach and service coordination intervention from a field-based RN.

Matching members to healthcare providers can be based on assessments, physician recommendations, and history. The priority service provided may be a physician visit, possibly a behavior health provider, or HCBS services for a member with a qualifying level of care. A new SC role focused on some of the neediest members in hospitals requiring intense and timely interventions to determine the most appropriate discharge plan, and very close collaboration with hospital staff.

CSRs also assisted members in accessing care by helping them navigate the "Find a Provider Tool" available via the 'Ohana website. If a member was unsuccessful using the online tool to locate a provider, a local CSR partnered with Provider Relations to broaden the provider search, ensuring that the member had access to the needed care in the nearest most appropriate clinical setting. The EPSDT coordinator also followed up on referrals documented on the EPSDT forms to ensure pediatric members followed through on referrals made by their PCP.

Furthermore, Provider Relations and Health Services evaluated reasons for providers not wishing to contract and pushed initiatives to decrease administrative burden and turnaround times for providers. To decrease turnaround times and monitor operational reporting metrics, daily authorization reports continued to be generated and tracked daily by UM leadership. These reports ensured timely identification of authorization status and aging. Expedited and standard authorization requests at risk for exceeding turnaround time commitments were handled and addressed as priority items to ensure timeliness of decisions.

"Max-Packing"

The HPAs and PR Representatives distributed care gap reports to providers. These reports included a list of screenings for preventive care and chronic condition management and the last date the screenings were performed. It served as a reminder for those providers of patients for which screenings were due to help them maximize each patient office visit. Providers were encouraged to use these reports for each patient as part of the pre-visit planning process, as well as during office visits to ensure as many clinical needs as possible are addressed within the context of the office visit. In addition, the HPAs and/or PR Representatives taught providers how to locate each member's care gaps in the provider portal as they reviewed a member's eligibility. These care gaps were printable from the portal and could be placed in the member's chart as a reminder for overdue preventive and chronic condition health screenings.

Customer Service

The organizational structure is the foundation for success and having a dedicated trainer as part of the Customer Service leadership team which also includes the manager, supervisor, lead agents, and quality auditor. Besides presenting the material, the trainer also reviews the material prior to each class to ensure the data are accurate and current. During non-class hours, the trainer implements operational efficiencies for scripting, step actions, or the training slide deck.

Each new hire completed a robust training that encompassed instructor-led modules, activities, and scenario-based examples. Multiple assessments were part of the curriculum, and each agent had to pass with a minimum score of 85 percent in order to progress to the next chapter. A final assessment included questions covering all material throughout the training. Once the new hires graduated to the floor, they entered the Step-Up Unit for 30 days. This unit was a dedicated section on the production floor where agents handled live calls and were audited daily. Live coaching feedback was given to curb negative behaviors before they became a habit.

Once agents were out of the Step-Up Unit, updates and changes were communicated through electronic announcements, in group huddles that were held twice a week, and in team meetings held every other week. Refresher trainings occurred as issues or trends were identified through questions, quality audits, or reporting.

Trainer and material evaluations were conducted after each new hire or refresher training to identify any opportunities with the instructor or the materials. The leadership team supported the agents by monitoring their performance by quality audits, agent first call resolution, satisfaction surveys, and grievances. Coaching occurred at any time throughout the day or in dedicated meetings to discuss performance.

UnitedHealthcare Community Plan

UHC CP QI's CAHPS Child Survey Recommendations

QUEST Integration

Based on an evaluation of UHC CP QI's results, the priority areas identified were *Rating of Health Plan*, *Getting Needed Care*, *Getting Care Quickly*, and *Customer Service.* The health plan was given recommendations of best practices and other proven strategies that may be used or adapted by the health plan to target improvement in each of these areas.

Improvement Activities Implemented

Through the Quality Committee structure and workgroups, UHC CP QI reviews and analyzes CAHPS results annually and develops plans and initiatives to ensure UHC CP QI continued to provide outstanding services and experience for members and providers. UHC CP QI key drivers of satisfaction and the barriers were analyzed. Based on this finding, root-cause analysis was conducted, interventions developed, and opportunities prioritized.

The table below describes the Key Drivers to Satisfaction that determined the interventions for 2015–2016.

Customer Service
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.
Getting Needed Care
Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through their health plan.
Respondents reported that it was often not easy for their child to obtain appointments with specialists.
Rating of Health Plan
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.
Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
Respondents reported that it was often not easy for their child to obtain appointments with specialists.
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.
Getting Care Quickly
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.

The interventions completed include:

***Customer Service*:**

- Trainings provided to Customer Service staff on health plan services.

- Created a local workgroup to identify member documents and customer service messages to provide accurate benefit information.

***Getting Needed Care*:**

- Developing a procedure to update demographics in Community Care.
- Added CHW positions accessing persistent utilizer data to locate members for service and education.
- Participated in and sponsored several physician community events that promote health education, health literacy, and preventive health care.
- Developed member orientation classes and material to provide members with information about health plan services.
- Distributed welcome packets including member handbooks with policies to members upon enrollment. The member handbook includes a description of referral process and prior authorization process. As identified, members are also educated and/or reminded of the referral and prior authorization process.
- Collected feedback from members on member materials and health plan coverage through the Member Advisory Group which is composed of plan members, community representatives as needed etc.

***Getting Care Quickly*:**

- Conducted quarterly timely access surveys to determine provider compliance with appointment availability standards. Providers who were identified as being noncompliant with the standards were provided with direct education and feedback.
- Regularly communicated appointment standards to providers via the Provider Newsletter Practice Matters and the Provider Administrative Guide.
- Utilization of telehealth specialists such as dermatology.

***Rating of Health Plan*:**

- Integrating patient communication topics in provider semiannual trainings, bulletins, provider newsletters, provider visits, quality conferences, and Passport to Trust newsletter.
- Updated practice guidelines and the provider website with notification through health plan newsletters.
- Organized and held the Hawaii Quality Conference in Oahu during which PCPs were educated on HEDIS and important updates. UHC CP QI also provided information on the health plan's available support services to providers. UH CCP QI will also be holding quality conferences for the other Hawaiian Islands.
- Participated and sponsored several physician community events that promoted health education, health literacy, and preventive health care.
- Conducted provider semiannual trainings including clinical practice guidelines.
- Member education through newsletters.
- Educated members on how to effectively work with their primary care provider to manage care.

2015 Provider Survey

All QUEST Integration health plans and the CCS program were asked to provide insight into the quality initiatives and process improvements to address findings from the 2015 Provider Survey as well as any other initiatives the health plan may have implemented to improve provider satisfaction during 2016.

AlohaCare QI

Formulary—The pharmacy department had partnered with Quality Improvement and Provider Relations to provide education to network providers. Onsite education visits, conducted with all large provider groups and FQHCs, provided an opportunity to hear the voice of the provider and to offer advice on the best ways to navigate AlohaCare QI processes important to these organizations and to the members they serve. Providers appreciated the opportunity to increase their familiarity with AlohaCare QI's formulary, as well as its policies and procedures.

Specifically, AlohaCare QI addressed the navigation through utilization management (UM) protocols. This included explaining where to find the AlohaCare QI formulary, what the different UM tools mean, what type of information is required to expedite review, and answering provider queries related to specific drugs or processes that are causing concern.

Timeliness of Claims Payment—A number of system and process improvements have been implemented including:

- Business Simplification
  - Paper reduction—The Claims Department is conducting outreach to providers to increase electronic data interchange (EDI) submissions to reduce reliance on paper-based submissions.
  - AlohaCare is now allowing resubmissions of claims, in addition to clean claims, to be submitted via EDI.
- Resource Management
  - Cross-training additional staff to work complex edits to enable adequate coverage for staff on vacation, or position vacancies.
  - Established a dedicated claims resource to work on provider contracting issues and enabling claims.
- Technology
  - Purchased additional scanning licenses so that additional staff can be assigned to process front-end validation of scanned claims.
  - Increased utilization of Structured Query Language (SQL) reports to verify steps in a claim resolution process (data loss prevention [DLP] automation) so that examiners do not have to verify all scenarios and can take the action identified.
  - Recycling key edits such that when updates are made related to claim data elements (such as an authorization entered into the system) claims are quickly and automatically re-adjudicated, increasing processing times.

HMSA QI

HMSA QI continued ongoing efforts to sustain and improve provider satisfaction throughout 2015. Results of the 2015 provider survey exemplify this, as physician satisfaction with *Compensation* and the *Prior Authorization Process* reflected an increase over 2013 results, and top-box ratings were significantly higher than the aggregate of other QI plans.

As part of HMSA QI's commitment to high levels of servicing to network providers, HMSA QI Servicing staff is provided a six-to-eight-week training session upon hire. The provider handbook/e-library, member handbook, internal adjudication manual, and access to medical policies are documents and resources provided during training. Revisions and/or updates to any of these documents are communicated during weekly staff meetings and/or via HMSA QI's internal outreach communication emails. Refresher training is ongoing and/or provided based on provider- and member-specific, trending, or high-volume inquiries or issues. Staff is also provided with one-on-one coaching to ensure servicing/knowledge consistency and competency.

In addition to initial and ongoing training of HMSA QI Servicing staff, HMSA also focused efforts in 2015 on training and supporting LTSS providers as these providers were new to HMSA QI under the QI contract.

With regard to opportunities that HMSA QI has addressed, while provider satisfaction with *Timeliness of Claims Payment* results for HMSA QI was significantly higher than the aggregate of other QI plans, the percent satisfied in 2015 decreased to 65.1 percent, from 70.8 percent in 2013. During the early part of 2015, pended claims volume was higher than established internal thresholds primarily due to ABD claims and LTSS provider onboarding and configuration issues in the HMSA system. To address this problem, HMSA QI hired additional staff to reduce the claims volume (with a focus on aged claims > 30 days) and redesigned work flows to improve claims processing productivity.

Kaiser QI

No specific activities were identified other than continuing to monitor appointment availability of PCPs and specialists to address any network deficiencies.

'Ohana QI

Weekly meetings between UM and PR staff were completed to identify areas lacking the necessary network, targeted providers who were not contracted, and contracted providers to potentially provide additional coverage. UM and PR brainstormed innovations for services and initiatives to improve the authorization process and the number or specialists available.

Provider Relations and Health Services evaluated reasons for providers not wishing to contract and pushed initiatives to decrease administrative burden and turnaround times for providers. To decrease turnaround times and monitor operational reporting metrics, daily authorization reports continued to be generated and tracked daily by UM leadership. These reports ensured timely identification of

authorization status and aging. Expedited and standard authorization requests at risk for exceeding turnaround time commitments were handled and addressed as priority items to ensure timeliness of decisions.

Other initiatives were completed to improve obtaining authorizations and turnaround time:

- Improvements to the online web-based authorization system.
- Delineated more clearly what requires an authorization in the Authorization Look Up Tool available on 'Ohana QI's website.
- Educated providers on Current Procedural Terminology (CPT) codes, clinical documentation, and appropriate use of expedited versus routine authorizations.
- Educated /trained internal staff to ensure consistent messaging to providers.
- The PR Reps worked with providers on any authorization request issues. For example, the PR Representatives assisted providers who had authorizations that exceeded 14 days. They worked with the UM Intake team to research the issue and find a solution.

The Operations Management team expanded, and now providers have a dedicated operations account representative (OAR) available to them to help with claims troubleshooting and reprocessing. PR Reps assisted providers with getting their claims issues addressed by the OARs, and PR Reps provided any education needed if claims were submitted incorrectly by the provider.

The PR Reps partnered with the UM Intake team to identify nonparticipating specialists from which 'Ohana QI received frequent authorization requests, and the PR Reps reached out to these specialists to see if they would contract with 'Ohana QI. For licensed BH providers specifically, a dedicated PR Rep was assigned to outreach BH providers. From this effort, 'Ohana QI was able to contract more BH providers. The neighbor islands remained challenging to contract more providers; therefore, the PR Representative worked with specific participating BH providers to fly to neighbor islands to increase access to care for BH members.

To improve providers' access to nonformulary drugs, the PR Representatives encouraged providers to use the Drug Evaluation Request (DER) form and indicate clinical rationale for the request. The PR Representatives continued to be the contact for any issues with their request.

When providers needed assistance from the SC team for their patients, the providers were referred to Customer Service, who transferred the providers directly to the SC team. The SC team developed an in-office triage team of clinical staff to receive these provider calls and to help the providers immediately with issues such as transportation arrangements for a doctor's appointment or urgent home care assistance, or to discuss medical or social concerns affecting the member's health. 'Ohana QI increased awareness of SC team services through provider newsletters and through the PR Representatives and HPAs.

'Ohana CCS

'Ohana CCS and 'Ohana QI share the same improvements in claims processing, authorization processes, and access to formulary and non-formulary prescription drugs. For improving the number of licensed BH providers, a dedicated PR Representative was assigned to outreach BH providers. From this effort, 'Ohana CCS was able to contract more BH providers. The neighbor islands remained challenging to contract more providers; therefore, the PR Representative worked with specific participating BH providers to fly to neighbor islands to increase access to care for BH members.

'Ohana CCS care coordinators and case managers supported providers in several ways. They helped providers locate difficult-to-reach members, complete CCS referral packets, and manage medically and socially challenging members. 'Ohana CCS case managers also bridged the gap between the treating physicians and the BH Case Management agency, allowing better coordination of care.

UHC CP QI

UHC CP QI's 2015 top-box rates for compensation satisfaction and timeliness of claims payments (14.1 percent and 28.6 percent, respectively) were significantly lower than the aggregate of the other health plans.

UHC CP QI's 2015 top-box rates for prior authorization process and formulary (5.5 percent and 8.1 percent, respectively) were significantly lower than the aggregate of the other health plans.

A comparison of UHC CP QI's 2013 top-box scores to its corresponding 2015 top-box scores revealed that UHC CP QI did not score significantly higher or lower in 2015 than in 2013 on any of these measures.

- UHC CP QI's 2015 top-box rate for adequate access to nonformulary drugs (4.2 percent) was significantly lower than the aggregate of the other health plans.
- UHC CP QI's 2015 top-box rate for helpfulness of service coordinators (10.0 percent) was significantly lower than the aggregate of the other health plans.
- UHC CP QI's 2015 top-box rate for adequacy of specialists (10.8 percent) was significantly lower than the aggregate of the other health plans, and its 2015 top-box rate for adequacy of behavioral health specialists (3.1 percent) was not significantly different than the aggregate of the other health plans.
- UHC CP QI's 2015 top-box rate for adequacy of licensed behavioral health providers (4.2 percent) was significantly lower than the aggregate of the other health plans.

A comparison of UHC CP QI's 2013 top-box scores to its corresponding 2015 top-box scores revealed that UHC CP QI did not score significantly higher or lower in 2015 than in 2013 on any of these measures.

Improvement Activities Implemented

Through the Quality Committee structure and workgroups, UHC CP QI reviews and analyzes CAHPS results annually and develops plans and initiatives to ensure UHC CP QI continued to provide outstanding services and experience for members and providers.

The interventions completed include:

Referrals to Network Specialists/Providers

Network PCPs do not have to ask UHC CP QI for permission to refer a member to a network specialist/provider. PCPs can simply call and/or fax a referral directly to the network specialist or provider for services. Members can self-refer for women's health and family planning services.

Referrals to Out-of-Network Specialists/Providers

PCPs may use UHC CP QI's online secure portal to request prior authorization for referrals to out-of-network specialists/providers. These requests are reviewed and responded to within the time frame allowed by the MQD. Providers are encouraged to call in "URGENT" requests to ensure timely review and response.

Provider/Member Education

- Provider Education

The Referral and Prior Authorization process is communicated to providers via the biannual provider education and training sessions and as identified through feedback from grievance and appeals reports, Customer Service, Provider Services, Medicare Sales team, and external partners. During the education and reeducation sessions, providers are given a Notification/Prior Authorization Quick Reference Guide to help them quickly identify services that require either a notification and/or a prior authorization. The referral and prior authorization process is also communicated through provider newsletters, Provider Administrative Guide, and other forms of communication.

- Member Education

The 2016 Member Handbook includes a description of the referral and prior authorization processes. As identified members are also educated and/or reminded of the referral and prior authorization process.

Formulary Changes

Network providers are notified regularly in writing and at least 30 days in advance of any drugs deleted and/or added to the formulary. These notifications are also available online at http://www.uhccommunityplan.com/health-professionals/hi/pharmacy-program.html.

Changes are also communicated to providers via provider newsletters and/or bulletins and other forms of communication. Providers who wish to propose Preferred Drug List (PDL) suggestions are encouraged to forward the information to the UnitedHealthcare Community Plan director of pharmacy services.

Providers must furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for PDL addition. This literature should include information documenting clinical necessity as well as the therapeutic advantages over current PDL products. Suggestions will be reviewed by the Pharmacy and Therapeutics Committee at its subsequent committee meeting.

Network Gap Interventions

- Focused recruitment efforts based on gaps identified through network review, service coordination, and membership need.
- If access to care is not readily and conveniently available in the member's immediate demographic area, transportation is coordinated. This is to ensure the member receives the necessary services until the network gap can be filled.
- Provisional credentialing to expedite the credentialing process when a provider is needed to provide care immediately. To ensure timely access to care, providers can provide care while in the process of credentialing as long as the provider initially meets the requirements of the credentialing process. UHC CP QI Provider Services team will ensure the provider completes all prior authorizations if required during this provisional period.
- Completion of Letter of Agreements with out-of-network providers to meet the member's immediate needs whether the need be for specific provider or service. These agreements allow the member access to the necessary services while permanent contract discussions are taking place. This also gives UHC CP QI the flexibility in arranging services from providers who are not willing to participate but are willing to take members on a special case basis.
- Launched a partnership with Direct Dermatology to service members on the Big Island of Hawai'i. UHC CP QI is also in discussions with Lanai Community Health Center and will approach Ho'ola Lahui Hawai'i on Kauai as well to fill the dermatology gaps on these islands.
- Continue to work with Oahu-based medical groups who maintain office locations on the neighbor islands to ensure access to care for members on the neighbor islands.
- Monitor current networks with other lines of business within UHC CP QI as well as its commercial line of business to recruit providers for the QUEST Integration program.
- Continue to identify any existing and/or new providers who are not participating with UHC CP QI and target them for contracting.
- Revisit non-par provider listings previously approached for additional contracting opportunities.
- Proactively approach and increase face-to-face visits to providers to be available to them to ensure they have all the tools and access to resources that UHC CP QI has to offer.
- Identify education opportunities to ensure providers are able to provide care to members with minimal administrative burdens.

Appendix A. Methodologies for Conducting EQR Activities

During 2016, HSAG, as the EQRO for the MQD, conducted the following EQR activities for the QI health plans and CCS program in accordance with applicable CMS protocols:

- A review of compliance with federal and State requirements for select standard areas, and a follow-up reevaluation of compliance following implementation of 2015 CAPs
- Validation of performance measures (i.e., NCQA HEDIS Compliance Audits)
- Validation of PIPs
- A survey of Adult Medicaid enrollees using the CAHPS Survey
- A provider survey

In addition, HSAG, on behalf of the MQD, conducted the child Medicaid CAHPS survey on a statewide sample of CHIP enrollees who met eligibility and enrollment criteria.

For each EQR activity conducted in 2016, this appendix presents the following information, as required by 42 CFR 438.364:

- Objectives
- Technical methods of data collection and analysis
- Descriptions of data obtained

Compliance Monitoring Review

Objectives

The Balanced Budget Act of 1997 (BBA), as set forth in 42 CFR 438.358, requires that a state or its designee conduct a review to determine each MCO's and prepaid inpatient health plan's (PIHP's) compliance with federal managed care regulations and state standards. Oversight activities must focus on evaluating quality outcomes and the timeliness of, and access to, care and services provided to Medicaid beneficiaries by the MCO/PIHP. To complete this requirement, HSAG—through its EQRO contract with the MQD—conducted a compliance evaluation of the health plans and the CCS program health plan. For the 2016 EQR compliance monitoring activity, which began a new three-year cycle of compliance review activities, HSAG conducted a desk audit and an on-site review of the health plans to assess the degree to which they met federal managed care and State requirements in select standard areas. The primary objective of HSAG's 2016 review was to provide meaningful information to the MQD and the QI and CCS health plans regarding contract compliance with those standards.

The following five standards were assessed for compliance:

- Standard I Member Rights and Protections and Member Information

- Standard II Member Grievance System
- Standard III Access and Availability
- Standard IV Coverage and Authorization
- Standard V Coordination and Continuity of Care

The findings from the desk audit and the on-site review were intended to provide the MQD, the QI health plans, and the CCS program with a performance assessment and, when indicated, recommendations to be used to:

- Evaluate the quality and timeliness of, and access to, care furnished by the health plan.
- Monitor interventions that were implemented for improvement.
- Evaluate each health plan's current structure, operations, and performance on key processes.
- Initiate targeted activities to ensure compliance or enhance current performance, as needed.
- Plan and provide technical assistance in areas noted to have substandard performance.

Once each of the health plans' final compliance review report was produced, the health plan prepared and submitted a CAP for the MQD's and HSAG's review and approval. Once the CAP was approved, the health plan implemented the planned corrective actions and submitted documented evidence that the activities were completed and that the plan was now in compliance. The MQD and HSAG performed a desk review of the documentation and issued a final report of findings once the plan was determined to meet the requirement(s) and was in full compliance.

Technical Methods of Data Collection and Analysis

Prior to beginning the on-site compliance monitoring and follow-up reviews, HSAG, in collaboration with the MQD, developed a customized data collection tool to use in the review of each health plan. The content of the tool was based on applicable federal and State laws and regulations and the QI health plans' and CCS' current contracts.

HSAG conducted the compliance monitoring reviews in accordance with the CMS protocol, *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[A-1]

Description of Data Obtained

To assess the health plans' compliance with federal and State requirements, HSAG obtained information from a wide range of written documents including committee meeting agendas, minutes, and handouts;

[A-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: June 24, 2016.

policies and procedures; reports; member and provider handbooks; monitoring reports; and provider contract templates. For the record reviews conducted at the health plans and CCS, HSAG generated audit samples based on data files that the health plan provided (i.e., listings of denials, appeals, and grievances processed within the review time period). HSAG also obtained information for the compliance monitoring review through observation during the on-site review and through interaction, discussion, and interviews with key health plan staff members.

At the conclusion of each compliance review, HSAG provided the health plan and the MQD with a report of findings and any required corrective actions. The plan-specific results are summarized in Section 3 of this report.

Validation of Performance Measures—NCQA HEDIS Compliance Audits

Objectives

As set forth in 42 CFR 438.358, validation of performance measures is one of the mandatory EQR activities. The primary objectives of the performance measure validation process were to:

- Evaluate the accuracy of the performance measure data collected.
- Determine the extent to which the specific performance measures calculated by the health plans followed the specifications established for calculation of the performance measures.
- Identify overall strengths and areas for improvement in the performance measure process.

The following table presents the state-selected performance measures and required methodology for the 2016 validation activities. Note that several measures' technical specifications were state-defined, non-HEDIS measures. Both HEDIS and non-HEDIS measures were validated using the same methodology, which is described in further detail in the following section.

Table A-1—Validated Performance Measures

Performance Measure	QI	Non-ABD	ABD	CCS	Methodology
Access to Care					
Adults' Access to Preventive/Ambulatory Health Services	√	√	√		Admin
Children and Adolescents' Access to Primary Care Practitioners	√	√	√		Admin
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	√	√	√	√	Admin
Effectiveness of Care					
Adult BMI Assessment	√	√	√		Hybrid†
Colorectal Cancer Screening	√	√	√		Hybrid†
Care for Older Adults	√		√		Hybrid
Medication Reconciliation Post-Discharge	√		√		Hybrid

Performance Measure	QI	Non-ABD	ABD	CCS	Methodology
Children's Preventive Care					
Adolescent Well-Care Visits	√	√	√		Hybrid†
Childhood Immunization Status	√	√	√		Hybrid†
Immunizations for Adolescents	√	√	√		Hybrid†
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	√	√	√		Hybrid
Well-Child Visits in the First 15 Months of Life	√	√	√		Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	√	√	√		Hybrid
Women's Health					
Breast Cancer Screening	√	√	√		Admin
Cervical Cancer Screening	√	√	√		Hybrid
Chlamydia Screening in Women	√	√	√		Admin
Human Papillomavirus Vaccine for Female Adolescents	√	√	√		Hybrid†
Prenatal and Postpartum Care	√	√	√		Hybrid
Frequency of Ongoing Prenatal Care	√	√	√		Hybrid
Care for Chronic Conditions					
Comprehensive Diabetes Care	√	√	√		Hybrid†
Controlling High Blood Pressure	√	√	√		Hybrid
Annual Monitoring for Patients on Persistent Medications	√	√	√		Admin
Medication Management for People With Asthma	√	√	√		Admin
Behavioral Health					
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	√	√	√	√	Admin
Antidepressant Medication Management	√	√	√		Admin
Follow-Up After Hospitalization for Mental Illness	√	√	√	√	Admin
Follow-up Care for Children Prescribed ADHD Medication	√	√	√		Admin
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia				√	Admin
Diabetes Monitoring for People with Diabetes and Schizophrenia				√	Admin
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				√	Admin
*Behavioral Health Assessment**				√	Admin
*Follow-up With Assigned PCP Following Hospitalization for Mental Illness**				√	Admin

Performance Measure	QI	Non-ABD	ABD	CCS	Methodology
Utilization and Health Plan Descriptive Information					
Ambulatory Care	√	√	√		Admin
Inpatient Utilization—General Hospital/Acute Care	√	√	√		Admin
Mental Health Utilization	√	√	√	√	Admin
Plan All-Cause Readmissions	√	√	√	√	Admin
Enrollment by Product Line		√	√		Admin

** indicates this measure is a state-specified, non-HEDIS measure.*

† Kaiser received approval from the MQD to report seven measures via the administrative methodology. These measures were Adult BMI Assessment, Adolescent Well-Care Visits, Childhood Immunization Status, Colorectal Cancer Screening, Comprehensive Diabetes Care (except Comprehensive Diabetes Care—Blood Pressure Control [<140/90 mm Hg] and Eye Exam [Retinal Performed] indicators, which were reported using hybrid methodology), Human Papillomavirus Vaccine for Female Adolescents, and Immunizations for Adolescents.

Technical Methods of Data Collection and Analysis

HSAG validated the performance measures calculated by health plans for various population types (QI, non-ABD, ABD, and CCS) using selected methodologies presented in the *2016 NCQA HEDIS Compliance Audit Standards, Policies and Procedures, HEDIS Volume 5*. The measurement period reviewed for the health plans was CY 2015 and followed the NCQA HEDIS timeline for reporting rates.

The same process was followed for each performance measure validation conducted by HSAG and included: (1) pre-review activities such as development of measure-specific work sheets and a review of completed plan responses to the HEDIS Record of Administration, Data Management, and Processes (Roadmap); and (2) on-site activities such as interviews with staff members, primary source verification, programming logic review and inspection of dated job logs, and computer database and file structure review.

HSAG validated the health plans' IS capabilities for accurate reporting. The review team focused specifically on aspects of the health plans' systems that could affect the selected measures. Items reviewed included coding and data capture, transfer, and entry processes for medical data; data capture, transfer, and entry processes for membership data; data capture, transfer, and entry processes for provider data; medical record data abstraction processes; the use of supplemental data sources; and data integration and measure calculation. If an area of noncompliance was noted with any IS standard, the audit team determined if the issue resulted in significant, minimal, or no impact to the final reported rate.

The measures verified by the HSAG review team received an audit result consistent with one of the seven NCQA categories listed in the following table.

Table A-2—NCQA Audit Results

NCQA Category for Measure Audit Result	Comment
R	*Reportable.* A reportable rate was submitted for the measure.
NA	*Small Denominator*. The health plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

NCQA Category for Measure Audit Result	Comment
NB	*No Benefit.* The health plan did not offer the health benefit required by the measure (e.g., mental health, chemical dependency).
NR	*Not Reported.* The health plan chose not to report the measure.
NQ	*Not Required.* The health plan was not required to report the measure.
BR	*Biased Rate.* The calculated rate was materially biased.
UN	*Un-Audited.* The health plan chose to report a measure that is not required to be audited. This result applies only to a limited set of measures (e.g., measures collected using electronic clinical data systems).

For purposes of comparison and assessment of improvement over time as depicted in this report, performance comparisons were based on the Chi-square test of statistical significance with a *p* value <0.05 between 2015 and 2016, where applicable. In the tables displayed in this report, rates shaded green with one caret (^) indicate a statistically significant improvement in performance from the previous year. Rates shaded red with two carets (^^) indicate a statistically significant decline in performance from the previous year. Measures for which there was no statistically significant change were shown with the percentage point increase or decrease in black font. Measures with yellow shading and one cross (+) indicates that the HEDIS 2016 rate met or exceeded the MQD Quality Strategy target.

Description of Data Obtained

HSAG used a number of different methods and sources of information to conduct the validation. These included:

- Completed responses to the HEDIS Roadmap published by NCQA as Appendix 2 to the *HEDIS 2016, Volume 5, HEDIS Compliance Audit: Standards, Policies and Procedures*.
- Source code, computer programming, and query language (if applicable) used by the health plans to calculate the selected measures.
- Supporting documentation such as file layouts, system flow diagrams, system log files, and policies and procedures.
- Re-abstraction of a sample of medical records selected by HSAG auditors for the health plans.

Information was also obtained through interaction, discussion, and formal interviews with key staff members, as well as through system demonstrations and data processing observations.

After completing the validation process, HSAG prepared a report of the performance measure review findings and recommendations for the MQD and each health plan. The plan-specific results are summarized and also compared to the MQD Quality Strategy targets in Section 3 of this report; and in Section 4, a comparison of all plans' results is provided, along with an overall comparison of the MQD Quality Strategy targets.

Validation of Performance Improvement Projects

Objectives

As part of the State's quality strategy, each health plan was required by the MQD to conduct performance improvement projects (PIPs) in accordance with 42 CFR 438.240. Annual validation of PIPs is one of the mandatory EQR activities required under the BBA. HSAG, as the State's EQRO, validated the PIPs through an independent review process. The purpose of a PIP is to assess and improve processes and, thereby, outcomes of care. For such projects to achieve meaningful and sustained improvements in care, and for interested parties to have confidence in the reported improvements, PIPs must be designed, conducted, and reported in a methodologically sound manner. To ensure methodological soundness while meeting all state and federal requirements, HSAG follows guidelines established in the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012 (the PIP protocol).[A-2]

The primary objective of the PIP validation was to determine the health plans' achievement of PIP module criteria, including:

- Integration of quality improvement science.
- Formation of teams.
- Setting aims.
- Establishing measures.

In 2015, HSAG performed the validation activities on 12 PIPs submitted by the Hawaii Medicaid health plans, as described in the following table:

Table A-3—2016 Validated PIPs

Health Plan	PIP Topic
AlohaCare	1. *All-Cause Readmissions* 2. *Diabetes Care*
HMSA	1. *All-Cause Readmissions* 2. *Diabetes Care*
Kaiser	1. *All-Cause Readmissions* 2. *Diabetes Care*
'Ohana	1. *All-Cause Readmissions* 2. *Diabetes Care*

[A-2] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html. Accessed on: Feb 19, 2016.

Health Plan	PIP Topic
UHC CP	1. *All-Cause Readmissions* 2. *Diabetes Care*
CCS	1. *Follow-Up After Hospitalization for Mental Illness* 2. *Initiation of Alcohol and Substance Abuse Treatment*

While the primary purpose of HSAG's PIP validation methodology was to assess the integration of quality improvement science and processes for conducting PIPs, HSAG also identified during the 2015 initiation of these PIPs that the health plans' PIPs contained measures related to the quality, access, and timeliness domains. All 12 PIPs continued to provide opportunities for the health plans to improve the quality of care for their members.

Technical Methods of Data Collection and Analysis

HSAG's validation of PIPs includes the following two key components of the quality improvement process:

1. Evaluation of the technical structure to determine whether a PIP's initiation (e.g., topic rationale, PIP team, aims, key driver diagram, and data collection methodology) is based on sound methods and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. Evaluation of the quality improvement activities conducted. Once designed, a PIP's effectiveness in improving outcomes depends on thoughtful and relevant intervention determination, intervention testing and evaluation through the use of PDSA cycles, and sustainability and spreading successful change. This component evaluates how well the health plan executed its quality improvement activities and whether the desired aim was achieved and sustained.

The goal of HSAG's PIP validation is to ensure that the health plan and key stakeholders can have confidence that any reported improvement is related and can be linked to the quality improvement strategies and activities conducted during the life of the PIP.

HSAG obtained the data needed to conduct the PIP validations from the health plans' PIP Module submission forms. These forms provided detailed information about each health plan's PIPs related to the criteria completed, and HSAG evaluated for the 2016 validation cycle.

PIP Components and Process

HSAG, along with some of its contracted states, has identified that, while MCOs have designed methodologically valid projects and received *Met* validation scores by complying with documentation requirements, few MCOs have achieved real and sustained improvement. In 2014, HSAG developed a new PIP framework based on a modified version of the Model for Improvement developed by Associates in Process Improvement and applied to healthcare quality activities by the Institute for Healthcare Improvement. The redesigned PIP methodology is intended to improve processes and

outcomes of health care by way of continuous improvement focused on small tests of change. The methodology focuses on evaluating and refining small process changes in order to determine the most effective strategies for achieving real improvement.

To illustrate how the rapid-cycle PIP framework continued to meet CMS requirements, HSAG completed a crosswalk of this new framework against the Department of Health and Human Services, CMS publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. HSAG presented the crosswalk and new PIP framework components to CMS, and CMS agreed that with the pace of quality improvement science development and the prolific use of PDSA cycles in modern PIPs within healthcare settings, a new approach was reasonable, approving HSAG's rapid-cycle PIP framework for validation of PIPs for the State of Hawaii.

The key concepts of the PIP framework include the formation of a PIP team, setting aims, establishing measures, determining interventions, testing and refining interventions, and spreading successful changes. The core component of the approach involves testing changes on a small scale—using a series of PDSA cycles and applying rapid-cycle learning principles over the course of the improvement project to adjust intervention strategies—so that improvement can occur more efficiently and lead to long-term sustainability.

For this PIP framework, HSAG developed five modules with an accompanying companion guide:

- Module 1—PIP Initiation: Module 1 outlines the framework for the project. The framework includes the topic rationale and supporting data; building a PIP team; setting aims (Global and SMART); and completing a key driver diagram.
- Module 2—SMART Aim Data Collection: In Module 2, the SMART Aim measure is outlined, and the data collection methodology is described. The data for the SMART Aim will be displayed using a run chart.
- Module 3—Intervention Determination: In Module 3, the quality improvement activities that can impact the SMART Aim are identified. Through the use of process mapping, FMEA, and failure mode priority ranking, interventions are selected to test in Module 4.
- Module 4—Plan-Do-Study-Act: The interventions selected in Module 3 are tested and evaluated through a series of thoughtful and incremental PDSA cycles.
- Module 5—PIP Conclusions: Module 5 summarizes key findings and presents comparisons of successful and unsuccessful interventions, outcomes achieved, and lessons learned.

Training

HSAG continued to provide technical assistance and webinar training in 2016. The health plans completed Modules 1 through 3 during 2015. In 2016, the health plans initiated Module 4 (Plan-Do-Study-Act) of the rapid-cycle PIPs. The health plans submitted their first interventions for review in February 2016 and second intervention plans in August 2016 as required in Module 4. In May 2016, HSAG conducted a webinar Module 4 retraining that covered the required components of the Module 4 submissions. HSAG provided monthly updates to the MQD regarding progress of the health plans.

HSAG provided written feedback to the health plans after each module was completed and submitted for review. Along with this feedback, HSAG offered technical assistance phone conferences to each health plan to provide further clarification on the recommendations for each module. HSAG's rapid-cycle PIP validation process facilitates frequent technical assistance for the health plans throughout the PIP process.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)—Surveys

Objectives

The primary objective of the Adult Medicaid CAHPS survey was to effectively and efficiently obtain information on the levels of satisfaction of the Hawaii Medicaid adult members with their health plan and healthcare experiences. Results were provided at both plan-specific and statewide aggregate levels.

The primary objective of the CHIP CAHPS survey was to obtain satisfaction information from the Hawaii CHIP population to provide to the MQD and to meet the State's obligation for CHIP CAHPS measure reporting to CMS. Results were provided to the MQD in a statewide aggregate report.

Technical Methods of Data Collection and Analysis

Data collection for the Adult CAHPS survey and the CHIP CAHPS survey was accomplished through administration of the CAHPS 5.0H Adult Medicaid Health Plan Survey to adult members of the QI health plans, and the CAHPS 5.0H Child Medicaid Health Plan Survey instrument (without the Children with Chronic Conditions [CCC] measurement set) to CHIP members. Adult members included as eligible for the survey were 18 years of age or older as of December 31, 2015. CHIP members included as eligible for the survey were 17 years of age or younger as of December 31, 2015. All members (or parents/caretakers of sampled CHIP members) completed the surveys from February to April 2016 and received an English version of the survey with the option to complete the survey in one of four non-English languages predominant in the State of Hawaii: Chinese, Ilocano, Korean, or Vietnamese. The CAHPS 5.0H Health Plan Surveys process allows for two methods by which members can complete a survey: mail or telephone. During the mail phase, the cover letters provided with the English version of the CAHPS survey questionnaire included additional text in Chinese, Ilocano, Korean, and Vietnamese informing members (or parents/caretakers of sampled members) that they could call a toll-free number to request to complete the survey in one of these designated alternate languages. The toll-free line for alternate survey language requests directed callers to select their preferred language for completing the survey (i.e., Chinese, Ilocano, Korean, or Vietnamese) and leave a voice message for an interpreter service that would return their call and subsequently schedule an appointment to complete the survey via computer assisted telephone interviewing (CATI). A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of CATI of sampled members who had not mailed in a completed survey or requested the option to complete the survey in an alternate language (i.e., Chinese, Ilocano, Korean, or Vietnamese). It

is important to note that the CAHPS 5.0H Health Plan Surveys are made available by NCQA in English and Spanish only. Therefore, prior to the start of the CAHPS Survey process, and in following NCQA HEDIS Specifications for Survey Measures,[A-3] HSAG submitted a request for a survey protocol enhancement and received NCQA's approval to allow the plan members, or parents/caretakers of sampled CHIP members, the option to complete the CAHPS survey in the designated alternate languages (i.e., Chinese, Ilocano, Korean, and Vietnamese). The Adult CAHPS survey included a set of standardized items (58 questions) that assessed members' perspectives on their care. The Child CHIP survey included a set of standardized items (48 questions) that assessed parents'/caretakers' perspectives on their child's care. To support the reliability and validity of the findings, HEDIS sampling and data collection procedures were followed to select the adult and CHIP members and distribute the surveys. These procedures were designed to capture accurate and complete information to promote both the standardized administration of the instruments and the comparability of the resulting data. Data from survey respondents were aggregated into a database for analysis. An analysis of the CAHPS 5.0H Adult and Child Medicaid Health Plan Survey results was conducted using NCQA HEDIS Specifications for Survey Measures. NCQA requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result; however, for this report, results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. If a minimum of 100 responses for a measure was not achieved, the result of the measure was denoted with a cross (+).

The survey questions were categorized into 11 measures of satisfaction. These measures included four global rating questions, five composite measures, and two individual item measures. The global measures (also referred to as global ratings) reflect overall satisfaction with the health plan, healthcare, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measures are individual questions that consider a specific area of care (i.e., *Coordination of Care* and *Health Promotion and Education*).

For each of the four global ratings, the percentage of respondents who chose the top satisfaction rating (a response value of 9 or 10 on a scale of 0 to 10) was calculated. This percentage was referred to as a question summary rate. In addition to the question summary rate, a three-point mean was calculated. Response values of 0 to 6 were given a score of 1, response values of 7 and 8 were given a score of 2, and response values of 9 and 10 were given a score of 3. The three-point mean was the sum of the response scores (i.e., 1, 2, or 3) divided by the total number of responses to the global rating question.

For each of the five composite measures, the percentage of respondents who chose a positive response was calculated. CAHPS composite measure questions' response choices fell into one of the following two categories: (1) "Never," "Sometimes," "Usually," and "Always"; or (2) "No" and "Yes." A positive or top-box response for the composite measures was defined as a response of "Usually/Always" or "Yes." The percentage of top-box responses is referred to as a global proportion for the composite measures.

[A-3] National Committee for Quality Assurance. *HEDIS® 2016, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2015.

In addition to the global proportions, a three-point mean was calculated for four of the composite measures (*Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*).[A-4] Scoring was based on a three-point scale. Responses of "Usually/Always" were given a score of 3, responses of "Sometimes" were given a score of 2, and all other responses were given a score of 1. The three-point mean was the average of the mean score for each question included in the composite.

For the individual item measures, the percentage of respondents who chose a positive response was calculated. Response choices for CAHPS individual items fell into one of the following two categories: (1) "Never," "Sometimes," "Usually," and "Always"; or (2) "No" and "Yes." A positive or top-box response for the individual items was defined as a response of "Usually/Always" for *Coordination of Care* and "Yes" for *Health Promotion and Education*. The percentage of top-box responses is referred to as a question summary rate for the individual item measures.

For each CAHPS measure, the resulting three-point mean scores were compared to NCQA's 2016 HEDIS Benchmarks and Thresholds for Accreditation, except for the *Shared Decision Making* composite measure and the *Health Promotion and Education* individual item.[A-5] NCQA does not publish benchmarks and thresholds for these CAHPS measures; therefore, star ratings could not be derived. Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, with one being the lowest possible rating and five being the highest possible rating, using the following percentile distributions:

★★★★★	indicates a score at or above the 90th percentile
★★★★	indicates a score at or between the 75th and 89th percentiles
★★★	indicates a score at or between the 50th and 74th percentiles
★★	indicates a score at or between the 25th and 49th percentiles
★	indicates a score below the 25th percentile

Additionally, HSAG performed a trend analysis of the CHIP results.[A-6,A-7] For the CHIP 2016 CAHPS scores, scores were compared to their corresponding 2015 CAHPS scores to determine whether there were statistically significant differences. Lastly, the adult Medicaid QI health plans' and the QI statewide aggregate's 2016 CAHPS scores were compared to 2015 NCQA National Medicaid averages. These comparisons were performed for the four global ratings, five composite measures, and two individual item measures.

[A-4] Three-point means are not calculated for the *Shared Decision Making* composite measure.
[A-5] National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2016*. Washington, DC: NCQA, January 21, 2016.
[A-6] 2016 represents the first year adult members of the QUEST Integration (QI) health plans (i.e., AlohaCare, HMSA, Kaiser, 'Ohana, and UHC CP QI) were surveyed; therefore, a trend analysis could not be performed for these plans.
[A-7] HSAG did not survey the child Medicaid population in 2016.

Description of Data Obtained

The CAHPS survey asks members or parents or caretakers to report on and to evaluate their/their child's experiences with healthcare. The survey covers topics important to members, such as the communication skills of providers and the accessibility of services. The surveys were administered from February to April 2016 and were designed to achieve the highest possible response rate. The CAHPS survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was assigned a disposition code of "completed" if at least three of the designated five questions were completed.[A-8] Eligible members included the entire sample minus ineligible members. Ineligible adult members met at least one of the following criteria: they were deceased, they were invalid (they did not meet the eligible population criteria), were mentally or physically incapacitated, had a language barrier, or were removed from the sample during deduplication. Ineligible CHIP members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), or had a language barrier. Ineligible members were identified during the survey process. This information was recorded by the survey vendor and provided to HSAG in the data received.

Following the administration of the Adult CAHPS surveys, HSAG provided the MQD with a plan-specific report of findings and a statewide aggregate report. The MQD also received a statewide aggregate report of the CHIP survey results.

The plan-specific results of the Adult CAHPS survey, and the CHIP results of the Child CAHPS Survey are summarized in Section 3 of this report. A statewide comparison of each adult Medicaid QI health plan and the QI Program aggregate results, as well as the CHIP population results, are provided in Section 4.

Provider Survey

Objective

The objective of the provider survey was to provide feedback to the MQD and the health plans about providers' perceptions of the QI health plans.

Technical Methods of Data Collection and Analysis

The method of data collection was through the administration of the 2016 Hawaii Provider Survey to a random sample of 1,500 providers: 200 Kaiser providers and 1,300 non-Kaiser providers (i.e., AlohaCare QI, HMSA QI, 'Ohana QI, and UnitedHealthcare Community Plan QI). Providers eligible for sampling included those who served the Hawaii Medicaid population, contracted with at least one of

[A-8] A survey was assigned a disposition code of "completed" if at least three of the following five questions were completed for adult Medicaid: questions 3, 15, 24, 28, and 35. A survey was assigned a disposition code of "completed" if at least three of the following five questions were completed for CHIP: questions 3, 15, 27, 31, and 36.

the QI health plans, and had the following credentials: Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Psychologist, or Advance Practice Registered Nurse (APRN). The survey administration consisted of mailing sampled providers a survey questionnaire, cover letter, and business reply envelope. Providers were given two options by which they could complete the surveys: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey by logging on to the survey website with a designated, provider-specific login. The survey was administered from August to October 2016 and included 15 questions that surveyed providers on a broad range of topics.

Results were determined within five domains of satisfaction: General Positions, Providing Quality Care, Non-Formulary, Service Coordinators, and Specialists. Response options to each question within these domains were classified into one of three response categories: satisfied, neutral, and dissatisfied. For each question, the percentage of respondents in each of the response categories was calculated. Health plan survey responses were not limited to those providers who indicated they were currently accepting new patients for that health plan in Question 1 of the survey. For example, if a provider indicated that he/she was not at this time accepting new patients for AlohaCare in Question 1, his/her responses would be included in the results pertaining to AlohaCare if a response had been provided. Therefore, providers may have rated a health plan on a survey question even if they were not currently accepting new patients for that plan. Furthermore, if a provider was associated with more than one health plan, he/she may have answered a question for multiple health plans.

Standard tests of statistical significance were conducted, when applicable, to determine if statistically significant differences in performance across health plans existed. As is standard in most survey implementations, a “top-box” rate was defined by a positive or satisfied response.

Description of Data Obtained

The survey covered topics for primary care and specialty providers including the impact of plans’ prior authorization procedures and formulary on the providers’ ability to provide quality care. Additional survey questions elicited information about reimbursement satisfaction, adequacy of access to non-formulary drugs, service coordinators, adequacy of access to specialty providers, and behavioral health specialists. The response rate was the total number of completed surveys divided by all eligible providers within the sample. Eligible providers included the entire sample minus ineligible providers, which included any provider that could not be surveyed due to incorrect or incomplete contact information or that had indicated the provider had no current contract with any of the health plans.

Following the administration of the provider survey, HSAG provided the MQD with an aggregate report of plan-specific findings. The plan-specific results are summarized in Section 3 of this report; and in Section 4, a statewide comparison of all plan results is provided.