Health Plan Performance in Texas Medicaid & CHIP

Companion to
External Quality Review of
Texas Medicaid & CHIP Managed Care
Annual Technical Report

State Fiscal Year 2022

*Quality, Timeliness & Access to Healthcare
for Texas Medicaid & CHIP Recipients*

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Overview of the Annual Technical Report Companion

The EQRO added the Annual Technical Report Companion (ATRC) as a response to a request from the Centers for Medicare and Medicaid Services (CMS) for additional managed care organization (MCO) and dental maintenance organization (DMO) information on external quality review (EQR) activities to comply with the 2019 updates to CMS protocols for EQR activities and technical reporting requirements.[1] The Annual Technical Report (ATR) contains a comprehensive overview of the state fiscal year (SFY) 2022 EQRO activities and the specific methods used to assess each EQR protocol which should be used as the primary reference on EQR activities for SFY 2022.

The ATRC is meant as an extended index for the ATR that compiles information on mandatory EQR activities by MCO. The document is organized alphabetically for MCOs and DMOs by name and includes profiles for MCOs and DMOs that were active during the entire annual reporting period. MCO information is organized by Medicaid managed care program (STAR, STAR+PLUS, STAR Kids, STAR Health) and CHIP, when necessary. Likewise, DMO information is organized for Medicaid and CHIP when necessary. Additional information and descriptions of the Texas Medicaid and CHIP managed care programs are included in the ATR.

The annex includes the following information for each entity along with any technical notes for each table:

1. **Member Demographics:** Basic demographic information for each MCO or DMO based on enrollment data.
2. **Performance Summaries:** Tables summarizing basic information on MCO performance on Quality of Care (QoC) measures by program for the most recent measurement year.[2]
3. **PIP Summaries**: Tables summarizing Performance Improvement Project (PIP) validation results for each MCO for the current measurement year.
4. A table summarizing MCO or DMO compliance with the standards set forth in Part 438 Subpart D.[3]
5. A table summarizing provider compliance with appointment wait time standards for each MCO assessed during the reporting period.[4]
6. **Recommendation Summaries:** Tables summarizing compliance with prior-year recommendations on quality assurance activities (administrative interviews (AI), PIPs, and quality assessment and performance improvement (QAPI) evaluations) and a list of recommendations for each MCO and DMO from the current ATR.

Measurement Year

The measurement periods for different EQR activities vary based on the framework used for evaluation. To reduce confusion, the table below lists the measurement span associated with each protocol for the state fiscal year (SFY) 2022 ATR reporting period.

Protocol	Measurement Years Reported
Protocol 1: Validation of Performance Improvement Projects (PIPs)	Due to the extension of PIPs, no *Final PIP reports* were reviewed. The PIP elements reviewed were: *PIP Plans* and *First Progress Reports* for 2022 PIPs; *Third Progress Reports* for 2020 PIPs; *Second Progress Reports* for 2021 PIPs

Protocol	Measurement Years Reported
Protocol 2: Validation of Performance Measures	*Administrative Interview (AI) Data*: September 2021–August 2022; *Hybrid Measures*: September 2021–August 2022; *Texas Health Steps (THSteps)*: Checkups due starting in September 2020
Protocol 3: Review of Compliance with Medicaid & CHIP Managed Care Regulations	*AI Interviews*: September 2021–August 2022; *Quality Assessment and Performance Improvement (QAPI) Evaluations*: September 2021–August 2022
Protocol 4: Validation of Network Adequacy	*Appointment Availability*: *Prenatal* – October 2021–November 2021 *Vision* –November 2021–January 2022 *Primary Care* –-February 2022–April 2022 *Behavioral Health* – May 2022–August 2022
Protocol 5: Validation of Encounter Data Reported by MCOs and DMOs	*Accuracy and Completeness:* September 2021–August 2022; *Medical Record Review:* January 2020–December 2020
Protocol 6: Administration of Quality of Care Surveys	*STAR Adult, STAR+PLUS, and STAR Kids Caregiver*: Enrolled for October 2021-March 2022 (fielded April–September 2022)*; STAR Health Caregiver*: Enrolled for December 2021–May 2022 (fielded July–October 2022)
Protocol 7: Calculation of Performance Measures	Measurement year January 2021–December 2021
Protocol 9: Conducting Focus Studies of Health Care Quality	Measurement year varies by study, but research conducted between September 2021–August 2022
Protocol 10: Assist with Quality Rating of MCOs and DMOs	*Performance Dashboards:* Measurement year January 2021–December 2021; *MCO Report Cards:* Administrative Data from measurement year January-December 2020, Survey Data for SFY 2022 (see above)

Texas Managed Care Quality Strategy Goals

HHSC uses its Managed Care Quality Strategy (MCQS) per Title 42, C.F.R. § 438.340 (2020) to assess and improve the quality of healthcare and services provided through the managed care system. HHSC policymaking and program activities related to healthcare value align with the following MCQS goals:

1. Promoting optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address the root causes of poor health.
2. Strengthening person and family engagement as partners in their care to enhance respect for individual's values, preferences, and expressed needs.
3. Providing the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate.
4. Keeping patients free from harm by building a safer healthcare system that limits human error.
5. Promoting effective practices for people with chronic, complex, and serious conditions to improve people's quality of life and independence, reduce mortality rates, and better manage the leading drivers of healthcare costs.

6. Attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services, and supports providers to participate in team-based, collaborative, and coordinated care.

Notes

[1] Additional information on CMS guidelines and technical reporting requirements can be found on the CMS website: medicaid.gov.

[2] Performance information is only provided for MCOs, the Texas Healthcare Learning Collaborative (THLC) portal (thlcportal.com) has information on DMO performance and detailed information on MCO performance from current and past years.

[3] Each year, the EQRO rotates the MCOs and DMOs for a full review of compliance with Medicaid and CHIP Managed Care regulations (including all regulatory areas and an on-site visit). In SFY 2022, the EQRO reviewed Amerigroup, Molina, Superior, and UnitedHealthcare and the results are included in their profiles. Detailed information on how the EQRO conducts these activities can be found under **Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations** in the SFY 2022 ATR. The ATR also contains the full list of MCOs and DMOs and the year when they undergo compliance assessment.

[4] Currently, the EQRO does not assess compliance with appointment wait time standards for DMOs.

Aetna Better Health (Aetna)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	730	23.2%	36	3.8%	1,089	8.6%	24,312	20.7%	26,167	19.5%
Black, Non-Hispanic	424	13.5%	61	6.5%	2,070	16.3%	23,524	20.1%	26,079	19.5%
Hispanic	1,333	42.3%	662	70.6%	2,958	23.2%	46,982	40.1%	51,935	38.8%
Unknown / Other	663	21.0%	179	19.1%	6,611	51.9%	22,353	19.1%	29,806	22.2%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	2	0.1%	5	0.5%	47	0.4%	6,572	5.6%	6,626	4.9%
1 – 9 years	1,461	46.4%	.	.	3,403	26.7%	50,174	42.8%	55,038	41.1%
10 – 17 years	1,551	49.2%	9	1.0%	6,405	50.3%	32,086	27.4%	40,051	29.9%
18 – 20 years	136	4.3%	56	6.0%	2,800	22.0%	7,656	6.5%	10,648	7.9%
21 – 44 years	-	-	864	92.1%	73	0.6%	19,274	16.4%	20,211	15.1%
45 – 64 years	-	-	4	0.4%	-	.	1,409	1.2%	1,413	1.1%
Sex	-	-	-	-	-	-	-	-	-	-
Female	1,533	48.7%	936	99.8%	4,514	35.5%	67,488	57.6%	74,471	55.6%
Male	1,617	51.3%	2	0.2%	8,214	64.5%	49,675	42.4%	59,508	44.4%
Unknown	-	-	-	-	-	-	8	0.0%	8	0.0%
All	3,150	100.0%	938	100.0%	12,728	100.0%	117,171	100.0%	133,987	100.0%

Aetna MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures, Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

Aetna CHIP

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	0	49,404	0	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	63,425	1.58	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	63,425	0	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	2	49,404	4.05	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	49,404	0	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	2	49,404	4.05	Above High Std.
DEV - Total All Age	122	226	53.98	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	86.4	Above High Std.
URI - Age 3 months to 17 years	499	513	97.27	Above High Std.
CHL - Total	16	32	50	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	18	31	58.06	Meets Min. Std.
WCC - BMI Screening - Total	328	411	79.81	Meets Min. Std.
WCC - Counseling on Nutrition - Total	304	411	73.97	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	294	411	71.53	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	6	6	0.99	Meets Min. Std.
IMA - Combination 2 Immunizations	63	215	29.3	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - Getting Care Quickly Composite	-	-	74.98	Meets Min. Std.
ADD - Initiation Phase	28	92	30.43	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	8	31	25.81	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	3	63,101	4.75	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	141	125	1.12	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	75.75	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	66.49	Below Min. Std.
CWP - Age 3 to 17 years	214	268	79.85	Below Min. Std.

Aetna STAR

Measure	Numerator	Denominator	Rate	Performance Level
PPC - Postpartum Care	327	411	79.56	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	31	830,466	3.73	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	14	577,422	2.42	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	6	966,253	0.62	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	7	966,253	0.72	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	27	278,993	9.68	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	9	278,993	3.23	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	2	30,104	6.64	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	4	278,993	1.43	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	20	278,993	7.17	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	8	278,993	2.87	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	8	278,993	2.87	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	4	278,993	1.43	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	3	248,889	1.21	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	3	278,993	1.08	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	82.31	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	74.78	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10"	-	-	79.76	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	38	577,422	6.58	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	2	577,422	0.35	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	36	577,422	6.23	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	87	278,993	31.18	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	16	278,993	5.73	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	71	278,993	25.45	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	42	278,993	15.05	Above High Std.
UOP - Multiple Pharmacies	7	367	1.91	Above High Std.
UOP - Multiple Prescribers and Pharmacies	5	367	1.36	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	62.38	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	57	2,598	2.19	Above High Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	19	2,598	0.73	Above High Std.
APM - Glucose and Chol Combined - All Ages	170	432	39.35	Above High Std.
AAB - Age 3 months to 17 years	667	828	80.56	Above High Std.
CWP - Age 3 to 17 years	2,137	2,581	82.8	Above High Std.
URI - Age 3 months to 17 years	8,963	9,451	94.84	Above High Std.
HDO - Opioids High Dose	1	329	0.3	Above High Std.
AMM - Effective Acute Phase Treatment	297	591	50.25	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	192	591	32.49	Meets Min. Std.
CDC - HbA1c Control (<8%)	161	411	39.17	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	218	710	30.7	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 30 Days Total Ages	375	710	52.82	Meets Min. Std.
WCC - BMI Screening - Total	317	411	77.13	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	286	411	69.59	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	526	812	64.78	Meets Min. Std.
APP - Total	112	235	47.66	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	277	277	1	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	183	190	0.96	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	20	21	0.97	Meets Min. Std.
IMA - Combination 2 Immunizations	135	411	32.85	Meets Min. Std.
FUM -7 Days Total Ages	155	347	44.67	Meets Min. Std.
FUM - 30 Days Total Ages	190	347	54.76	Meets Min. Std.
DEV - Total All Age	6,813	13,902	49.01	Meets Min. Std.
UOP - Multiple Prescribers	87	367	23.71	Meets Min. Std.
IET - Initiation Total (All Ages)	345	836	41.27	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	59.38	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.41	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	81.58	Meets Min. Std.
ADD - Initiation Phase	230	605	38.02	Below Min. Std.
ADD - Continuation and Maintenance Phase	46	94	48.94	Below Min. Std.
CCS - Total	5,780	10,461	55.25	Below Min. Std.
CDC - Eye Exam	220	769	28.61	Below Min. Std.
CDC - HbA1c Testing	316	411	76.89	Below Min. Std.
CHL - Total	1,731	3,687	46.95	Below Min. Std.
WCC - Counseling on Nutrition - Total	293	411	71.29	Below Min. Std.
CIS - Combination 10 Immunizations	98	411	23.84	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Emergency Department Visits (PPV)	8,390	7,225	1.16	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	60.69	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	53.9	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10"	-	-	75.37	Below Min. Std.
FUA - 7 Days Total Ages	5	169	2.96	Below Min. Std.
FUA - 30 Days Total Ages	10	169	5.92	Below Min. Std.
HVL - All Ages	21	35	60	Below Min. Std.
IET - Engagement Total (All Ages)	115	836	13.76	Below Min. Std.
PCR - Total All Ages (18-64), O/E	-	-	1.26	Below Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	-	LD

Aetna STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	19	34	55.88	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	5	101,640	4.92	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	10	117,801	8.49	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	190	213	0.89	Above High Std.
PPE - Potentially Preventable Complications (PPC)	6	8	0.79	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	14	101,640	13.77	Above High Std.
DEV - Total All Age	130	269	48.33	Above High Std.
IET - Initiation Total (All Ages)	52	113	46.02	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	67.75	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	75.43	Above High Std.
URI - Age 3 months to 17 years	572	627	91.23	Above High Std.
ADD - Initiation Phase	76	193	39.38	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CHL - Total	208	482	43.15	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	124	328	37.8	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	200	328	60.98	Meets Min. Std.
WCC - Counseling on Nutrition - Total	294	411	71.53	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	278	411	67.64	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	103	143	72.03	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	1,062	1,058	1	Meets Min. Std.
FUM - 7 Days Total Ages	57	137	41.61	Meets Min. Std.
FUM - 30 Days Total Ages	76	137	55.47	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	53.33	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	89.58	Meets Min. Std.
CWP - Age 3 to 17 years	279	350	79.71	Meets Min. Std.
WCC - BMI Screening - Total	298	411	72.51	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	15	114,280	13.13	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	15	117,801	12.73	Below Min. Std.
APP - Total	56	228	24.56	Below Min. Std.
CIS - Combination 10 Immunizations	9	81	11.11	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	250	205	1.22	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	47.45	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	63.95	Below Min. Std.
IMA - Combination 2 Immunizations	125	411	30.41	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	31	101,640	30.5	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	17	101,640	16.73	Below Min. Std.
IET - Engagement Total (All Ages)	12	113	10.62	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	40.11	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	38.69	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	173	682	25.37	Below Min. Std.
HVL - All Ages				LD

Aetna PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	ADD	82.6%	-	-
STAR	ADD	82.6%	-	-
STAR Kids	ADD	82.6%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	ADD & FUH	ADD Visits Conducted via Telemedicine/Telehealth	Provider System	Promotion of telehealth/telemedicine for visits
CHIP	ADD & FUH	Use of multimodal interactive technology that obtains and delivers information regarding member barriers to medication adherence	Member	Medication adherence addressed through use of multimodal interactive technology that obtains and delivers information regarding member adherence behaviors.
CHIP	ADD & FUH	Community Organization Collaboration on Life Skills and Parenting Education	System	This intervention addresses the burden on parents living with and caring for a child with ADHD. Local community organizations provide life skills training and parenting education that helps support parents.
STAR	ADD & FUH	ADD Visits Conducted via Telemedicine/Telehealth	Provider System	Promotion of telehealth/telemedicine for visits
STAR	ADD & FUH	Use of multimodal interactive technology that obtains and delivers information regarding member barriers to medication adherence	Member	Medication adherence addressed through use of multimodal interactive technology that obtains and delivers information regarding member adherence behaviors.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	ADD & FUH	Community Organization Collaboration on Life Skills and Parenting Education	System	This intervention addresses the burden on parents living with and caring for a child with ADHD. Local community organizations provide life skills training and parenting education that helps support parents.
STAR Kids	ADD & FUH	ADD Visits Conducted via Telemedicine/Telehealth	Provider System	Wellpass messaging is a platform supporting health plan and state-level health insurers. The text message will be sent out in English or in Spanish (based on the member's stated language Wellpass text messages will go out to members informing them to utilize our 24-hour Nurse Line and call their doctor before going to the emergency room.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	PPAs	70.9%	-	-
STAR	PPAs	70.9%	-	-
STAR Kids	PPAs	70.9%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	PPA	Formulary Education	Provider	Reduce the number of "Not-On-Formulary" medication claim denials
CHIP STAR STAR Kids	PPA	Continuity of Care	Member	Continuity of Care – encourage members to connect with their PCP and complete follow-up visits after avoidable ED visit.
CHIP STAR STAR Kids	PPA	Medication Adherence	Member	Reminders will be sent to members at risk for PPA to timely pick up their prescription refill to increase medication adherence, improve health and prevent hospitalization.

2022 PIP Summary

2022 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	84.7%	-	-
STAR	PPC	88.1%	-	-
STAR Kids	WCC	84.7%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	WCC	Improving Provider Coordination	Member, Provider, System	ABH-TX will establish a supplemental data source process that ensures the HEDIS software captures BMI, Nutrition, and Physical Activity Counseling performed by all provider types.
CHIP STAR Kids	WCC	Multichannel Behavior Change Campaign	Member	The Multimodal Behavior Change Campaign amplifies a core message through layered delivery of EPSDT (THSteps) mailed educational material (including all members 3-17 years), text and IVR messages for more effective adherence to the WCC recommended visits.
STAR	PPC	Maternity Matters	Member	All identified ABHT pregnant members (target population) are assigned a care manager and call at a frequency of each trimester. CM conducts evidence-based assessments, SDOH screenings, care planning, and coordination for members who are pregnant or just delivered.
STAR	PPC	Pyx App	Member	All pregnant members are provided access to the Pyx app, outreached, and on-boarded on using it. The Pyx app checks in with members each day to provide companionship, identify social determinants of health needs, remind them of their prenatal and postpartum visits, encourage self-care and healthy habits. Members who score high on the SDOH screening (any need that has been marked urgent or a total score >=20) will receive a live call from a compassionate care staff for additional support and navigation to available community resources.
STAR	PPC	Provider Notice of Pregnancy (PNOP)	Provider, System	Unified Women's Health of Texas will send the health plan's care management (CM) team a Provider Notice of Pregnancy (PNOP) form upon identifying a member with a new pregnancy. CM will track PNOP forms collected each month to ensure all members are outreached.

Aetna Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	85.7%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	90.6%
Primary Routine Care Standard-Child (Within 14 calendar days)	93.9%	85.7%	96.9%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	77.1%	-
Behavioral Health Care-Child (Within 14 calendar days)	82.8%	78.8%	64.3%
High-Risk Prenatal (Within 5 calendar days)	-	11.8%	-
Not High-Risk Prenatal (Within 14 calendar days)	-	100.0%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	0.0%	-
Vision Care-Adult (No referral)	-	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%	100.0%

Aetna Recommendations Summary

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

Aetna Compliance with prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	1.5/2.0	75.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP)[a]	16/17	94%
Prior Year PIP Recommendations (STAR)[a]	17/19	89.5%
Prior Year PIP Recommendations (STAR Kids)[a]	16/17	94.1%

Aetna Current Recommendations

Category	Description
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	In SFY 2022, none of the providers for Aetna, CookCHP, Molina, SWHP, and UHC complied with wait time standards for prenatal care in the third trimester. SWHP providers had zero percent compliance with high-risk pregnancy appointment standards.
MCQS Goal(s)	Goals 3, 5
Recommendation	• HHSC should strongly encourage Aetna, CookCHP, Molina, SWHP, and UHC to conduct RCAs to identify the drivers for non-compliance with appointment standards. • Aetna, CookCHP, Molina, SWHP, and UHC should use the RCA to identify specific approaches that they can use to encourage providers to make appointments available within five working days.
Finding	In SFY 2022, the percentage of excluded providers increased, and the total appointments available decreased in all prenatal sub-studies compared with SFY 2020.
MCQS Goal(s)	Goals 3, 5

Category	Description
Recommendation	• HHSC should consult with MCOs to better understand the key factors contributing to errors in the provider taxonomy for prenatal directories and why many providers in the prenatal sample did not offer prenatal appointments. • HHSC should encourage the MCOs to carefully examine the member-facing directory information they provided for the appointment availability study, especially Amerigroup, Molina, and Aetna, which had the highest percentage of excluded providers in the prenatal sub-studies. Updated provider directories with accurate provider contact information will help reduce the overall number of calls needed for each MCO and help increase the size of the sample for assessing compliance with call wait times.
Finding	In SFY 2022 compliance with preventive and routine primary care appointment wait-time standards dropped in STAR, STAR+PLUS and STAR Kids compared to SFY 2021.
MCQS Goal(s)	Goals 3, 5
Recommendation	• HHSC should strongly encourage Aetna and CookCHP to conduct RCA analyses to identify the drivers for low compliance with appointment standards. • HHSC should work with Aetna to identify the factors contributing to non-compliance with wait time standards for routine care, especially because this MCO has the lowest rate of compliance with routine wait time standards in the STAR Kids program and CHIP, and one of the lowest compliance rates in STAR.
Finding	To improve the record return rate and accuracy of provider addresses, the EQRO sent each MCO a list of ICNs and provider addresses for each member in the sample and requested that MCOs verify the provider addresses and make corrections where needed. Aetna, BCBSTX, DCHP, PCHP, and UHC did not update or verify the provider addresses. Superior updated several of the provider addresses, however 23.5 percent came back as "not a patient." Because unverified or incorrect addresses led to lower record return rates compared to previous studies, the EQRO and HHSC requested that the MCOs retrieve the outstanding records needed to meet the sample size requirements.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends HHSC consider a new approach to obtaining records that will hold the MCOs accountable for meeting the sample size requirements for the study. One approach would be for HHSC to require the MCOs to obtain the records for the sample population and submit them to HHSC and the EQRO.
Finding(s)	MCOs had high compliance with the federal regulations for the appeals process. However, HealthSpring and Superior were not fully compliant with all regulations related to the timeliness of the review process. In addition, Aetna, COOKCHP, HealthSpring, Superior, and UHC were not fully compliant with all the regulations related to the notification process for denials. Further, the compliance review results are based on MCO documentation in the policies and procedures. Therefore, the results do not indicate how often and to what extent each MCO meets the requirements of the regulations in practice.
MCQS Goal(s)	Goals 1, 4, 5

Category	Description
Recommendation(s)	• MCOs that are not fully compliant with all applicable regulations for the appeals process should update all policies and procedures to ensure full compliance with the timeliness of the review and notification of denials. • HHSC should conduct a record review of the MCO universe of appeals documentation to identify the extent to which MCOs comply with the regulations in practice and compliance levels determined based on the current document review of MCO policies and procedures.

Amerigroup

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR+PLUS	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	2,069	13.6%	122	2.4%	1,802	6.3%	13,828	23.4%	146,406	18.6%	164,227	18.4%
Black, Non-Hispanic	2,132	14.0%	261	5.2%	4,118	14.3%	12,206	20.7%	164,494	20.9%	183,211	20.5%
Hispanic	8,175	53.6%	3,833	76.7%	9,269	32.3%	15,617	26.5%	328,252	41.8%	365,146	40.8%
Unknown /Other	2,864	18.8%	782	15.6%	13,551	47.2%	17,360	29.4%	146,867	18.7%	181,424	20.3%
Age Group	-	-	-	-	-	-	-	-	-	-	--	
<1 year	1	0.0%	6	0.1%	96	0.3%	-	-	35,073	4.5%	35,176	3.9%
1 – 9 years	5,873	38.5%	.	.	7,988	27.8%	-	-	328,840	41.8%	342,701	38.3%
10 – 17 years	8,495	55.7%	79	1.6%	14,915	51.9%	-	-	267,081	34.0%	290,570	32.5%
18 – 20 years	871	5.7%	327	6.5%	5,630	19.6%	1	0.0%	62,806	8.0%	69,635	7.8%
21 – 44 years	-	-	4,562	91.3%	111	0.4%	26,993	45.7%	85,636	10.9%	117,302	13.1%
45 – 64 years	-	-	24	0.5%	.	.	30,853	52.3%	6,583	0.8%	37,460	4.2%
65+ years	-	-	-	-	-	-	1,164	2.0%	-	-	1,164	0.1%
Sex	-	-	-	-	-	-	-	-	-	-	-	-
Female	7,463	49.0%	4,995	99.9%	9,755	33.9%	28,977	49.1%	432,406	55.0%	483,596	54.1%
Male	7,777	51.0%	3	0.1%	18,984	66.1%	30,031	50.9%	353,539	45.0%	410,334	45.9%
Unknown	-	-	-	-	1	0.0%	3	0.0%	74	0.0%	78	0.0%
All	15,240	100.0%	4,998	100.0%	28,740	100.0%	59,011	100.0%	786,019	100.0%	894,008	100.0%

Amerigroup MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

Amerigroup CHIP

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	68	149	45.64	Above High Std.
FUH - Follow Up within 30 Days Total Ages	105	149	70.47	Above High Std.
WCC - BMI Screening - Total	338	411	82.24	Above High Std.
WCC - Counseling on Nutrition - Total	328	411	79.81	Above High Std.
WCC - Counseling on Physical Activity - Total	321	411	78.1	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	57	72	79.17	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	3	331,366	0.91	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	4	275,855	1.45	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	332,118	0	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	3	332,118	0.9	Above High Std.
CIS - Combination 10 Immunizations	57	138	41.3	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	22	25	0.87	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	613	730	0.84	Above High Std.
IMA - Combination 2 Immunizations	167	411	40.63	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	9	275,855	3.26	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	3	275,855	1.09	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	6	275,855	2.18	Above High Std.
DEV - Total All Age	507	952	53.26	Above High Std.
APM - Glucose and Chol Combined - All Ages	27	74	36.49	Above High Std.
ADD - Initiation Phase	154	386	39.9	Meets Min. Std.
CHL - Total	102	222	45.95	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10"	-	-	73.79	Meets Min. Std.
URI - Age 3 months to 17 years	2,357	2,644	89.15	Meets Min. Std.
APP - Total	26	65	40	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	40	36	1.11	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10"	-	-	70.99	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	69.46	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	79.84	Below Min. Std.
CWP - Age 3 to 17 years	1,723	2,169	79.44	Below Min. Std.
HVL - All Ages	-	-	-	Low Denominator

Amerigroup STAR

Measure	Numerator	Denominator	Rate	Performance Level
WCC - Counseling on Nutrition - Total	289	366	78.96	Above High Std.
WCC - Counseling on Physical Activity - Total	275	366	75.14	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	237	6,357,008	3.73	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	115	4,668,582	2.46	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	100	7,176,525	1.39	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	58	7,176,525	0.81	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	241	1,562,478	15.42	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	54	1,562,478	3.46	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	26	143,132	18.17	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	34	1,562,478	2.18	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	95	1,562,478	6.08	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	48	1,562,478	3.07	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	89	1,562,478	5.7	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	37	1,562,478	2.37	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	33	1,419,346	2.33	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	8	1,562,478	0.51	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	1,057	1,211	0.87	Above High Std.
PPE - Potentially Preventable Complications (PPC)	131	138	0.95	Above High Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	72.91	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	69.23	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	78.29	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	281	4,668,582	6.02	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	48	4,668,582	1.03	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	233	4,668,582	4.99	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	662	1,562,478	42.37	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	137	1,562,478	8.77	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	525	1,562,478	33.6	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	337	1,562,478	21.57	Above High Std.
UOP - Multiple Pharmacies	27	1,795	1.5	Above High Std.
UOP - Multiple Prescribers	280	1,795	15.6	Above High Std.
UOP - Multiple Prescribers and Pharmacies	14	1,795	0.78	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	1.04	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
COU - Risk of Continued Opioid Use - >= 15 days coverage	314	13,201	2.38	Above High Std.
AAB - Age 3 months to 17 years	5,871	8,884	66.09	Above High Std.
HDO - Opioids High Dose	15	1,602	0.94	Above High Std.
CDC - HbA1c Control (<8%)	145	411	35.28	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	1,449	4,280	33.86	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	2,472	4,280	57.76	Meets Min. Std.
WCC - BMI Screening - Total	291	366	79.51	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	4,902	7,068	69.35	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	1,878	1,996	0.94	Meets Min. Std.
IMA - Combination 2 Immunizations	141	411	34.31	Meets Min. Std.
HVL - All Ages	205	305	67.21	Meets Min. Std.
IET - Initiation Total (All Ages)	1,873	4,435	42.23	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	57.23	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	82.24	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	81.22	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	142	13,201	1.08	Meets Min. Std.
URI - Age 3 months to 17 years	67,533	74,620	90.5	Meets Min. Std.
ADD - Initiation Phase	1,992	5,234	38.06	Below Min. Std.
ADD - Continuation and Maintenance Phase	387	741	52.23	Below Min. Std.
AMM - Effective Acute Phase Treatment	1,535	3,298	46.54	Below Min. Std.
AMM - Effective Continuation Phase Treatment	909	3,298	27.56	Below Min. Std.
CCS - Total	29,387	50,354	58.36	Below Min. Std.
CDC - Eye Exam	1,694	4,444	38.12	Below Min. Std.
CDC - HbA1c Testing	310	411	75.43	Below Min. Std.
CHL - Total	14,914	30,667	48.63	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPC - Postpartum Care	320	411	77.86	Below Min. Std.
APP - Total	761	1,911	39.82	Below Min. Std.
CIS - Combination 10 Immunizations	114	411	27.74	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	58,528	52,888	1.11	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	61.85	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	61.83	Below Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	76.48	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10"	-	-	73.38	Below Min. Std.
FUA - 7 Days Total Ages	26	818	3.18	Below Min. Std.
FUA - 30 Days Total Ages	42	818	5.13	Below Min. Std.
FUM - 7 Days Total Ages	500	1,467	34.08	Below Min. Std.
FUM - 30 Days Total Ages	666	1,467	45.4	Below Min. Std.
DEV - Total All Age	39,561	86,951	45.5	Below Min. Std.
IET - Engagement Total (All Ages)	571	4,435	12.87	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	57.72	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	1,082	3,744	28.9	Below Min. Std.
CWP - Age 3 to 17 years	26,569	34,409	77.22	Below Min. Std.

Amerigroup STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	94	165	56.97	Above High Std.
FUH - Follow Up within 7 Days Total Ages	337	802	42.02	Above High Std.
FUH - Follow Up within 30 Days Total Ages	549	802	68.45	Above High Std.
WCC - Counseling on Nutrition - Total	280	366	76.5	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	26	272,105	9.56	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Gastroenteritis Admission Rate (PDI 16)	23	278,216	8.27	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	11	278,216	3.95	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	401	515	0.78	Above High Std.
PPE - Potentially Preventable Complications (PPC)	17	22	0.79	Above High Std.
IMA - Combination 2 Immunizations	140	411	34.06	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	57	239,155	23.83	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	17	239,155	7.11	Above High Std.
IET - Initiation Total (All Ages)	119	252	47.22	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	71.04	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	80.21	Above High Std.
ADD - Initiation Phase	477	1,179	40.46	Meets Min. Std.
CHL - Total	525	1,260	41.67	Meets Min. Std.
WCC - BMI Screening - Total	279	366	76.23	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	263	366	71.86	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	667	926	72.03	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10"	-	-	71.37	Meets Min. Std.
DEV - Total All Age	388	861	45.06	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	54.15	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	16	239,155	6.69	Below Min. Std
APP - Total	201	687	29.26	Below Min. Std
CIS - Combination 10 Immunizations	64	321	19.94	Below Min. Std
PPE - Potentially Preventable Admissions (PPA)	506	445	1.14	Below Min. Std
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,615	2,486	1.05	Below Min. Std
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	45.64	Below Min. Std
PDI - Chronic PDI Composite Rate (PDI 92)	40	239,155	16.73	Below Min. Std

Measure	Numerator	Denominator	Rate	Performance Level
FUM - 7 Days Total Ages	58	177	32.77	Below Min. Std
FUM - 30 Days Total Ages	95	177	53.67	Below Min. Std
IET - Engagement Total (All Ages)	29	252	11.51	Below Min. Std
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	47.17	Below Min. Std
SVY-Child - Personal Doctor Who Knows Child	-	-	86.68	Below Min. Std
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	41.35	Below Min. Std
APM - Glucose and Chol Combined - All Ages	598	2,209	27.07	Below Min. Std
CWP - Age 3 to 17 years	1,073	1,419	75.62	Below Min. Std
URI - Age 3 months to 17 years	2,007	2,289	87.68	Below Min. Std
HVL - All Ages	-	-	-	LD

Amerigroup STAR+PLUS

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	904	1,412	64.02	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	382	436,635	87.49	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	208	699,855	29.72	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	161	699,855	23	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	9	263,220	3.42	Above High Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	189	229	82.53	Above High Std.
SPD - Received Statin Therapy	4,344	6,257	69.43	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	2,960	3,437	0.86	Above High Std.
SVY-Adult - % Good Access to Specialist Appointment	-	-	57.94	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,080	699,855	440.09	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Acute PQI Composite Rate (PQI 91)	369	699,855	52.73	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,711	699,855	387.37	Above High Std.
UOP - Multiple Pharmacies	125	5,999	2.08	Above High Std.
UOP - Multiple Prescribers	697	5,999	11.62	Above High Std.
UOP - Multiple Prescribers and Pharmacies	30	5,999	0.5	Above High Std.
AAB - Age 18 to 64 years	234	578	40.48	Above High Std.
AMM - Effective Acute Phase Treatment	1,207	2,266	53.27	Meets Min. Std.
CDC - HbA1c Testing	356	411	86.62	Meets Min. Std.
CHL - Total	286	627	45.61	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	907	2,700	33.59	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	1,485	2,700	55	Meets Min. Std.
PPC - Timeliness of Prenatal Care	195	309	63.11	Meets Min. Std.
PPC - Postpartum Care	183	309	59.22	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	425	699,855	60.73	Meets Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	159	699,855	22.72	Meets Min. Std.
PCE - Bronchodilators	1,210	1,415	85.51	Meets Min. Std.
SAA - 80% Coverage	2,810	4,782	58.76	Meets Min. Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	1,161	1,652	70.28	Meets Min. Std.
SPC - Total Statin Therapy	1,491	1,893	78.76	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	5,680	5,902	0.96	Meets Min. Std.
SVY-Adult - % Good Access to Urgent Care	-	-	66.11	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care	-	-	58.94	Meets Min. Std.
HVL - All Ages	1,099	1,560	70.45	Meets Min. Std.
IET - Initiation Total (All Ages)	1,952	4,757	41.03	Meets Min. Std.
IET - Engagement Total (All Ages)	289	4,757	6.08	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PCR - Total All Ages (18-64), O/E	-	-	1.12	Meets Min. Std.
SVY-Adult - % Good Access to Urgent Care	-	-	79.72	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	846	6,202	13.64	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	454	6,202	7.32	Meets Min. Std.
URI - Age 18 to 64 years	808	1,261	64.08	Meets Min. Std.
HDO - Opioids High Dose	68	4,826	1.41	Meets Min. Std.
AAP - Members Aged 20-44	17,108	23,386	73.15	Below Min. Std
AAP-Members Aged 45-64	23,636	27,489	85.98	Below Min. Std
AMM - Effective Continuation Phase Treatment	844	2,266	37.25	Below Min. Std
BCS - Total	4,189	9,756	42.94	Below Min. Std
CCS - Total	175	411	42.58	Below Min. Std
CDC - HbA1c Control (<8%)	186	411	45.26	Below Min. Std
CDC - Eye Exam	5,874	11,839	49.62	Below Min. Std
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	343	699,855	49.01	Below Min. Std
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	1,188	699,855	169.75	Below Min. Std
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	138	699,855	19.72	Below Min. Std
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	147	699,855	21	Below Min. Std
PCE - Systemic Corticosteroids	939	1,415	66.36	Below Min. Std
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	158	834	18.94	Below Min. Std
SSD - Diabetes Screening	4,649	5,865	79.27	Below Min. Std
SPC - Total Adherence	886	1,491	59.42	Below Min. Std
SPD - Statin Adherence	2,606	4,344	59.99	Below Min. Std
PPE - Potentially Preventable Emergency Department Visits (PPV)	11,758	11,642	1.01	Below Min. Std
PPE - Potentially Preventable Complications (PPC)	535	476	1.12	Below Min. Std
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	67.33	Below Min. Std

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	57.5	Below Min. Std
PQI - Diabetes PQI Composite Rate (PQI 93)	974	699,855	139.17	Below Min. Std
FUA - 7 Days Total Ages	31	736	4.21	Below Min. Std
FUA - 30 Days Total Ages	56	736	7.61	Below Min. Std
FUM - 7 Days Total Ages	305	949	32.14	Below Min. Std
FUM - 30 Days Total Ages	447	949	47.1	Below Min. Std
CWP - Age 18 to 64 years	336	811	41.43	Below Min. Std

Amerigroup PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	2020 PIP Topic	PIP Plan Score	Final PIP Score	Overall Score
CHIP	FUH	97.2%	-	-
STAR	FUH	97.2%	-	-
STAR Kids	FUH	97.2%	-	-
STAR+PLUS	FUH	97.2%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR+PLUS STAR Kids	FUH	Education for discharge facility-type providers with low 7-day FUH compliance rate	Provider System	Using internal claims data, Amerigroup will identify the providers with high volume and low compliance rates within the STAR, STAR PLUS, STAR KIDS and CHIP populations. Face to Face and/or telephonic Provider education will be conducted to the identified providers. The provider will be educated on the FUH measure, compliance rates, as well as resources and incentives available to the member.
CHIP STAR STAR+PLUS STAR Kids	FUH	Enhanced FUH member outreach	Member System	The Enhanced FUH member outreach will impact members that have been identified as being discharged from one of the facilities noted as having high volume and low compliance with the 7-day follow-up in the FUH measure. These members will receive focused telephonic outreach from Amerigroup with education on the need for a follow-up appointment within 7 days post discharge as well as resources and incentives that are available to the member.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Antibiotics	97.2%	-	-
STAR	Antibiotics	97.2%	-	-
STAR Kids	Antibiotics	96.7%	-	-
STAR+PLUS	Antibiotics	96.7%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR+PLUS STAR Kids	Reducing Inappropriate Use of Antibiotics	Education for providers with high prescribing events for inappropriate antibiotic use	Provider System	Using internal claims and pharmacy data, the health plans will identify providers who have the highest prescribing events of inappropriate antibiotic use. A letter outlining the goal of the PIP and guidelines for appropriate antibiotic use will be distributed along with prescription pads that can be given to members to reinforce symptom relief for viral illness. Additionally, the nurse practice consultants will be reaching out to the providers to complete education on the goal of the PIP, URI & AAB measures, & suggested coding for both measures.
CHIP STAR STAR+PLUS STAR Kids	Reducing Inappropriate Use of Antibiotics	Waiting Room Flyer	Member Provider System	A flyer describing the difference between viral and bacterial infections, as well as when antibiotics are appropriate, will be placed in the high prescribing provider waiting rooms or designated areas of their choice.
CHIP STAR STAR+PLUS STAR Kids	Reducing Inappropriate Use of Antibiotics	Appropriate Antibiotic Use Text Campaign	Member System	Members identified as receiving antibiotics for upper respiratory infection or bronchitis/bronchiolitis will receive a text message that includes information such as viral symptoms and treatment as well as when antibiotics are needed.

2022 PIP Summary

2022 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	91.1%	-	-
STAR	PPC	96.3%	-	-
STAR Kids	WCC	91.1%	-	-
STAR+PLUS	PPC	96.3%		

2022 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR STAR+PLUS	PPC	PPC/SDOH Provider Education Webinar	Provider, System	The health plan will identify providers to participate in a virtual training opportunity that will include pregnant women's benefits, SDOH education and resources available to members/providers, and PPC/SDOH coding suggestions. There will be live virtual training opportunities, as well as on-demand options. During the first quarter of the year the live training will be offered two times a month and for the remainder of the year they will be offered one time a month. The days/times will be rotated to try and accommodate provider's schedules based on internal research from previous satisfaction surveys. Educational materials will be created and will be available for providers to download. A flyer with information about the Prenatal & Postpartum Care HEDIS measure guidelines and clinical coding tips is being developed and will be distributed to OB type providers. The flyer also addresses using the PRAPARE tool for assessment of social determinates of health, use of FindHelp.Org to address SDOH needs through online referrals, and use of SDOH z-coding on claims.
STAR STAR+PLUS	PPC	FindHelp.org (formerly Aunt Bertha) & Benefits Text Campaign	Member, System	STAR and STAR PLUS pregnant women members will receive a series of interactive text messages with linkages such as, FindHelp.org for community resources, the OB screener for risk assessment, transportation to visits, member maternal health benefits and programs, and contact information to reach the Amerigroup Nurse Line and Customer Service.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	WCC	WCC Health Crowd text campaign	Member	For the initial text campaign, Amerigroup data analyst will identify all members 3 to 17 years old regardless of compliance for WCC measure. The Health Crowd text campaign focused on these members for WCC education. The text includes general information for nutrition, physical activity, and BMI percentile requirements. The text also includes hyperlinks to healthy lifestyle websites as supplemental educational information. A file will be sent to the vendor that includes members to include in the outreach. Three (3) separate messages will be sent one week apart for initial text outreach. For the second text campaign, Amerigroup data analyst will use internal claims data to identify non-compliant WCC members and the message will be sent prior to the beginning of the school year. The text will remind members that the service is due, and can be done during sick visits, sports physicals, and regular check-ups. For the third and final text campaign, Amerigroup data analyst will use internal claims data to identify non-compliant WCC members and the message will be sent prior to the end of the year. The text will remind members that the service is due before the end of the year.
STAR Kids	WCC	WCC Provider Education Webinar	Provider	The health plan will identify participating PCP type providers to participate in a virtual training opportunity that will include material such as WCC measure specifics, coding suggestions, and resources available to the member and provider. There will be live training opportunities, as well as on-demand options. During the first quarter of the year the live training will be offered two times a month and for the remainder of the year they will be offered one time a month. The days/times will be rotated to try and accommodate provider's schedules. Educational materials will be created and will be available for providers to download.

Amerigroup EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall

[1] This category (marked pass/fail) does not contribute to the MCO overall compliance score. Pass indicates that the contract met compliance requirement (as reflected in Table 22).

[2] The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, data certification, and encounter data validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the SFY 2022 ATR

Program	438.206	438.207[1]	438.208[1]	438.210[1]	438.214	438.224	438.228	438.230[1]	438.236	438.242[1,2]	438.330[1,2]	Overall[1,2]
Overall	100	100	100	100	100	100	100	pass	100	100	98.9	99.9
STAR	100	100	100	100	100	100	100	pass	100	100	98.6	99.9
STAR+PLUS	100	100	100	100	100	100	100	pass	100	100	99.1	99.9
STAR Kids	100	100	100	100	100	100	100	pass	100	100	99.1	99.9
CHIP	100	100	100	100	100	100	100	pass	100	100	98.6	99.9

Amerigroup Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR + PLUS	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%	98.9%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	94.1%	94.6%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	-	99.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	97.4%	-	96.2%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	-	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	70.4%	77.9%	-
Behavioral Health Care-Child (Within 14 calendar days)	87.0%	76.0%	-	73.5%
High-Risk Prenatal (Within 5 calendar days)	-	22.0%	-	-
Not High-Risk Prenatal (Within 14 calendar days)	-	58.3%	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	53.8%	-	-
Vision Care-Adult (No referral)	-	94.3%	100.0%	-
Vison Care-Child (No referral)	94.3%	94.1%	-	100.0%

Amerigroup Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

Amerigroup Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	19/19	100%
Prior Year QAPI Recommendations (MCO)	2.0/2.0	100.0%
Prior Year QAPI Recommendations (MMP)	3.0/3.0	100.0%
Prior Year PIP Recommendations (CHIP) [a]	11/11	100%
Prior Year PIP Recommendations (STAR) [a]	9/9	100%
Prior Year PIP Recommendations (STAR+PLUS) [a]	9/9	100%
Prior Year PIP Recommendations (STAR Kids) [a]	11/11	100%

Amerigroup Current Recommendations

Category	Description
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	In SFY 2022, the percentage of excluded providers increased, and the total appointments available decreased in all prenatal sub-studies compared with SFY 2020.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	HHSC should encourage the MCOs to carefully examine the member-facing directory information they provided for the appointment availability study, especially Amerigroup, Molina, and Aetna, which had the highest percentage of excluded providers in the prenatal sub-studies. Updated provider directories with accurate provider contact information will help reduce the overall number of calls needed for each MCO and help increase the size of the sample for assessing compliance with call wait times.
Finding	In SFY 2022, compliance with vision health appointment standards decreased in STAR Health compared to SFY 2021.
MCQS Goal(s)	Goals 3, 5
Recommendation	HHSC should work with Amerigroup and Superior to identify factors contributing to non-compliance with wait time standards.
Finding	In the SFY 2022 behavioral health care sub-study, the percentage of excluded providers increased in CHIP, STAR Health, and STAR+PLUS.
MCQS Goal(s)	Goals 3, 5, 6
Recommendation	HHSC should encourage the MCOs to carefully examine the member-facing directory information they provided for the appointment availability study, especially Amerigroup, which had the highest percentage of excluded providers in STAR, STAR+PLUS, STAR Kids, and CHIP.

Category	Description
Finding	The provider addresses pulled from the EQRO encounters at the beginning of the study resulted in an overall higher return rate (77 percent) than the addresses provided by the MCOs (62 percent). The EQRO addresses yielded a higher return rate than the MCO addresses for the following MCOs: Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends that MCOs, especially Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP, examine their provider directories to identify factors that could influence the accuracy of provider addresses.
Finding	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Amerigroup, CFHP, CookCHP, Molina and Superior. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends that Amerigroup, CFHP, CookCHP, Molina and Superior work with their providers to determine why information in the encounter data is not documented in the medical records.

Blue Cross Blue Shield of Texas (BCBSTX)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	287	17.4%	21	3.0%	959	11.0%	9,866	19.0%	11,133	17.7%
Black, Non-Hispanic	123	7.5%	12	1.7%	926	10.6%	5,948	11.5%	7,009	11.1%
Hispanic	844	51.2%	572	82.2%	2,660	30.5%	25,248	48.6%	29,324	46.6%
Unknown / Other	395	24.0%	91	13.1%	4,188	48.0%	10,847	20.9%	15,521	24.6%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	1	0.1%	1	0.1%	37	0.4%	2,920	5.6%	2,959	4.7%
1 – 9 years	778	47.2%	-	-	2,499	28.6%	22,791	43.9%	26,068	41.4%
10 – 17 years	795	48.2%	5	0.7%	4,453	51.0%	14,639	28.2%	19,892	31.6%
18 – 20 years	75	4.5%	37	5.3%	1,705	19.5%	3,515	6.8%	5,332	8.5%
21 – 44 years	-	-	650	93.4%	39	0.4%	7,434	14.3%	8,123	12.9%
45 – 64 years	-	-	3	0.4%	-	-	610	1.2%	613	1.0%
65+ years	-	-	-	-	-	-	-	-	-	-
Sex	-	-	-	-	-	-	-	-	-	-
Female	786	47.7%	696	100.0%	3,023	34.6%	29,206	56.3%	33,711	53.5%
Male	862	52.3%	-	-	5,710	65.4%	22,700	43.7%	29,272	46.5%
Unknown	1	0.1%	-	-	-	-	3	0.0%	4	0.0%
All	1,649	100.0%	696	100.0%	8,733	100.0%	51,909	100.0%	62,987	100.0%

BCBSTX MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

BCBSTX CHIP

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	17	32	53.13	Above High Std.
WCC - BMI Screening - Total	355	411	86.37	Above High Std.
WCC - Counseling on Nutrition - Total	341	411	82.97	Above High Std.
WCC - Counseling on Physical Activity - Total	331	411	80.54	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	0	28,601	0	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	35,942	0	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	35,942	0	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	86.37	Above High Std.
IMA - Combination 2 Immunizations	57	142	40.14	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	0	28,601	0	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	28,601	0	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	28,601	0	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	81.04	Above High Std.
CWP - Age 3 to 17 years	126	150	84	Above High Std.
URI - Age 3 months to 17 years	164	173	94.8	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
CIS - Combination 10 Immunizations	12	30	40	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	75.47	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	85.52	Meets Min. Std.
PDI - Asthma Admission Rate (PDI 14)	2	35,815	5.58	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	88	75	1.17	Meets Min. Std.
DEV - Total All Age	26	103	25.24	Meets Min. Std.
CHL - Total	-	-	-	LD
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD
AMR - Total 5 to 64 Ratios >= 50%	-	-	-	LD
APP - Total	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
HVL - All Ages	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

BCBSTX STAR

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	115	297	38.72	Above High Std.
FUH - Follow Up within 30 Days Total Ages	179	297	60.27	Above High Std.
PPC - Postpartum Care	335	411	81.51	Above High Std.
WCC - BMI Screening - Total	364	411	88.56	Above High Std.
WCC - Counseling on Nutrition - Total	343	411	83.45	Above High Std.
WCC - Counseling on Physical Activity - Total	338	411	82.24	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	237	323	73.37	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	11	383,961	2.86	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	9	451,099	2	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	3	451,099	0.67	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	4	118,252	3.38	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	5	118,252	4.23	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	1	12,960	7.72	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	3	118,252	2.54	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	6	118,252	5.07	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	1	118,252	0.85	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	4	118,252	3.38	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	1	118,252	0.85	Above High Std.
CIS - Combination 10 Immunizations	160	411	38.93	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	81.43	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	78.45	Above High Std.
IMA - Combination 2 Immunizations	164	411	39.9	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	19	266,528	7.13	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	3	266,528	1.13	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	16	266,528	6	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	32	118,252	27.06	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	5	118,252	4.23	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	27	118,252	22.83	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	14	118,252	11.84	Above High Std.
UOP - Multiple Pharmacies	3	141	2.13	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Multiple Prescribers and Pharmacies	2	141	1.42	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	0.97	Above High Std.
SVY-Adult – How Well Doctors Communicate Composite	-	-	83.03	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	23	1,006	2.29	Above High Std.
AAB - Age 3 months to 17 years	171	220	77.73	Above High Std.
CWP - Age 3 to 17 years	980	1,140	85.96	Above High Std.
URI - Age 3 months to 17 years	2,961	3,076	96.26	Above High Std.
HDO - Opioids High Dose	0	128	0	Above High Std.
ADD - Continuation and Maintenance Phase	28	50	56	Meets Min. Std.
AMM - Effective Acute Phase Treatment	123	235	52.34	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	75	235	31.91	Meets Min. Std.
CDC - HbA1c Control (<8%)	81	230	35.22	Meets Min. Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	3	105,292	2.85	Meets Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	58.88	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	59.31	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	12	1,006	1.19	Meets Min. Std.
ADD - Initiation Phase	111	280	39.64	Below Min. Std.
CCS - Total	2,362	4,380	53.93	Below Min. Std.
CDC - Eye Exam	108	285	37.89	Below Min. Std.
CDC - HbA1c Testing	180	230	78.26	Below Min. Std.
CHL - Total	898	1,813	49.53	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	10	266,528	3.75	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	5	118,252	4.23	Below Min. Std.
APP - Total	18	61	29.51	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	163	130	1.25	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Readmissions (PPR)	123	103	1.19	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	3,754	3,449	1.09	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	38	26	1.43	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	66.31	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	61.57	Below Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	71.2	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	66.95	Below Min. Std.
FUA - 7 Days Total Ages	2	78	2.56	Below Min. Std.
FUA - 30 Days Total Ages	4	78	5.13	Below Min. Std.
FUM - 7 Days Total Ages	15	63	23.81	Below Min. Std.
FUM - 30 Days Total Ages	25	63	39.68	Below Min. Std.
DEV - Total All Age	1,403	6,398	21.93	Below Min. Std.
UOP - Multiple Prescribers	40	141	28.37	Below Min. Std.
IET - Initiation Total (All Ages)	136	345	39.42	Below Min. Std.
IET - Engagement Total (All Ages)	40	345	11.59	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	52.55	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	80.8	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	46	158	29.11	Below Min. Std.
HVL - All Ages	-	-	-	LD

BCBSTX STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	114	260	43.85	Above High Std.
WCC - BMI Screening - Total	335	411	81.51	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	8	81,177	9.86	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Gastroenteritis Admission Rate (PDI 16)	0	83,508	0	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	5	83,508	5.99	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	104	160	0.65	Above High Std.
PPE - Potentially Preventable Complications (PPC)	5	9	0.57	Above High Std.
IMA - Combination 2 Immunizations	158	411	38.44	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	18	71,548	25.16	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	5	71,548	6.99	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	74.01	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	79.15	Above High Std.
URI - Age 3 months to 17 years	380	408	93.14	Above High Std.
ADD - Initiation Phase	130	335	38.81	Meets Min. Std.
ADD - Continuation and Maintenance Phase	24	48	50	Meets Min. Std.
CHL - Total	141	360	39.17	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	166	260	63.85	Meets Min. Std.
WCC - Counseling on Nutrition - Total	290	411	70.56	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	182	251	72.51	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	88.96	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	259	411	63.02	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	7	71,548	9.78	Below Min. Std.
APP - Total	22	108	20.37	Below Min. Std.
CIS - Combination 10 Immunizations	12	67	17.91	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	219	168	1.3	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	846	765	1.11	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	47.06	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	68.6	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	13	71,548	18.17	Below Min. Std.
FUM - 7 Days Total Ages	25	72	34.72	Below Min. Std.
FUM - 30 Days Total Ages	36	72	50	Below Min. Std.
DEV - Total All Age	56	226	24.78	Below Min. Std.
IET - Initiation Total (All Ages)	31	80	38.75	Below Min. Std.
IET - Engagement Total (All Ages)	7	80	8.75	Below Min. Std.
SVY-Child - Access to Specialized Services	-	-	48.8	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	48.12	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	31.98	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	161	516	31.2	Below Min. Std.
CWP - Age 3 to 17 years	131	175	74.86	Below Min. Std.
HVL - All Ages	-	-	-	LD

BCBSTX PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	ADD	90.1%	-	-
STAR	ADD	90.1%	-	-
STAR Kids	ADD	90.1%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	ADD	Member Awareness Campaign at Member Advisory Group and Consumer Advisory Committee (MAG/CAC) Meetings	Member	Development and delivery of physical-behavioral health education/ health promotion materials for members attending MAG/CAC meetings regarding new diagnoses with ADHD to inform of clinical practice guidelines for follow-up and management of treatment expectations
CHIP STAR STAR Kids	ADD	Clinical Practice Guideline (CPG) Education Development with PCPs	Provider	Provider toolkit to and for PCPs that emphasizes CPGs for ADHD medication initiation 30-day follow-up
CHIP STAR STAR Kids	ADD	Service Management Outreach for Newly Diagnosed ADHD Members	System	Diagnosis-pharmacy report noting members with ADHD diagnosis and associated medication prescriptions. Process workflow for Service Management, Pharmacy, and Network, for following up with members diagnosed with ADHD
CHIP STAR STAR Kids	ADD	Provider Profiling of Behavioral Health Care – ADHD initiation and continuation	Provider	Profiling reports including behavioral health measure information
CHIP STAR STAR Kids	ADD	Identification & Focus on Top Providers Without 30-Day Follow-Up	Provider	Quality Improvement and Magellan to identify and work closely with top providers diagnosing ADHD without follow-up within 30 days

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Vaccinations	86.2%	-	-
STAR	Vaccinations	86.2%	-	-
STAR Kids	Vaccinations	86.2%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	Improving Rates of Immunizations for Adolescents Combination 2 (IMA-2)	IMA Provider Awareness Campaign - Providers for BCBSTX Medicaid Members	Provider	BCSBTX has taken actions to ensure that members are receiving and have access to services to ensure safety and well-being for both physical and behavioral health needs during and post pandemic. Provider resources including the Wellness Can't Wait-Delivering Quality Care campaign were aimed at providers across business lines to help close care gaps due to the COVID-19 pandemic.
CHIP STAR STAR Kids	Improving Rates of Immunizations for Adolescents Combination 2 (IMA-2)	Indices Provider Feedback for IMA Combination 2 Compliance for Three Large-Volume Providers	Provider System	System of regular monitoring and reporting on Indices® HEDIS admin or hybrid IMA rate measures via Excel or online dashboard effort – including access to prospective, actionable, member-level data via Indices®, focused on 3 large-volume providers. The Indices® online tool developed by BCBSTX allows both BCBSTX staff and its network primary care providers access – staff can view, track, and download provider- and member-specific, measure-related information. Providers can view, track, and download assigned member-specific information at any time via this online portal about which members are compliant for the IMA-2 measure and its other related measures (IMA-1 combo, meningococcal vaccine, TDaP vaccine, and HPV vaccine series). The information is refreshed at least monthly so that staff and providers can track progress and gaps in care. Staff can send providers downloaded reports to ask for member-specific information. Providers can download the same reports whenever they wish and use them internally for carrying out clinical tasks. As of June 2022, there are currently seven large-volume provider groups with Indices access and another. Five are in the pipeline for access and training in 2022. A total number of providers trained is not available.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	Improving Rates of Immunizations for Adolescents Combination 2 (IMA-2)	Member Awareness Campaign to Promote Adolescent Vaccination	Member	1. Outreach at Member Advisory Group and Consumer Advisory Committee meetings. 2. Pre-/post-surveys of MAG/CAC meeting members 3. Adolescent vaccine schedule and HPV vaccine health promotion and education materials (for MAGs/CACs, mailer, texting, newsletters) The intervention is to share information and guidelines to support members knowing more about adolescent immunization and especially HPV and completing recommended vaccine schedules. This intervention demonstrates BCBSTX's alignment with National Quality Strategy (NQS) aims, priorities, and levers.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	90.1%	-	-
STAR	PPC	76.8%	-	-
STAR Kids	WCC	94.0%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	WCC	WCC Provider Feedback Campaign	Provider	Develop enhanced feedback content for providers regarding performing and documenting annual BMI percentile documentation and counseling for nutrition and physical activity (best practices during visit, documentation and referral process when needed) by utilizing medical record review audits for more direct and timely feedback.
CHIP STAR Kids	WCC	WCC Member Awareness Campaign	Member	Utilize and enhance digital outreach to reach members directly and more efficiently. Development of health education materials for members regarding childhood and adolescent obesity, nutrition, and wellness to emphasize clinical guidelines for BMI percentile screening and counseling for nutrition and physical activity.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	WCC	WCC Systems Improvement	System	Outreach to medical health homes and other large volume providers regarding opportunities and benefits for supplemental data feeds. Establish monthly supplemental data feed process with at least two medical health homes or provider groups to bring in more accurate WCC record data.
STAR	PPC	Addressing Social Determinants of Health Through Member Experience and Self-Advocacy	Member	The Plan will work to develop an educational offering (i.e., a photo novella re member rights or video and/or survey) to all pregnant members enrolled as of 1/1/2022. This intervention focus is to educate and better understand the pregnant members' experience with social determinates of health, accessing quality care, and training members by providing tools for self-advocacy and self-efficacy.
STAR	PPC	Collaborative Referral Campaign	System	This intervention is to establish a comprehensive referral process and targeted activities of frequent and close monitoring, for high-risk members in a specific geographical area served by Any Baby Can, a region which serves 92.4% of the STAR pregnant members.

BCBSTX Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	95.2%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	93.9%	100.0%	92.1%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	87.5%	-
Behavioral Health Care-Child (Within 14 calendar days)	81.0%	84.6%	64.7%
High-Risk Prenatal (Within 5 calendar days)	-	19.4%	-
Not High-Risk Prenatal (Within 14 calendar days)	-	57.1%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	33.3%	-
Vision Care-Adult (No referral)	-	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%	100.0%

BCBSTX Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

BCBSTX Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	3.0/4.0	75.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	13.5/15	90%
Prior Year PIP Recommendations (STAR) [a]	23/24	95.8%
Prior Year PIP Recommendations (STAR Kids) [a]	14.5/16	90.6%

BCBSTX Current Recommendations

Category	Description
Finding	Lower scores were often due to errors or omissions in measure reporting, issues reporting target and reach data correctly, and providing insufficient justification for modifications made to PIPs. For example, PCHP, BCBSTX, and Molina lost points due to reporting re-measurements using incorrect periods. Both BCBSTX and Molina lost points in measure reporting because they did not utilize data from the QoC tables or THLCportal.com in baseline data, and thus the EQRO could not verify or validate their numerators and denominators.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including PCHP, BCBSTX, Molina (who scored lowest on 2020 PIP Progress Report 3), and DentaQuest (who scored lowest on 2021 PIP Progress Report 2), should report all measures both accurately and completely, report target data correctly, and provide justification for all modifications made to PIPs.
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	In SFY 2022, the median number of days to wait for a high-risk appointment was nine days, and the third trimester was seven days, both higher than the UMCC standard of five days.
MCQS Goal(s)	Goals 3, 5
Recommendation	BCBSTX, DCHP, Molina, PCHP, and ElPasoHealth should work with their providers to understand what factors contribute to longer wait times for prenatal appointments and develop a strategy for decreasing the wait time for prenatal appointments.

Category	Description
Finding	To improve the record return rate and accuracy of provider addresses, the EQRO sent each MCO a list of ICNs and provider addresses for each member in the sample and requested that MCOs verify the provider addresses and make corrections where needed. Aetna, BCBSTX, DCHP, PCHP, and UHC did not update or verify the provider addresses. Superior updated several of the provider addresses, however 23.5 percent came back as "not a patient." Because unverified or incorrect addresses led to lower record return rates compared to previous studies, the EQRO and HHSC requested that the MCOs retrieve the outstanding records needed to meet the sample size requirements.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends HHSC consider a new approach to obtaining records that will hold the MCOs accountable for meeting the sample size requirements for the study. One approach would be for HHSC to require the MCOs to obtain the records for the sample population and submit them to HHSC and the EQRO.

Community First Health Plans (CFHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	544	12.9%	15	3.3%	411	5.3%	17,536	11.3%	18,506	11.1%
Black, Non-Hispanic	159	3.8%	8	1.8%	316	4.0%	9,817	6.3%	10,300	6.2%
Hispanic	2,938	69.5%	362	79.6%	4,921	63.0%	103,961	67.2%	112,182	67.1%
Unknown / Other	586	13.9%	70	15.4%	2,163	27.7%	23,383	15.1%	26,202	15.7%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	-	-	2	0.4%	44	0.6%	6,980	4.5%	7,026	4.2%
1 – 9 years	1,601	37.9%	.	.	2,016	25.8%	61,869	40.0%	65,486	39.2%
10 – 17 years	2,383	56.4%	5	1.1%	4,174	53.4%	52,993	34.3%	59,555	35.6%
18 – 20 years	243	5.7%	26	5.7%	1,538	19.7%	12,829	8.3%	14,636	8.8%
21 – 44 years	-	-	418	91.9%	39	0.5%	18,618	12.0%	19,075	11.4%
45 – 64 years	-	-	4	0.9%	-	-	1,408	0.9%	1,412	0.8%
Sex	-	-	-	-	-	-	-	-	-	-
Female	2,026	47.9%	455	100.0%	2,571	32.9%	85,629	55.4%	90,681	54.2%
Male	2,199	52.0%	-	-	5,240	67.1%	69,064	44.6%	76,503	45.8%
Unknown	2	0.0%	-	-	-	-	4	0.0%	6	0.0%
All	4,227	100.0%	455	100.0%	7,811	100.0%	154,697	100.0%	167,190	100.0%

CFHP MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

CFHP CHIP

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	25	56	44.64	Above High Std.
FUH - Follow Up within 30 Days Total Ages	44	56	78.57	Above High Std.
WCC - BMI Screening - Total	305	354	86.16	Above High Std.
WCC - Counseling on Nutrition - Total	273	354	77.12	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	1	91,934	1.09	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	92,097	1.09	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	92,097	0	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	10	12	0.79	Above High Std.
IMA - Combination 2 Immunizations	182	411	44.28	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	4	77,139	5.19	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	77,139	0	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	4	77,139	5.19	Above High Std.
URI - Age 3 months to 17 years	862	890	96.85	Above High Std.
ADD - Initiation Phase	70	177	39.55	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	255	354	72.03	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	45	58	77.59	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	212	213	1	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	76.85	Meets Min. Std.
APM - Glucose and Chol Combined - All Ages	11	33	33.33	Meets Min. Std.
CHL - Total	22	63	34.92	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	77,139	3.89	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	23	11	2	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	70.64	Below Min. Std.
DEV - Total All Age	122	257	47.47	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	65.09	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	81.17	Below Min. Std.
CWP - Age 3 to 17 years	240	323	74.3	Below Min. Std.
APP - Total	-	-	-	LD
CIS - Combination 10 Immunizations	-	-	-	LD

CFHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	418	1,125	37.16	Above High Std.
FUH - Follow Up within 30 Days Total Ages	691	1,125	61.42	Above High Std.
WCC - BMI Screening - Total	295	342	86.26	Above High Std.
WCC - Counseling on Nutrition - Total	268	342	78.36	Above High Std.
WCC - Counseling on Physical Activity - Total	265	342	77.49	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	40	1,376,956	2.9	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	17	1,376,956	1.23	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	38	332,320	11.43	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	13	332,320	3.91	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	2	31,913	6.27	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	18	332,320	5.42	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	2	332,320	0.6	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	14	332,320	4.21	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	6	332,320	1.81	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	7	300,407	2.33	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	2	332,320	0.6	Above High Std.
PPE - Potentially Preventable Complications (PPC)	21	33	0.64	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	83.64	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	76.77	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	81.54	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	81.41	Above High Std.
IMA - Combination 2 Immunizations	185	411	45.01	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	9	917,770	0.98	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	112	332,320	33.7	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	16	332,320	4.81	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	96	332,320	28.89	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	58	332,320	17.45	Above High Std.
UOP - Multiple Pharmacies	4	418	0.96	Above High Std.
UOP - Multiple Prescribers	56	418	13.4	Above High Std.
UOP - Multiple Prescribers and Pharmacies	3	418	0.72	Above High Std.
IET - Initiation Total (All Ages)	411	926	44.38	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PCR - Total All Ages (18-64), O/E	-	-	1.03	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	69.54	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	87.73	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	76	2,928	2.6	Above High Std.
APM - Glucose and Chol Combined - All Ages	356	856	41.59	Above High Std.
AAB - Age 3 months to 17 years	644	927	69.47	Above High Std.
URI - Age 3 months to 17 years	13,837	14,347	96.45	Above High Std.
HDO - Opioids High Dose	1	389	0.26	Above High Std.
ADD - Continuation and Maintenance Phase	102	175	58.29	Meets Min. Std.
AMM - Effective Acute Phase Treatment	381	731	52.12	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	1,435	2,069	69.36	Meets Min. Std.
CIS - Combination 10 Immunizations	142	411	34.55	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	63.46	Meets Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	57.91	Meets Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	88	917,770	9.59	Meets Min. Std.
FUA - 30 Days Total Ages	13	165	7.88	Meets Min. Std.
DEV - Total All Age	8,263	16,647	49.64	Meets Min. Std.
HVL - All Ages	23	34	67.65	Meets Min. Std.
IET - Engagement Total (All Ages)	150	926	16.2	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	32	2,928	1.09	Meets Min. Std.
ADD - Initiation Phase	548	1,329	41.23	Below Min. Std.
AMM - Effective Continuation Phase Treatment	218	731	29.82	Below Min. Std.
CCS - Total	6,503	11,162	58.26	Below Min. Std.
CDC - HbA1c Control (<8%)	127	411	30.9	Below Min. Std.
CDC - Eye Exam	384	1,133	33.89	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CDC - HbA1c Testing	319	411	77.62	Below Min. Std.
CHL - Total	3,083	6,343	48.6	Below Min. Std.
PPC - Postpartum Care	258	354	72.88	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	85	1,228,271	6.92	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	36	917,770	3.92	Below Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	11	332,320	3.31	Below Min. Std.
APP - Total	159	353	45.04	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	607	430	1.41	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	304	275	1.11	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	11,926	10,848	1.1	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	68.56	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	79	917,770	8.61	Below Min. Std.
FUA - 7 Days Total Ages	6	165	3.64	Below Min. Std.
FUM - 7 Days Total Ages	37	160	23.13	Below Min. Std.
FUM - 30 Days Total Ages	58	160	36.25	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	57.9	Below Min. Std.
SVY-Adult – How Well Doctors Communicate Composite	-	-	76.41	Below Min. Std.
CWP - Age 3 to 17 years	2,606	3,432	75.93	Below Min. Std.

CFHP STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 30 Days Total Ages	210	307	68.4	Above High Std.
WCC - BMI Screening - Total	308	348	88.51	Above High Std.
WCC - Counseling on Nutrition - Total	289	348	83.05	Above High Std.
WCC - Counseling on Physical Activity - Total	266	348	76.44	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Asthma Admission Rate (PDI 14)	4	73,779	5.42	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	7	75,355	9.29	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	5	75,355	6.64	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	126	140	0.9	Above High Std.
IMA - Combination 2 Immunizations	208	411	50.61	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	17	66,116	25.71	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	8	66,116	12.1	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	9	66,116	13.61	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	75.13	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	48.12	Above High Std.
APM - Glucose and Chol Combined - All Ages	331	677	48.89	Above High Std.
URI - Age 3 months to 17 years	563	591	95.26	Above High Std.
ADD - Initiation Phase	114	296	38.51	Meets Min. Std.
CHL - Total	149	327	45.57	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	113	307	36.81	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	311	429	72.49	Meets Min. Std.
CIS - Combination 10 Immunizations	16	74	21.62	Meets Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	55.19	Meets Min. Std.
DEV - Total All Age	104	223	46.64	Meets Min. Std.
ADD - Continuation and Maintenance Phase	23	47	48.94	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	5	66,116	7.56	Below Min. Std.
APP - Total	44	147	29.93	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	184	154	1.2	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	731	721	1.01	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	65.87	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUM - 7 Days Total Ages	10	31	32.26	Below Min. Std.
FUM - 30 Days Total Ages	13	31	41.94	Below Min. Std.
IET - Initiation Total (All Ages)	23	61	37.7	Below Min. Std.
IET - Engagement Total (All Ages)	1	61	1.64	Below Min. Std.
SVY-Child - Access to Specialized Services	-	-	46.72	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	40	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	85.44	Below Min. Std.
SVY-Child - Getting Needed Care Composite	-	-	61.75	Below Min. Std.
CWP - Age 3 to 17 years	160	209	76.56	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	-	LD

CFHP PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	FUH	90.5%	-	-
STAR	FUH	90.5%	-	-
STAR Kids	FUH	90.5%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	FUH	Telehealth 7day follow up appointments	Member	CFHP Case Managers will contact the Member/LAR within 48 hours of discharge. If the member has not been scheduled for an appointment, a telemedicine appointment will be coordinated.
CHIP STAR STAR Kids	FUH	Facility/Provider Collaborative Efforts	Provider	Attend behavioral health facility treatment team meeting and discuss CHIP members currently hospitalized and meet with facility leadership to discuss barriers and create solutions.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Vaccinations	84.1%	-	-
STAR	Vaccinations	84.1%	-	-
STAR Kids	Vaccinations	84.1%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	Improve the IMA Combo #2 rate	Electronic communication for IMA Combo 2 for those who are due or who have not completed IMA Combo 2 immunizations.	Member	Community First utilizes an automated dialer system to outreach to identified Members. Members will receive a monthly, pre-established message in English or Spanish reminding them of IMA Combo 2 vaccine(s) due and allow them an opportunity to transfer to Community First staff for assistance with transportation and scheduling an appointment as needed.
CHIP STAR STAR Kids	Improve the IMA Combo #2 rate	Restructured incentive based on claims data- Members who complete the Tdap, Meningococcal, HPV (1st shot) vaccines receive a $10 gift card.	Member	Current incentive of a $25 gift card for completion of the IMA Combo 2 has been restructured. The revised incentive will reward Members who complete the Tdap, Meningococcal, HPV (1st shot) vaccines with a $10 gift card upon claims verification and will also be notified that a second incentive of a $15 gift card will be awarded for completion of the second HPV vaccine. Using monthly identification reports, designated staff attempt outreach by phone to Members to complete a preventive health assessment, discuss status of IMA Combo 2, discuss the actions the member may need to take within a specific time based on the HEDIS eligibility criteria, and how to qualify for incentives by line of business. It is during this phone call that the Member can elect to receive the gift cards electronically by providing an email address or by mail. If Member is not reached by phone, an Unable to Reach postcard is mailed through the postal service providing Community First contact information. Follow-up activities set in the medical management system alert staff to verify claims and issue the gift card monthly. Members have the option of receiving an electronic gift card link by email or a physical gift card by mail.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	89.9%	-	-
STAR	PPC	85.5%	-	-
STAR Kids	WCC	87.8%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	WCC	CHIP member outreach specific to Well Child Visit (WCV)	Member	Member education specific to Well Child Visit (WCV) will be provided via the members preferred method of contact. Previous outreach message includes importance of WCVs, and a new campaign has been updated to include importance of immunizations and questions regarding transportation assistance.
CHIP STAR Kids	WCC	Provider best practice education on Nutrition and Physical Activity Resources	Provider	The Quality Management staff will provide education during the face-to-face medical record review office site visits. Provider tips sheets are distributed annually to all the providers with the HEDIS report card, quarterly with the incentive payments, and at meetings with Community First staff or senior leadership.
STAR	PPC	www.findhelp.org (Aunt Bertha), a nonprofit social care network, to coordinate and integrate member needs.	Member	Community First offers Members access to findhelp.org (Aunt Bertha) through the Community First website. Aunt Bertha is a website that serves as a portal to access a nationwide database of community-based organizations that address SDOH. Those wishing to connect with services (or help others to connect with services) can enter a zip code and browse resources related to housing, food access, healthcare, transit, legal assistance, elder care, childcare, financial assistance, and other needs. Community First will integrate the enhanced Aunt Bertha platform with the medical management system. This enhancement allows staff to make, receive and track referrals to community organizations in an automated fashion to members, keep up with progress toward completion of services and close the loop on community referrals, and reporting to measure the success of social determinant initiatives.
STAR	PPC	Integrated component including SDOH into a Care Coordination Alternate Payment Methodology (APM) arrangement to designated, contracted Providers submission of corresponding applicable ICD10 Z codes.	Provider	Community First will implement an Alternate Payment Methodology (APM) arrangement with designated, contracted providers for screening of the SDOH and submission of corresponding applicable Z codes: Z55.0 literacy and low-level of literacy; Z59.0 Homeless; Z59.1 Inadequate Housing; Z59.4 Food Insecurity; ZZ91.89 Transportation Issues on claims. Improvement must show >=5% from the base line period. Providers must produce a plan to identify the SDOH for maternity members. The plan is to include a screening tool which is to be completed by the Member prior to a scheduled visit, follow-up by clinic staff to ensure completion of the screening tool and documentation in the Electronic Medical Record (EMR).

CFHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	94.4%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	90.0%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	97.0%	100.0%	88.9%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	86.2%	-
Behavioral Health Care-Child (Within 14 calendar days)	85.2%	88.9%	85.3%
High-Risk Prenatal (Within 5 calendar days)	-	27.8%	-
Not High-Risk Prenatal (Within 14 calendar days)	-	80.0%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	36.4%	-
Vision Care-Adult (No referral)	-	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%	100.0%

CFHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

CFHP Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	1.5/2.0	75.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	14.5/15	97%
Prior Year PIP Recommendations (STAR) [a]	15/16	94%
Prior Year PIP Recommendations (STAR Kids) [a]	14.5/15	96.7%

CFHP Current Recommendations

Category	Description
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	Driscoll and CFHP had deficits in member ID reporting or validity, and Superior had deficits on admission dates.
MCQS Goal(s)	Goals 3, 4, 6
Recommendation	HHSC should continue to monitor key fields in encounter data for validity and completeness. Although data quality is generally very good, without monitoring changes in data processing can lead to unexpected data loss.
Finding	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Amerigroup, CFHP, CookCHP, Molina and Superior. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends that Amerigroup, CFHP, CookCHP, Molina and Superior work with their providers to determine why information in the encounter data is not documented in the medical records.

Community Health Choice (CHCT)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-
White, Non-Hispanic	922	13.6%	59	2.5%	48,061	13.3%	49,042	13.2%
Black, Non-Hispanic	832	12.3%	97	4.0%	70,544	19.5%	71,473	19.3%
Hispanic	3,583	52.9%	2,002	83.2%	170,403	47.1%	175,988	47.4%
Unknown / Other	1,440	21.2%	247	10.3%	72,724	20.1%	74,411	20.1%
Age Group	-	-	-	-	-	-	-	-
<1 year	2	0.0%	10	0.4%	18,920	5.2%	18,932	5.1%
1 – 9 years	2,772	40.9%	.	.	162,148	44.8%	164,920	44.5%
10 – 17 years	3,638	53.7%	16	0.7%	106,366	29.4%	110,020	29.7%
18 – 20 years	365	5.4%	116	4.8%	24,204	6.7%	24,685	6.7%
21 – 44 years	-	-	2,258	93.9%	47,494	13.1%	49,752	13.4%
45 – 64 years	-	-	5	0.2%	2,600	0.7%	2,605	0.7%
Sex	-	-	-	-	-	-	-	-
Female	3,283	48.4%	2,399	99.8%	203,055	56.1%	208,737	56.3%
Male	3,493	51.5%	6	0.2%	158,640	43.9%	162,139	43.7%
Unknown	1	0.0%	.	.	37	0.0%	38	0.0%
All	6,777	100.0%	2,405	100.0%	361,732	100.0%	370,914	100.0%

CHCT MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

CHCT CHIP

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	18	42	42.86	Above High Std.
FUH - Follow Up within 30 Days Total Ages	32	42	76.19	Above High Std.
WCC - Counseling on Nutrition - Total	323	411	78.59	Above High Std.
WCC - Counseling on Physical Activity - Total	306	411	74.45	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	6	142,221	4.22	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	0	116,530	0	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	142,557	0.7	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	142,557	0	Above High Std.
CIS - Combination 10 Immunizations	31	70	44.29	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	7	10	0.72	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	262	317	0.83	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	79.49	Above High Std.
IMA - Combination 2 Immunizations	195	411	47.45	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	3	116,530	2.57	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	116,530	0.86	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	2	116,530	1.72	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
CHL - Total	39	93	41.94	Meets Min. Std.
WCC - BMI Screening - Total	306	411	74.45	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	26	33	78.79	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	77.24	Meets Min. Std.
DEV - Total All Age	251	490	51.22	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.22	Meets Min. Std.
URI - Age 3 months to 17 years	1,433	1,563	91.68	Meets Min. Std.
ADD - Initiation Phase	73	215	33.95	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	23	16	1.46	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	72.96	Below Min. Std.
CWP - Age 3 to 17 years	671	900	74.56	Below Min. Std.
APP - Total	-	-	-	LD
HVL - All Ages	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

CHCT STAR

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	577	1,528	37.76	Above High Std.
FUH - Follow Up within 30 Days Total Ages	957	1,528	62.63	Above High Std.
WCC - Counseling on Nutrition - Total	318	411	77.37	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	134	2,808,088	4.77	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	63	3,262,630	1.93	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	45	3,262,630	1.38	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	82	760,476	10.78	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	42	760,476	5.52	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	10	63,687	15.7	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	11	760,476	1.45	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	51	760,476	6.71	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	14	760,476	1.84	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	34	760,476	4.47	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	12	760,476	1.58	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	15	696,789	2.15	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	8	760,476	1.05	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	20,707	25,292	0.82	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	82.25	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	77.17	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10"	-	-	80.57	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10"	-	-	79	Above High Std.
IMA - Combination 2 Immunizations	176	411	42.82	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	140	1,954,077	7.16	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	24	1,954,077	1.23	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	116	1,954,077	5.94	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	275	760,476	36.16	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	48	760,476	6.31	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	227	760,476	29.85	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	140	760,476	18.41	Above High Std.
DEV - Total All Age	27,115	51,939	52.21	Above High Std.
UOP - Multiple Pharmacies	11	779	1.41	Above High Std.
UOP - Multiple Prescribers	135	779	17.33	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Multiple Prescribers and Pharmacies	6	779	0.77	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	1.16	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	142	7,026	2.02	Above High Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	55	7,026	0.78	Above High Std.
AAB - Age 3 months to 17 years	3,380	5,165	65.44	Above High Std.
URI - Age 3 months to 17 years	43,535	46,699	93.22	Above High Std.
HDO - Opioids High Dose	2	715	0.28	Above High Std.
AMM - Effective Acute Phase Treatment	688	1,367	50.33	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	430	1,367	31.46	Meets Min. Std.
CCS - Total	18,787	29,732	63.19	Meets Min. Std.
CDC - HbA1c Control (<8%)	159	411	38.69	Meets Min. Std.
CHL - Total	7,019	12,901	54.41	Meets Min. Std.
WCC - BMI Screening - Total	322	411	78.35	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	294	411	71.53	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	2,039	2,807	72.64	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	590	606	0.97	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	63.04	Meets Min. Std.
FUA - 7 Days Total Ages	14	279	5.02	Meets Min. Std.
FUA - 30 Days Total Ages	20	279	7.17	Meets Min. Std.
HVL - All Ages	87	128	67.97	Meets Min. Std.
IET - Initiation Total (All Ages)	688	1,642	41.9	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	57.19	Meets Min. Std.
SVY-Adult – How Well Doctors Communicate Composite	-	-	81.8	Meets Min. Std.
ADD - Initiation Phase	820	2,177	37.67	Below Min. Std.
ADD - Continuation and Maintenance Phase	129	238	54.2	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CDC - Eye Exam	749	2,177	34.41	Below Min. Std.
CDC - HbA1c Testing	294	411	71.53	Below Min. Std.
PPC - Postpartum Care	313	411	76.16	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	54	1,954,077	2.76	Below Min. Std.
APP - Total	272	662	41.09	Below Min. Std.
CIS - Combination 10 Immunizations	126	411	30.66	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	913	898	1.02	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	94	93	1.01	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	57.93	Below Min. Std.
FUM - 7 Days Total Ages	105	362	29.01	Below Min. Std.
FUM - 30 Days Total Ages	144	362	39.78	Below Min. Std.
IET - Engagement Total (All Ages)	211	1,642	12.85	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	54.37	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	81.3	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	409	1,295	31.58	Below Min. Std.
CWP - Age 3 to 17 years	9,617	13,375	71.9	Below Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	-	LD

CHCT PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	FUH	98.3%	-	-
STAR	FUH	98.3%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	FUH	Member Discharge Toolkit	Member	Phase 1: Development of the Member Discharge Toolkit (01/01/2020 – 03/31/2020) Community will develop a Member Discharge Toolkit. The Toolkit will contain Welcome Home Letter, educational flyer about the importance of completing the initial/first follow-up visit after discharge, the importance of medication adherence, community resources, transportation resources, and information on how to self-refer to Community's Behavioral Health Care Management Program. Phase 2: Distribution of the Member Discharge Toolkit (04/01/2020 – 12/31/2021) Community will mail the Member Discharge Toolkit to all members prior to discharge from hospitalization for mental illness.
STAR	FUH	Behavioral Health Provider Education via Provider Manual	Provider	Community will include the Behavioral Health Services section to its Provider Manual. Under this section, Community will educate providers on the importance of timely follow-up care after hospitalization for members with mental illness, including emphasis on the importance of providing 7-day and 30-day follow-up care after discharge. The section will also include information about Community's Behavioral Health Case Management Program as well as how to make behavioral health referrals to the program. This intervention is a one-time intervention,

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	FUH	Behavioral Health Provider Training	Provider	Phase 1: Development of Behavioral Health Provider Training Materials (01/01/2020 – 03/31/2020) Community will develop Behavioral Health provider training materials. The training is designed to educate providers on the importance of timely follow-up care after hospitalization for members with mental illness, including emphasis on the importance of providing 7-day and 30-day follow-up care after discharge. The training will also include information about Community's Behavioral Health Case Management Program as well as how to make behavioral health referrals to the program. Phase 2: Conduct Provider Training (04/01/2020 – 12/31/2021) 1. One-time training to new providers upon enrollment with Community - Community will provide a one-time Behavioral Health training to all new providers upon enrollment with Community. 2. Annual training to inpatient facilities - Annually, Community will conduct a continuing education training to 4-5 inpatient facilities with at least one facility in the Jefferson Service Area on the importance of scheduling a follow-up appointment with an outpatient provider prior to discharge.
STAR	FUH	Community's Behavioral Health Aftercare Program	Member	Community's Behavioral Health Case Management team will contact members and schedule follow-up appointments with a behavioral health provider. The team will also confirm with the provider whether the member kept the appointment. If the member does not keep the 7-day or 30-day follow-up appointment, the team will educate the provider to call the member and reschedule the appointment within 24 hours. For members who do not keep their scheduled follow-up appointment, the team will refer the member to Community's Case Management Program. Community's Case Managers will assess the member's behavioral health needs and coordinate behavioral health services for ongoing needs.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	FUH	Behavioral Health Provider Education via Quarterly Provider Newsletters	Provider	Community will develop provider newsletter articles to education providers on the importance of providing outpatient treatment within 7 days of discharge and a follow-up appointment within 30 days after hospitalization for mental illness. Community will include information on Community's Behavioral Health Case Management Program and how to make referrals to the program.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Vaccinations	98.0%	-	-
STAR	Vaccinations	98.0%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	Immunization Website Page	Member	Community and Molina Healthcare of Texas (MHT) will develop the Immunization website page to provide information about recommended vaccines for children and adolescents, including meningococcal, Tdap, and HPV vaccines. The webpage will also provide education on the importance of immunizations, benefits of vaccination, vaccine safety, infection risk and side effects.
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	Member Education via Member Newsletter	Member	Community and MHT will publish member newsletter articles on a quarterly basis for Community and on a biannually basis for MHT to educate members on the importance of obtaining the Tdap, meningococcal, and HPV vaccine series in order to prevent adolescent vaccine-preventable diseases.
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	Provider Education via Provider Newsletter	Provider	Community and MHT will publish quarterly provider newsletter articles to educate providers on the importance of ensuring members receive their Tdap, meningococcal, and HPV vaccine series before their 13th birthday.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	IMA Quick Reference Guide	Provider	Community and MHT will develop the IMA Quick Reference Guide. The guide will include information on billing tips, medical record documentation guidelines, and tips to improve IMA performance rates. Community and MHT will use email blasts to distribute the IMA Quick Reference Guide to all providers. In addition, Community and MHT will post the IMA Quick Reference Guide to each health plan's website. Community's Provider Relations team will discuss the guide with providers during their outreach.
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	ImmTrac Enrollment	Provider	Community and MHT will conduct surveys via SurveyMonkey to obtain provider feedback on their enrollment status and utilization of ImmTrac system. Community and MHT will also include the Provider ImmTrac brochure with information for providers to enroll in ImmTrac, as well as Patient ImmTrac brochure with information for members to enroll in ImmTrac. The providers are encouraged to share the Patient ImmTrac brochure with members and encourage them to enroll in ImmTrac during office visits.
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	Live Webinars	Provider	Community and MHT will conduct live webinars around IMA measure. Medical Directors from each health plan will be the primary facilitators of these webinars. These live webinars will allow PCPs to share best practices from each other, as well as discuss challenges preventing providers from administering Tdap, meningococcal, and/or HPV vaccines to members.
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	Wellness Outreach Campaign Calls	Member	Community will create alerts in the Customer Relationship Management (CRM) Platform to notify the Member Services and Wellness Services teams of members needing meningococcal, Tdap, and/or HPV vaccine during inbound and/or outbound calls. The Representatives will remind members of those vaccines and offer scheduling assistance, when appropriate.
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	Incorporating IMA in Membership Panel Report	Provider	Community will incorporate meningococcal, Tdap, and HPV vaccine information in the Membership Panel Report. The vaccine information will assist providers identify members who need meningococcal, Tdap, and/or HPV vaccine when they view the Membership Panel Report. Community launched the incorporation of IMA vaccination gaps into the Provider Panel report on 6/11/2021.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Immunizations for Adolescents (HEDIS IMA)	Health Outreach Email Campaign	Member	Community will partner with Healthwise, Health Content and Patient Education Solutions, to email members evidence-based and easy-to-understand health education on meningococcal, Tdap, and HVP vaccine benefits. These health outreach email campaigns will help parents make informed decisions about vaccinating adolescents. Community is in the process of building Phase II of Healthwise to support member access to self-serve education materials. Phase II will be launched in quarter 1 of 2021. Community will implement this intervention as part of Phase II. Therefore, Community put 04/01/2021 as the planned implementation date. However, Community's goal is to implement this intervention before 04/01/2021. Community will report update details in Year 1 Mid-Year Progress Report.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	95.5%	-	-
STAR	PPC	89.3%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Provider Education via Provider Newsletter	Provider	Community will publish quarterly provider newsletter articles to educate providers on the importance of weight assessment and counseling and nutrition.
CHIP	WCC	Member Education via Member Newsletter	Member	Community will publish member newsletter articles on a quarterly basis, to educate members on the importance of weight assessment counseling and nutrition.
CHIP	WCC	PCP Physician Incentive Program – Counseling for Nutrition Sub measure ONLY	Provider	Community has redesigned its PCP Physician Incentive Program. Community has modified the participation criteria and continued including HEDIS PPC quality measures, to align 2021 Pay for Quality Program. There are tiered incentive levels that the PCP providers can achieve based on their performance on each quality measure. In addition, all PCP providers must meet the participation criteria to receive incentives.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Healthwise Outreach Email Campaign	Member	Community will utilize a Health Content and Patient Education Solutions (Healthwise) to email members evidence-based and easy to understand health education on physical activities for children and teens, healthy habits for kids and staying active as a family.
STAR	PPC	Healthwise Outreach Email Campaign	Member	Community will utilize a Health Content and Patient Education Solutions (Healthwise) to email members evidence-based and easy to understand health education on nutrition, pregnancy, and postpartum care. These health outreach email campaigns will help new mothers make informed decisions about their pregnancies.
STAR	PPC	Quick Reference Guide	Provider	Community will develop a Quick Reference Guide. The guide will include billing tips, medical record documentation guidelines, and tips to improve Prenatal and Postpartum Care (PPC) rates. Community will use email blasts to distribute the Quick Reference Guide to all providers. In addition, Community will post the Quick Reference Guide to STAR health plan's website. Community Provider Relations team will discuss the guide with providers during their outreach.
STAR	PPC	Provider Education via Provider Newsletter	Provider	Community will publish quarterly provider newsletter articles to educate providers on the importance of ensuring members receive important information on nutrition, pregnancy, and postpartum care.
STAR	PPC	Member Education via Member Newsletter	Member	Community will publish member newsletter articles on a quarterly basis, to educate members on the importance on proper nutrition, pregnancy, and postpartum care.
STAR	PPC	OBGYN Physician Incentive Program	Provider	Community has redesigned its 2021 OBGYN Physician Incentive Program. Community has modified the participation criteria and continued including HEDIS PPC quality measures, to align with 2020 Pay for Quality Program. There are tiered incentive levels that the OB providers can achieve based on their performance on each quality measure. In addition, all OB providers must meet the participation criteria to receive incentives.
STAR	PPC	Houston Food Bank Rx Program for High-Risk Perinatal Members	Member	Community Health Choice will collaborate with the Houston Food Bank to improve nutrition, encourage healthy birth weights, and close care gaps impacted by food insecurity, by offering healthy food prescriptions that would provide 30 pounds of fresh fruits and vegetables plus 4 additional health items, twice a month.

CHCT Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	94.7%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	96.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	97.1%	88.0%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	88.9%
Behavioral Health Care-Child (Within 14 calendar days)	90.0%	85.7%
High-Risk Prenatal (Within 5 calendar days)	-	20.6%
Not High-Risk Prenatal (Within 14 calendar days)	-	40.0%
New Member Third Trimester Prenatal (Within 5 calendar days)	-	14.3%
Vision Care-Adult (No referral)	-	100%
Vison Care-Child (No referral)	100%	100%

CHCT Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

CHCT Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	-
Prior Year QAPI Recommendations (MCO)	1/1	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	10/13	77%
Prior Year PIP Recommendations (STAR) [a]	19/22	86.4%

CHCT Current Recommendations

Category	Description
Finding	Several MCOs scored zero on progress reports during this evaluation year because they did not address all previous recommendations. In the 2020 PIP Progress Report 3, two MCOs scored a zero. In the 2021 PIP Progress Report 2, three MCOs scored a zero. In the 2022 PIP Progress Report 2, three MCOs scored a zero. Each of these MCOs could have scored significantly higher, ranging from 50 to 96.4 percent, had they addressed previous EQRO recommendations. This has been an ongoing issue for PCHP and Driscoll. PCHP did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 2, 2020 Progress Report 3, and 2021 Progress Report 2. Driscoll did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 3, and 2022 Progress Report 1.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including Driscoll, PCHP, CHCT, UHC, Molina, and Superior should ensure that their progress reports for all PIPs address all previous recommendations made by the EQRO.
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.

Cook Children's Health Plan (CCHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race										
White, Non-Hispanic	1,187	22.4%	19	3.1%	1,035	10.6%	31,646	20.9%	33,887	20.3%
Black, Non-Hispanic	606	11.4%	55	8.9%	1,255	12.9%	30,658	20.3%	32,574	19.5%
Hispanic	2,388	45.1%	439	71.3%	2,560	26.3%	59,229	39.2%	64,616	38.7%
Unknown / Other	1,119	21.1%	103	16.7%	4,885	50.2%	29,611	19.6%	35,718	21.4%
Age Group										
<1 year	2	0.0%	2	0.3%	40	0.4%	6,770	4.5%	6,814	4.1%
1 – 9 years	2,194	41.4%	.	.	2,754	28.3%	66,554	44.0%	71,502	42.9%
10 – 17 years	2,864	54.0%	4	0.6%	5,143	52.8%	52,271	34.6%	60,282	36.1%
18 – 20 years	240	4.5%	20	3.2%	1,765	18.1%	10,823	7.2%	12,848	7.7%
21 – 44 years	.	.	587	95.3%	33	0.3%	14,107	9.3%	14,727	8.8%
45 – 64 years	.	.	3	0.5%	.	.	619	0.4%	622	0.4%
Sex										
Female	2,611	49.3%	614	99.7%	3,415	35.1%	81,657	54.0%	88,297	52.9%
Male	2,689	50.7%	2	0.3%	6,320	64.9%	69,475	46.0%	78,486	47.1%
Unknown	.	.	.	.	.	.	12	0.0%	12	0.0%
All	5,300	100.0%	616	100.0%	9,735	100.0%	151,144	100.0%	166,795	100.0%

CookCHP MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

CookCHP CHIP

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	28	60	46.67	Above High Std.
FUH - Follow Up within 30 Days Total Ages	46	60	76.67	Above High Std.
WCC - BMI Screening - Total	317	348	91.09	Above High Std.
WCC - Counseling on Nutrition - Total	278	348	79.89	Above High Std.
WCC - Counseling on Physical Activity - Total	263	348	75.57	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	118,528	0	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	118,833	0.84	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	118,833	0	Above High Std.
CIS - Combination 10 Immunizations	27	59	45.76	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	4	14	0.33	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	3	96,290	3.12	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	96,290	1.04	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	2	96,290	2.08	Above High Std.
DEV - Total All Age	214	402	53.23	Above High Std.
CWP - Age 3 to 17 years	505	601	84.03	Above High Std.
URI - Age 3 months to 17 years	792	849	93.29	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
CHL - Total	34	72	47.22	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	28	37	75.68	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	77.2	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	77.87	Meets Min. Std.
IMA - Combination 2 Immunizations	144	411	35.04	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	74.58	Meets Min. Std.
ADD - Initiation Phase	54	155	34.84	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	2	96,290	2.08	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	13	8	1.67	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	306	264	1.16	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	81.3	Below Min. Std.
APP - Total	-	-	-	LD
HVL - All Ages	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

CookCHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	275	494	55.67	Above High Std.
FUH - Follow Up within 7 Days Total Ages	335	839	39.93	Above High Std.
FUH - Follow Up within 30 Days Total Ages	532	839	63.41	Above High Std.
PPC - Postpartum Care	329	411	80.05	Above High Std.
WCC - BMI Screening - Total	298	360	82.78	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	39	1,263,336	3.09	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	26	1,423,996	1.83	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	22	1,423,996	1.54	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	37	257,985	14.34	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	11	257,985	4.26	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	2	15,086	13.26	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	5	257,985	1.94	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	7	257,985	2.71	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	7	257,985	2.71	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	16	257,985	6.2	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	5	257,985	1.94	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	6	242,899	2.47	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	1	257,985	0.39	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	254	381	0.67	Above High Std.
PPE - Potentially Preventable Complications (PPC)	16	21	0.77	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	73.84	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	83.48	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	81.23	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	83.44	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	81	922,758	8.78	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	11	922,758	1.19	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	97	257,985	37.6	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	23	257,985	8.92	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	74	257,985	28.68	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	54	257,985	20.93	Above High Std.
FUM - 7 Days Total Ages	408	690	59.13	Above High Std.
FUM - 30 Days Total Ages	460	690	66.67	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
DEV - Total All Age	9,049	17,164	52.72	Above High Std.
HVL - All Ages	33	41	80.49	Above High Std.
UOP - Multiple Pharmacies	4	194	2.06	Above High Std.
UOP - Multiple Prescribers and Pharmacies	4	194	2.06	Above High Std.
IET - Initiation Total (All Ages)	333	742	44.88	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.83	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	84.11	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	34	2,337	1.45	Above High Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	14	2,337	0.6	Above High Std.
APM - Glucose and Chol Combined - All Ages	312	856	36.45	Above High Std.
AAB - Age 3 months to 17 years	883	1,162	75.99	Above High Std.
CWP - Age 3 to 17 years	3,910	4,735	82.58	Above High Std.
URI - Age 3 months to 17 years	11,495	12,323	93.28	Above High Std.
HDO - Opioids High Dose	0	170	0	Above High Std.
AMM - Effective Continuation Phase Treatment	170	494	34.41	Meets Min. Std.
CDC - HbA1c Control (<8%)	180	411	43.8	Meets Min. Std.
WCC - Counseling on Nutrition - Total	269	360	74.72	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	260	360	72.22	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	904	1,363	66.32	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	64.63	Meets Min. Std.
IMA - Combination 2 Immunizations	136	411	33.09	Meets Min. Std.
FUA - 7 Days Total Ages	6	132	4.55	Meets Min. Std.
FUA - 30 Days Total Ages	10	132	7.58	Meets Min. Std.
IET - Engagement Total (All Ages)	121	742	16.31	Meets Min. Std.
ADD - Initiation Phase	413	1,047	39.45	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	86	167	51.5	Below Min. Std.
CCS - Total	4,436	7,943	55.85	Below Min. Std.
CDC - Eye Exam	143	565	25.31	Below Min. Std.
CDC - HbA1c Testing	332	411	80.78	Below Min. Std.
CHL - Total	2,423	5,084	47.66	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	43	922,758	4.66	Below Min. Std.
APP - Total	140	402	34.83	Below Min. Std.
CIS - Combination 10 Immunizations	127	411	30.9	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	297	235	1.26	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	10,840	10,021	1.08	Below Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	49.24	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	65.83	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	70	922,758	7.59	Below Min. Std.
UOP - Multiple Prescribers	56	194	28.87	Below Min. Std.
PCR - Total All Ages (18-64), O/E	-	-	1.24	Below Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	52.87	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	56.6	Below Min. Std.

CookCHP STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	129	304	42.43	Above High Std.
FUH - Follow Up within 30 Days Total Ages	208	304	68.42	Above High Std.
WCC - BMI Screening - Total	312	376	82.98	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	11	96,335	11.42	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	113	195	0.58	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Readmissions (PPR)	145	216	0.67	Above High Std.
PPE - Potentially Preventable Complications (PPC)	5	8	0.66	Above High Std.
FUM - 7 Days Total Ages	102	195	52.31	Above High Std.
FUM - 30 Days Total Ages	129	195	66.15	Above High Std.
DEV - Total All Age	156	262	59.54	Above High Std.
URI - Age 3 months to 17 years	533	565	94.34	Above High Std.
ADD - Initiation Phase	144	367	39.24	Meets Min. Std.
CHL - Total	167	388	43.04	Meets Min. Std.
WCC - Counseling on Nutrition - Total	278	376	73.94	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	265	376	70.48	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	246	344	71.51	Meets Min. Std.
CIS - Combination 10 Immunizations	27	107	25.23	Meets Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	54.38	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	57.52	Meets Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	50.23	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	88.17	Meets Min. Std.
APM - Glucose and Chol Combined - All Ages	237	645	36.74	Meets Min. Std.
CWP - Age 3 to 17 years	220	271	81.18	Meets Min. Std.
ADD - Continuation and Maintenance Phase	16	47	34.04	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	12	94,245	12.73	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	12	83,452	14.38	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	12	96,335	12.46	Below Min. Std.
APP - Total	41	184	22.28	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	959	895	1.07	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	68.28	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
IMA - Combination 2 Immunizations	127	411	30.9	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	35	83,452	41.94	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	15	83,452	17.97	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	20	83,452	23.97	Below Min. Std.
IET - Initiation Total (All Ages)	42	103	40.78	Below Min. Std.
IET - Engagement Total (All Ages)	10	103	9.71	Below Min. Std.
SVY-Child - Getting Needed Care Composite	-	-	61.78	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	74.65	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	30.55	Below Min. Std.
HVL - All Ages	-	-	-	LD

CookCHP PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	APM	97.2%	-	-
STAR	APM	97.2%	-	-
STAR Kids	APM	97.2%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	APM	Medical Record Review Gap Analysis	System	CCHP is going to perform a medical records review to determine if the metabolic testing was conducted as Point of Care testing during an office visit, ER visit or inpatient stay that would not be captured in a claim.
CHIP STAR STAR Kids	APM	Member Outreach and Education	Member	CCHP will perform telephonic outreach to the members that are identified with true deficiencies from Intervention, #1. If we are unable to reach them by telephone, we will mail them an APM education letter and metabolic monitoring tracking tool that they can review with their provider.
CHIP STAR STAR Kids	APM	Provider Education	Provider	CCHP will create an education piece and tracking tool for PCPs that will be distributed via email blast and reviewed during quarterly face to face office visits. Currently, we have 332 PCPS out of 691 that have at least one of these members assigned to their panel. During quarterly office visits or via direct email, we will share with the provider a list of members assigned to their panel that have not met the APM measure criteria for the measurement year.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Vaccinations	100%	-	-
STAR	Vaccinations	100%	-	-
STAR Kids	Vaccinations	100%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	IMA	Staff administered HPV attitudes and awareness survey	Member	CCHP has created a 25-question survey designed to capture attitudes, awareness and uncover barriers to adoption of the HPV vaccine, specifically. The survey is designed to capture the responses of those parents who have obtained vaccines for one or more of their child's IMA vaccines but have not obtained the HPV vaccine. A review of recent previously published, regionally relevant, scholarly qualitative data regarding the Hispanic population, of which nearly half of CCHP's population is comprised, was conducted. Questions were structured incorporating the reviewed data and mirroring WHO-structured survey questions. The goal is to capture cultural, religious, and other attitudinal and understanding information to identify potential knowledge deficits which may be addressed to bridge gaps in compliance.
CHIP STAR STAR Kids	IMA	Member Text Campaign	Member	CCHP will send a text message reminder to all members that are missing one or more of the vaccine components approximately 1 to 3 months before their 13th birthday.
CHIP STAR STAR Kids	IMA	Provider Missed Opportunities	Provider	CCHP will compile a list of "missed opportunities", on a quarterly basis, which includes members that had office visits within the last two years but are still missing or one more of the targeted vaccine components. CCHP will identify the top 10 providers that have the highest percentage of missed opportunities and will work with each one to identify potential trends and determine if any educational items or tools can be developed to mitigate future missed opportunities.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	IMA	Provider Education	Provider	CCHP will develop educational materials for its PCPs related to the importance of these vaccinations and ideas/tips/tricks for overcoming objections and place it on the Provider Portal. An email blast will be sent to the providers advising them of the materials available.

2022 PIP Summary

2022 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	88.8%	-	-
STAR	PPC	89.7%	-	-
STAR Kids	WCC	88.8%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	WCC	Provider Profiling	Provider	CCHP will review provider profiling reports for providers, related to panel well visit rates to identify outliers that may need targeted education.
CHIP STAR Kids	WCC	Member Outreach and Education	Member	CCHP will send a text reminder or member portal message to all CHIP and STAR members in the population that have not received their annual well-visit.
CHIP STAR Kids	WCC	Employee HEDIS Training	Member, System	CCHP will conduct HEDIS training for health plan employees on how to identify care gaps and address them with members at the point of contact with the health plan (telephone, member portal, service coordination, etc.)
CHIP STAR Kids	WCC	Provider Education	Provider	CCHP will provide targeted education to the providers that required medical record collection during HEDIS Hybrid season on how to submit claims for all WCC components to reduce administrative burden.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	SDOH Assessment Tool	Member, System	CCHP will integrate the PRAPARE Assessment tool into EPIC Healthy Planet and target the completion of a PRAPARE assessment for all pregnant members to assist with identifying and addressing barriers to care affected by social determinants of health. (Note: The PRAPARE tool consists of a set of national core measures as well as a set of optional measures for community priorities. It was informed by research, the experience of existing social risk assessments, and stakeholder engagement. It aligns with national initiatives prioritizing social determinants (e.g., Healthy People 2020), measures proposed under the next stage of Meaningful Use, clinical coding under ICD-10, and health centers' Uniform Data System (UDS). PRAPARE emphasizes measures that are actionable. The PRAPARE tool was created by The National Association of Community Health Centers (NACHC) which was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally, and linguistically competent, community directed, and patient centered for all.
STAR	PPC	Member Edinburgh Screening	Member	Intervention Description: CCHP will perform telephonic outreach to all newly enrolled pregnant members (400 to 500 monthly) and attempt to complete an Edinburgh Depression Screening both pre- and post-delivery. CCHP will provide intensive case management to women scoring 13 or higher to help ensure proper post-partum care. CCHP will notify the member's OB/GYN provider of results and member education efforts.
STAR	PPC	Provider SDOH Claim Code Education	Provider	CCHP will educate OB/GYN providers on the availability and importance of using SDOH ICD-10 codes and SDOH Z-codes when submitting claims. The information will be posted on our provider portal and highlighted in our quarterly Provider newsletters. Targeted training will be offered during New Provider Orientation and quarterly in-person or virtual webinars.
STAR	PPC	OB/GYN APM Incentive	Provider	CCHP will implement a targeted incentive for prenatal and post-partum visits for all OB/GYN groups that have at least 100 deliveries per month.

CookCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult **(No later than 90 calendar days after enrollment)**	-	75.0%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100.0%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	-
Primary Preventative Care Standard-Child **(No later than 90 calendar days after enrollment)**	95.2%	85.0%	93.3%
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	93.3%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	82.4%	-
Behavioral Health Care-Child (Within 14 calendar days)	96.0%	81.3%	86.1%
High-Risk Prenatal (Within 5 calendar days)	-	16.7%	-
Not High-Risk Prenatal (Within 14 calendar days)	-	46.7%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	0.0%	-
Vision Care-Adult (No referral)	-	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%	100.0%

CookCHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

CookCHP Compliance with Prior AI, QAPI & PIP recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Categories	Ratio	Percentage Met
Prior Year AI Recommendations	24/35	68.6%
Prior Year QAPI Recommendations (MCO)	5/5	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	9/9	100%
Prior Year PIP Recommendations (STAR) [a]	10.5/11	95%
Prior Year PIP Recommendations (STAR Kids) [a]	9/9	100%

CookCHP Current Recommendations

Category	Description
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	In SFY 2022, none of the providers for Aetna, CookCHP, Molina, SWHP, and UHC complied with wait time standards for prenatal care in the third trimester. SWHP providers had zero percent compliance with high-risk pregnancy appointment standards.
MCQS Goal(s)	Goals 3, 5
Recommendation	- HHSC should strongly encourage Aetna, CookCHP, Molina, SWHP, and UHC to conduct RCAs to identify the drivers for non-compliance with appointment standards. - Aetna, CookCHP, Molina, SWHP, and UHC should use the RCA to identify specific approaches that they can use to encourage providers to make appointments available within five working days.
Finding	In SFY 2022 compliance with preventive and routine primary care appointment wait-time standards dropped in STAR, STAR+PLUS and STAR Kids compared to SFY 2021.
MCQS Goal(s)	Goals 3, 5
Recommendation	- HHSC should strongly encourage Aetna and CookCHP to conduct RCA analyses to identify the drivers for low compliance with appointment standards. - Aetna and COOKCHP should use the RCAs to identify specific approaches that they can use to encourage providers to make appointments available within 90 working days. - HHSC should work with CookCHP to identify the factors contributing to non-compliance with wait time standards for preventive, especially because this MCO has the lowest rate of compliance with preventive wait time standards in the STAR program and CHIP, and one of the lowest percentages of available appointments in STAR Kids.

Category	Description
Finding	In SFY 2022, the percentage of contacted providers who did not accept Medicaid increased in STAR, STAR Health, and STAR Kids compared to SFY 2021.
MCQS Goal(s)	Goals 3, 4, 5
Recommendation	HHSC should consult with CookCHP to better understand the key factors that contribute to errors in the provider taxonomy for PCP directories and why so many of the providers in the PCP sample did not accept Medicaid.
Finding	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Amerigroup, CFHP, CookCHP, Molina and Superior. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends that Amerigroup, CFHP, CookCHP, Molina and Superior work with their providers to determine why information in the encounter data is not documented in the medical records.
Finding	MCOs had high compliance with the federal regulations for the appeals process. However, HealthSpring and Superior were not fully compliant with all regulations related to the timeliness of the review process. In addition, Aetna, COOKCHP, HealthSpring, Superior, and UHC were not fully compliant with all the regulations related to the notification process for denials. Further, the compliance review results are based on MCO documentation in the policies and procedures. Therefore, the results do not indicate how often and to what extent each MCO meets the requirements of the regulations in practice.
MCQS Goal(s)	Goals 1, 4, 5
Recommendation	• MCOs that are not fully compliant with all applicable regulations for the appeals process should update all policies and procedures to ensure full compliance with the timeliness of the review and notification of denials. • HHSC should conduct a record review of the MCO universe of appeals documentation to identify the extent to which MCOs comply with the regulations in practice and compliance levels determined based on the current document review of MCO policies and procedures.

Dell Children's Health Plan (DCHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race								
White, Non-Hispanic	536	21.9%	18	3.7%	7,901	20.0%	8,455	19.9%
Black, Non-Hispanic	202	8.2%	10	2.0%	4,432	11.2%	4,644	11.0%
Hispanic	1,179	48.1%	389	79.6%	18,969	48.1%	20,537	48.4%
Unknown / Other	532	21.7%	72	14.7%	8,156	20.7%	8,760	20.7%
Age Group								
<1 year	1	0.0%	1	0.2%	1,738	4.4%	1,740	4.1%
1 – 9 years	1,060	43.3%	.	.	17,948	45.5%	19,008	44.8%
10 – 17 years	1,277	52.1%	12	2.5%	13,454	34.1%	14,743	34.8%
18 – 20 years	111	4.5%	35	7.2%	2,924	7.4%	3,070	7.2%
21 – 44 years	.	.	441	90.2%	3,063	7.8%	3,504	8.3%
45 – 64 years	.	.	.	.	331	0.8%	331	0.8%
Sex								
Female	1,192	48.7%	489	100.0%	20,883	52.9%	22,564	53.2%
Male	1,256	51.3%	.	.	18,569	47.1%	19,825	46.8%
Unknown	1	0.0%	.	.	6	0.0%	7	0.0%
All	2,449	100.0%	489	100.0%	39,458	100.0%	42,396	100.0%

DCHP MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

DCHP CHIP

Measure	Numerator	Denominator	Rate	Performance Level
WCC - BMI Screening - Total	339	411	82.48	Above High Std.
WCC - Counseling on Nutrition - Total	336	411	81.75	Above High Std.
WCC - Counseling on Physical Activity - Total	338	411	82.24	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	47,532	0	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	47,718	0	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	56	100	0.56	Above High Std.
IMA - Combination 2 Immunizations	94	197	47.72	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	2	37,994	5.26	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	1	37,994	2.63	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	79.98	Above High Std.
CWP - Age 3 to 17 years	115	120	95.83	Above High Std.
URI - Age 3 months to 17 years	192	200	96	Above High Std.
ADD - Initiation Phase	25	63	39.68	Meets Min. Std.
CHL - Total	20	43	46.51	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	77.49	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.73	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	1	37,994	2.63	Below Min. Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	47,718	2.1	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	6	5	1.25	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	70.19	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	37,994	2.63	Below Min. Std.
DEV - Total All Age	66	152	43.42	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD
AMR - Total 5 to 64 Ratios >= 50%	-	-	-	LD
APP - Total	-	-	-	LD
CIS - Combination 10 Immunizations	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

DCHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	52	87	59.77	Above High Std.
FUH - Follow Up within 7 Days Total Ages	82	221	37.1	Above High Std.
FUH - Follow Up within 30 Days Total Ages	139	221	62.9	Above High Std.
WCC - BMI Screening - Total	274	313	87.54	Above High Std.
WCC - Counseling on Nutrition - Total	246	313	78.59	Above High Std.
WCC - Counseling on Physical Activity - Total	244	313	77.96	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	226	303	74.59	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	7	329,166	2.13	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	2	370,521	0.54	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Urinary Tract Infection Admission Rate (PDI 18)	1	370,521	0.27	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	2	61,850	3.23	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	0	61,850	0	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	4	61,850	6.47	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	2	61,850	3.23	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	1	61,850	1.62	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	0	61,850	0	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	0	54,839	0	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	0	61,850	0	Above High Std.
CIS - Combination 10 Immunizations	176	411	42.82	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	75	89	0.84	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	45	54	0.83	Above High Std.
PPE - Potentially Preventable Complications (PPC)	5	7	0.73	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	69.05	Above High Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	74.85	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	74.18	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	85.12	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	83.01	Above High Std.
IMA - Combination 2 Immunizations	164	411	39.9	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	13	237,900	5.46	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	237,900	0.42	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	12	237,900	5.04	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	24	61,850	38.8	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	3	61,850	4.85	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	21	61,850	33.95	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Diabetes PQI Composite Rate (PQI 93)	13	61,850	21.02	Above High Std.
UOP - Multiple Pharmacies	0	46	0	Above High Std.
UOP - Multiple Prescribers and Pharmacies	0	46	0	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	88.55	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	86.73	Above High Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	2	352	0.57	Above High Std.
AAB - Age 3 months to 17 years	108	134	80.6	Above High Std.
CWP - Age 3 to 17 years	575	639	89.98	Above High Std.
URI - Age 3 months to 17 years	2,048	2,099	97.57	Above High Std.
HDO - Opioids High Dose	0	43	0	Above High Std.
AMM - Effective Continuation Phase Treatment	33	87	37.93	Meets Min. Std.
CHL - Total	489	969	50.46	Meets Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	11	61,850	17.78	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,275	2,426	0.94	Meets Min. Std.
IET - Initiation Total (All Ages)	75	175	42.86	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	10	352	2.84	Meets Min. Std.
ADD - Initiation Phase	90	247	36.44	Below Min. Std.
ADD - Continuation and Maintenance Phase	20	37	54.05	Below Min. Std.
CCS - Total	760	1,558	48.78	Below Min. Std.
CDC - HbA1c Control (<8%)	45	139	32.37	Below Min. Std.
CDC - Eye Exam	56	136	41.18	Below Min. Std.
CDC - HbA1c Testing	106	139	76.26	Below Min. Std.
PPC - Postpartum Care	312	411	75.91	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	8	237,900	3.36	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	4	7,011	57.05	Below Min. Std.
APP - Total	34	74	45.95	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	61.66	Below Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	75.11	Below Min. Std.
FUA - 7 Days Total Ages	0	38	0	Below Min. Std.
FUA - 30 Days Total Ages	0	38	0	Below Min. Std.
FUM - 7 Days Total Ages	18	61	29.51	Below Min. Std.
FUM - 30 Days Total Ages	29	61	47.54	Below Min. Std.
DEV - Total All Age	1,279	3,654	35	Below Min. Std.
UOP - Multiple Prescribers	14	46	30.43	Below Min. Std.
IET - Engagement Total (All Ages)	18	175	10.29	Below Min. Std.
PCR - Total All Ages (18-64), O/E	-	-	1.58	Below Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	50.23	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	48.39	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	38	150	25.33	Below Min. Std.
HVL - All Ages	-	-	-	LD

DCHP PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	FUH	98.3%	-	-
STAR	FUH	98.3%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	FUH	Education for discharge facility-type providers with low 7 day FUH compliance rate	Provider System	Using internal claims data, DCHP will identify the providers with high volume and low compliance rates within the STAR and CHIP populations. Face to face and/or telephonic provider education will be conducted to the identified providers. The provider will be educated on the FUH measure, compliance rates, as well as resources and incentives available to the member.
CHIP STAR	FUH	Enhanced FUH member outreach	Member System	The Enhanced FUH member outreach will impact members that have been identified as being discharged from one of the facilities noted as having high volume and low compliance with the 7 day follow up in the FUH measure. These members will receive focused telephonic outreach from DCHP with education on the need for a follow-up appointment within 7 days post discharge as well as resources and incentives that are available to the member.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Antibiotics	97.2%	-	-
STAR	Antibiotics	97.2%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Reducing Inappropriate Use of Antibiotics	Education for providers with high prescribing events for inappropriate antibiotic use	Provider	Using internal claims and pharmacy data, the health plans will identify providers who have the highest prescribing events of inappropriate antibiotic use. A letter outlining the goal of the PIP and guidelines for appropriate antibiotic use will be distributed along with prescription pads that can be given to members to reinforce symptom relief for viral illness. Additionally, the nurse practice consultants will be reaching out to the providers to complete education on the goal of the PIP, URI & AAB measures, & suggested coding for both measures.
CHIP STAR	Reducing Inappropriate Use of Antibiotics	Waiting Room Flyer	Member Provider	A flyer describing the difference between viral and bacterial infections, as well as when antibiotics are appropriate, will be placed in the highest utilized provider waiting rooms or designated areas of their choice.
CHIP STAR	Reducing Inappropriate Use of Antibiotics	Appropriate Antibiotic Use Text Campaign	Member	Members identified as receiving antibiotics for upper respiratory infection or bronchitis/bronchiolitis will receive a text message that includes information such as viral symptoms and treatment as well as when antibiotics are needed.

2022 PIP Summary

2022 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	91.1%	-	-
STAR	PPC	96.3%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	WCC Health Crowd text campaign	Member	For the initial text campaign, the data analyst will identify all members 3 to 17 years old regardless of compliance for WCC measure. The Health Crowd text campaign focused on these members for WCC education. The text includes general information for nutrition, physical activity, and BMI percentile requirements. The text also includes hyperlinks to healthy lifestyle websites as supplemental educational information. A file will be sent to the vendor that includes members to include in the outreach. Three (3) separate messages will be sent one week apart for initial text outreach. For the second text campaign, the data analyst will use internal claims data to identify non-compliant WCC members and the message will be sent prior to the beginning of the school year. The text will remind members that the service is due, and can be done during sick visits, sports physicals, and regular check-ups. For the third and final text campaign, the data analyst will use internal claims data to identify non-compliant WCC members and the message will be sent prior to the end of the year. The text will remind members that the service is due before the end of the year.
CHIP	WCC	WCC Provider Education Webinar	Provider	The health plan will identify participating PCP type providers to participate in a virtual training opportunity that will include material such as WCC measure specifics, coding suggestions, and resources available to the member and provider. There will be live training opportunities, as well as on-demand options. During the first quarter of the year the live training will be offered two times a month and the remainder of the year they will be offered one time a month. The days/times will be rotated to try and accommodate provider's schedules. Educational materials will be created and will be available for providers to download.
STAR	PPC	PPC/SDOH Provider Education Webinar	Provider, System	The health plan will identify providers to participate in a virtual training opportunity that will include pregnant women's benefits, SDOH education and resources available to members/providers, and PPC/SDOH coding suggestions. There will be live virtual training opportunities, as well as on-demand options. During the first quarter that the programs are presented, the live trainings will be offered two times a month and the remainder of the year they will be offered one time a month. The days/times will be rotated to try and accommodate provider's schedules based on internal research from previous satisfaction surveys. Educational materials will be created and will be available for providers to download.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	FindHelp.org (formerly Aunt Bertha) & Benefits Text Campaign	Member. System	STAR pregnant women members will receive a series of interactive text messages with linkages such as, FindHelp.org for community resources, the OB screener for risk assessment, transportation to visits, member maternal health benefits and programs, and contact information to reach the Amerigroup Nurse Line and Customer Service.

DCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	80.0%
Behavioral Health Care-Child (Within 14 calendar days)	82.4%	81.8%
High-Risk Prenatal (Within 5 calendar days)	-	36.0%
Not High-Risk Prenatal (Within 14 calendar days)	-	33.3%
New Member Third Trimester Prenatal (Within 5 calendar days)	-	20.0%
Vision Care-Adult (No referral)	-	100.0%
Vison Care-Child (No referral)	100.0%	100.0%

DCHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

DCHP Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	NA	NA
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	11/11	100%
Prior Year PIP Recommendations (STAR) [a]	9/9	100%

DCHP Current Recommendations

Category	Description
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	In SFY 2022, the median number of days to wait for a high-risk appointment was nine days, and the third trimester was seven days, both higher than the UMCC standard of five days.
MCQS Goal(s)	Goals 3, 5
Recommendation	BCBSTX, DCHP, Molina, PCHP, and ElPasoHealth should work with their providers to understand what factors contribute to longer wait times for prenatal appointments and develop a strategy for decreasing the wait time for prenatal appointments.
Finding	To improve the record return rate and accuracy of provider addresses, the EQRO sent each MCO a list of ICNs and provider addresses for each member in the sample and requested that MCOs verify the provider addresses and make corrections where needed. Aetna, BCBSTX, DCHP, PCHP, and UHC did not update or verify the provider addresses. Superior updated several of the provider addresses, however 23.5 percent came back as "not a patient." Because unverified or incorrect addresses led to lower record return rates compared to previous studies, the EQRO and HHSC requested that the MCOs retrieve the outstanding records needed to meet the sample size requirements.

Category	Description
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends HHSC consider a new approach to obtaining records that will hold the MCOs accountable for meeting the sample size requirements for the study. One approach would be for HHSC to require the MCOs to obtain the records for the sample population and submit them to HHSC and the EQRO.

Driscoll Health Plan (Driscoll)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race/Ethnicity										
White, Non-Hispanic	272	15.7%	3	2.7%	201	1.9%	15,082	6.6%	15,558	6.5%
Black, Non-Hispanic	41	2.4%	.	.	80	0.8%	2,747	1.2%	2,868	1.2%
Hispanic	1,196	69.0%	94	83.2%	8,740	82.3%	178,366	78.4%	188,396	78.5%
Unknown / Other	225	13.0%	16	14.2%	1,598	15.0%	31,443	13.8%	33,282	13.9%
Age Group										
<1 year	.	.	.	.	33	0.3%	11,710	5.1%	11,743	4.9%
1 – 9 years	698	40.3%	.	.	2,698	25.4%	99,498	43.7%	102,894	42.9%
10 – 17 years	940	54.2%	.	.	5,662	53.3%	70,469	31.0%	77,071	32.1%
18 – 20 years	96	5.5%	4	3.5%	2,190	20.6%	16,821	7.4%	19,111	8.0%
21 – 44 years	.	.	109	96.5%	36	0.3%	27,886	12.3%	28,031	11.7%
45 – 64 years	.	.	.	.	.	.	1,254	0.6%	1,254	0.5%
Sex										
Female	851	49.1%	113	100.0%	3,374	31.8%	127,360	55.9%	131,698	54.9%
Male	883	50.9%	.	.	7,245	68.2%	100,274	44.0%	108,402	45.1%
Unknown	.	.	.	.	.	.	4	0.0%	4	0.0%
All	1,734	100.0%	113	100.0%	10,619	100.0%	227,638	100.0%	240,104	100.0%

Driscoll MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

Driscoll CHIP

Measure	Numerator	Denominator	Rate	Performance Level
WCC - BMI Screening - Total	369	411	89.78	Above High Std.
WCC - Counseling on Nutrition - Total	335	411	81.51	Above High Std.
WCC - Counseling on Physical Activity - Total	331	411	80.54	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	37,510	0	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	37,579	0	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	37,579	0	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	84.66	Above High Std.
IMA - Combination 2 Immunizations	80	136	58.82	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	31,142	0	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	76.02	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	74.96	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	85.87	Meets Min. Std.
URI - Age 3 months to 17 years	639	695	91.94	Meets Min. Std.
ADD - Initiation Phase	36	113	31.86	Below Min. Std.
CHL - Total	10	40	25	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	31,142	9.63	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	7	5	1.29	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	6	2	2.53	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	126	92	1.36	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	3	31,142	9.63	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	3	31,142	9.63	Below Min. Std.
DEV - Total All Age	61	121	50.41	Below Min. Std.
CWP - Age 3 to 17 years	138	236	58.47	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD
AMR - Total 5 to 64 Ratios >= 50%	-	-	-	LD
APP - Total	-	-	-	LD
CIS - Combination 10 Immunizations	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

Driscoll STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	150	252	59.52	Above High Std.
CCS - Total	11,623	16,338	71.14	Above High Std.
FUH - Follow Up within 7 Days Total Ages	531	1,022	51.96	Above High Std.
FUH - Follow Up within 30 Days Total Ages	776	1,022	75.93	Above High Std.
PPC - Postpartum Care	339	411	82.48	Above High Std.
WCC - BMI Screening - Total	352	411	85.64	Above High Std.
WCC - Counseling on Nutrition - Total	344	411	83.7	Above High Std.
WCC - Counseling on Physical Activity - Total	334	411	81.27	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	31	1,812,138	1.71	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	26	1,288,757	2.02	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	39	2,068,143	1.89	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	43	468,461	9.18	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	16	468,461	3.42	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	3	30,917	9.7	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	11	468,461	2.35	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	28	468,461	5.98	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	6	468,461	1.28	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	10	468,461	2.13	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	0	468,461	0	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	0	437,544	0	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	5	468,461	1.07	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	257	320	0.8	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	14,433	16,887	0.85	Above High Std.
PPE - Potentially Preventable Complications (PPC)	55	60	0.92	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	74.42	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	82.6	Above High Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	71.37	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	79.92	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	83.61	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	91.63	Above High Std.
IMA - Combination 2 Immunizations	217	411	52.8	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	60	1,288,757	4.66	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	21	1,288,757	1.63	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	39	1,288,757	3.03	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	120	468,461	25.62	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	16	468,461	3.42	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	104	468,461	22.2	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	62	468,461	13.23	Above High Std.
DEV - Total All Age	15,461	29,923	51.67	Above High Std.
UOP - Multiple Pharmacies	1	335	0.3	Above High Std.
UOP - Multiple Prescribers	30	335	8.96	Above High Std.
UOP - Multiple Prescribers and Pharmacies	1	335	0.3	Above High Std.
IET - Engagement Total (All Ages)	234	1,319	17.74	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	0.93	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	64.49	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.21	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	79	3,639	2.17	Above High Std.
APM - Glucose and Chol Combined - All Ages	314	846	37.12	Above High Std.
HDO - Opioids High Dose	0	312	0	Above High Std.
CDC - HbA1c Control (<8%)	161	411	39.17	Meets Min. Std.
CHL - Total	5,238	9,367	55.92	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	1,388	2,119	65.5	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	566	623	0.91	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	49	3,639	1.35	Meets Min. Std.
AAB - Age 3 months to 17 years	3,685	5,693	64.73	Meets Min. Std.
URI - Age 3 months to 17 years	45,052	49,829	90.41	Meets Min. Std.
ADD - Initiation Phase	1,062	2,570	41.32	Below Min. Std.
AMM - Effective Acute Phase Treatment	390	796	49	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Continuation Phase Treatment	228	796	28.64	Below Min. Std.
CDC - Eye Exam	636	1,602	39.7	Below Min. Std.
CDC - HbA1c Testing	285	411	69.34	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	49	2,068,143	2.37	Below Min. Std.
APP - Total	152	362	41.99	Below Min. Std.
CIS - Combination 10 Immunizations	128	411	31.14	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	64.77	Below Min. Std.
FUA - 7 Days Total Ages	5	262	1.91	Below Min. Std.
FUA - 30 Days Total Ages	12	262	4.58	Below Min. Std.
FUM - 7 Days Total Ages	67	190	35.26	Below Min. Std.
FUM - 30 Days Total Ages	89	190	46.84	Below Min. Std.
IET - Initiation Total (All Ages)	533	1,319	40.41	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	50.96	Below Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	76.83	Below Min. Std.
CWP - Age 3 to 17 years	12,677	17,999	70.43	Below Min. Std.
HVL - All Ages	-	-	-	LD

Driscoll STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	53	88	60.23	Above High Std.
FUH - Follow Up within 7 Days Total Ages	181	296	61.15	Above High Std.
FUH - Follow Up within 30 Days Total Ages	240	296	81.08	Above High Std.
WCC - BMI Screening - Total	363	411	88.32	Above High Std.
WCC - Counseling on Nutrition - Total	356	411	86.62	Above High Std.
WCC - Counseling on Physical Activity - Total	354	411	86.13	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Asthma Admission Rate (PDI 14)	3	99,624	3.01	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	88,850	3.38	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	14	101,690	13.77	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	7	101,690	6.88	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	169	183	0.92	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	118	130	0.91	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	920	1,026	0.9	Above High Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	60.03	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	82.31	Above High Std.
IMA - Combination 2 Immunizations	233	411	56.69	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	14	88,850	15.76	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	9	88,850	10.13	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	5	88,850	5.63	Above High Std.
FUM - 7 Days Total Ages	28	60	46.67	Above High Std.
FUM - 30 Days Total Ages	38	60	63.33	Above High Std.
DEV - Total All Age	211	381	55.38	Above High Std.
IET - Engagement Total (All Ages)	29	166	17.47	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	73.1	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	82.65	Above High Std.
ADD - Initiation Phase	266	621	42.83	Meets Min. Std.
CHL - Total	206	486	42.39	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	270	403	67	Meets Min. Std.
APP - Total	64	188	34.04	Meets Min. Std.
CIS - Combination 10 Immunizations	34	130	26.15	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	56.35	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APM - Glucose and Chol Combined - All Ages	331	848	39.03	Meets Min. Std.
URI - Age 3 months to 17 years	1,823	2,010	90.7	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	9	7	1.42	Below Min. Std.
IET - Initiation Total (All Ages)	72	166	43.37	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	38.51	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	86.88	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	40.14	Below Min. Std.
CWP - Age 3 to 17 years	776	1,141	68.01	Below Min. Std.
HVL - All Ages	-	-	-	LD

Driscoll PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	FUH	95.8%	-	-
STAR	FUH	95.8%	-	-
STAR Kids	FUH	95.8%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	FUH	The Mental Health Assessment Team (MHAT) will facilitate transition for members being discharged from the hospital due to mental illness	System	DHP's newly formed Population Health Services Department will establish a Mental Health Assessment Team (MHAT) for service coordination/service management. As soon as DHP receives notification of admission to a hospital for mental illness, MHAT will try to connect with the admitting hospital to ensure that the member's service coordination/service management needs are addressed prior to discharge as best as they possibly can. MHAT will help the member to identify an appropriate outpatient psychiatrist (via tele-psychiatry if necessary), if not provided at inpatient facility. MHAT will continue to case manage the member until they are established with a psychiatrist – and longer, depending on the need. As they are made aware, MHAT will also follow-up on members who have been discharged from an inpatient stay for mental illness without the knowledge of DHP. While it is the responsibility of the discharging facility to schedule the follow-up visit, Service Coordination/Service Management will contact the member within one business day following notification of discharge to ensure the member understands their discharge appointment provider, time, and date and to assist with transportation.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	FUH	LPCs will conduct and submit to DHP results of in-home behavioral health assessments with members with mental illness recently discharged from the hospital.	System	DHP will contract with new LPCs in the Hidalgo Service Area to complete an in-person behavioral health assessment within 7 days of a member's discharge from a hospital due to mental illness to better identify the level of care needed by the member. LPCs will be paid on a per assessment completed basis. Existing LPCs in the Nueces Service Area will begin submitting to DHP in-home behavioral health assessments they conduct with members with mental illness recently discharged from the hospital.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	PPAs & PPRs	79.1%	-	-
STAR	PPAs & PPRs	79.1%	-	-
STAR Kids	PPAs & PPRs	79.1%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	Reducing PPA and PPR by Implementing a Comprehensive Mental Health Program	Development of dedicated Behavioral Health Team (BHT)	System	As part of the development of a new Comprehensive Mental Health Program, the Behavioral Health Team (BHT) was created to address the mental health and substance use needs of Driscoll Health Plan (DHP) members. Development of the BHT will follow a phased approach that encompasses resource identification and acquisition, training and development, and full implementation of BHT availability to DHP members requiring intervention related to severe mental illness and/or substance use disorder (SMI/SUD).
CHIP STAR STAR Kids	Reducing PPA and PPR by Implementing a Comprehensive Mental Health Program	Development of a stratification algorithm for prioritization of at-risk members with SMI/SUD	System	As a part of the Comprehensive Mental Health Program, a stratification algorithm will be developed and implemented to facilitate better identification of members with SMI/SUD who are at risk for PPR/PPA.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	Reducing PPA and PPR by Implementing a Comprehensive Mental Health Program	Implementation of Comprehensive Mental Health Program with dedicated Behavioral Health Team	Member, Provider	A Comprehensive Mental Health Program with a Behavioral Health Team (BHT) was created to address the mental health/substance use needs of DHP members. Issues addressed through assessment and care coordination include but are not limited to medication compliance, getting discharged patients into case management, determination of barriers to ongoing care, and improving communication between BH providers and PCPs. A new stratification algorithm will be used to prioritize members at the highest risk of PPA or PPR based on their diagnoses. This is a new program, and the criteria and interventions will be subject to modification after the initial implementation.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	92.3%	-	-
STAR	PPC	80.2%	-	-
STAR Kids	WCC	92.3%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	WCC	Linking members to their PCP to schedule well-child appointments via text message	Member	DHP created a monthly report with all members ages 3 to 17 years that are due or past due for their well-child appointment. Each month, members of the report are sent a text message from DHP Members Services and Outreach, through our texting vendor GoMo Health, notifying them they are due for their well-child appointment. The text message includes a link to a page that provides the contact information for their assigned PCP, information to change their PCP, and notification of DHP's current value-added service (VAS) of a $20 gift card for a completed well-child appointment. All verbiage on the text message is in both English and Spanish. Prior to the start of this PIP, Driscoll Health Plan was taking steps to improve the number of completed well-child checkups by offering members ages 2 to 19 a $20 H-E-B gift card for completing a well-child checkup each year.
CHIP STAR Kids	WCC	Providers will be sent e-newsletters that will include the importance of performing and coding BMI and counseling on nutrition and physical activity.	Provider	DCHP providers will be sent an e-newsletter semi-annually that includes the importance of conducting and appropriately coding height, weight, and BMI during annual well-child visits and providing counseling for nutrition and/or physical activity. All providers who have an email address on file with DHP will receive the provider e-newsletter. The e-newsletter is also accessible to providers on DHP's Provider Portal.
STAR	PPC	Texting newly pregnant members a Health Risk Assessment (HRA) to determine SDOH needs.	Member	DHP extracts a weekly report of newly pregnant members from the 834 benefit and enrollment file and sends it to our texting vendor GoMo Health. Each Monday, GoMo Health sends a welcome text to these members with a link to a short six-question survey titled Prenatal Chat Survey. Members will receive a $20 gift card for completion of the Health Risk Assessment portion of the survey. The results of the completed Prenatal Health Concerns Survey are sent to DHP Population Health every Friday and categorized to prioritize a follow-up call to address the SDOH. DHP Population Health Case Managers (CM) assess members using an SDOH assessment. If any of the answers on the assessment indicate the member would benefit from seeking additional services from Community Based Organizations, the member is asked if they would like the DHP CM to explore local service options.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Utilization of WellSky® Social Care Coordination to identify SDOH resources for members newly enrolled in High-Risk Pregnancy Case Management.	Member	DHP implemented a new application, Healthify, on January 24, 2022. Healthify changed its name to WellSky® Social Care Coordination in March 2022. WellSky allows DHP case managers to identify resources to address the SDOH needs of our members in their service area. Intervention #2 targets members newly enrolled in High-Risk Pregnancy Case Management. DHP uses a machine learning model to identify high-risk OB members based on the member's enrollment data, demographics, medical history, and medications. All high-risk OB members are offered the opportunity to participate in the High-Risk Pregnancy Case Management program; however, participation in the HRP CM program is voluntary. Case management services are also provided to any pregnant member who requests case management. HRP Case Managers are Registered Nurses. HRP CMs attempt to perform an SDOH assessment on all newly enrolled high-risk OB members; however, members have the option to refuse the SDOH assessment. HRP CMs contact enrolled HRP members monthly. The SDOH assessment is performed as needed during a member's HRP enrollment period. If it is determined the member needs resources based on the SDOH Assessment, HRP CMs will utilize WellSky to find local options. WellSky provides local resources based on the member's needs. The CM reviews the resources with the member to determine if they are beneficial. WellSky provides information on providers/resources that may include address, phone number, hours of operations, etc. If it is determined a resource is a good match for the member, the CM will log the referral in WellSky and provide the member with contact information via text or email. Upon completion of providing the member with information about the community resource, HRP CMs notify DHP Resource Coordinators (RC) to follow up via a customer relationship management (CRM) in DHP's medical management system, EPIC. RCs follow up with the member within 7 days regarding the resource referral made by the HRP CM. Follow-up will occur until the member utilizes the resource or cancels. At the completion or cancellation of the resource referral, RCs create a second CRM message back to the HRP CM informing them of the status and if there were any further SDOH needs to be identified.

Driscoll Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	87.5%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	92.3%	91.7%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	52.2%	-
Behavioral Health Care-Child (Within 14 calendar days)	72.7%	47.4%	58.6%
High-Risk Prenatal (Within 5 calendar days)	-	32.4%	-
Not High-Risk Prenatal (Within 14 calendar days)	-	83.3%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	100.0%	-
Vision Care-Adult (No referral)	-	98.5%	-
Vison Care-Child (No referral)	100.0%	98.5%	100.0%

Driscoll Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO- specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

Driscoll Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	2.0/5.0	40.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	11.5/30	38%
Prior Year PIP Recommendations (STAR) [a]	17.5/36	48.6%
Prior Year PIP Recommendations (STAR Kids) [a]	11.5/30	38.3%

Driscoll Current Recommendations

Category	Description
Finding	Several MCOs scored zero on progress reports during this evaluation year because they did not address all previous recommendations. In the 2020 PIP Progress Report 3, two MCOs scored a zero. In the 2021 PIP Progress Report 2, three MCOs scored a zero. In the 2022 PIP Progress Report 2, three MCOs scored a zero. Each of these MCOs could have scored significantly higher, ranging from 50 to 96.4 percent, had they addressed previous EQRO recommendations. This has been an ongoing issue for PCHP and Driscoll. PCHP did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 2, 2020 Progress Report 3, and 2021 Progress Report 2. Driscoll did not address all previous recommendations on: 2019 Progress Report 3, 2020 Progress Report 3, and 2022 Progress Report 1.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including Driscoll, PCHP, CHCT, UHC, Molina, and Superior should ensure that their progress reports for all PIPs address all previous recommendations made by the EQRO.
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	MCO performance across Performance Indicator Dashboard measures varies. Some MCOs achieve a high standard on more than 50 percent of measures, while others fail to meet the minimum standard on more than 40 percent of measures. FirstCare has the most measures failing to meet the minimum standard, while Driscoll has the most measures achieving high standards.
MCQS Goal(s)	Goals 1, 4, 6
Recommendation	HHSC should continue leveraging the THLC portal (thlcportal.com) dashboards to help all Texas Medicaid and CHIP stakeholders identify and understand trends in healthcare quality across state programs.

El Paso Health

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-
White, Non-Hispanic	131	5.1%	5	2.1%	3,678	4.1%	3,814	4.1%
Black, Non-Hispanic	15	0.6%	3	1.2%	1,401	1.6%	1,419	1.5%
Hispanic	2,155	83.2%	221	90.9%	75,839	84.3%	78,215	84.3%
Unknown / Other	288	11.1%	14	5.8%	9,024	10.0%	9,326	10.1%
Age Group	-	-	-	-	-	-	-	-
<1 year	1	0.0%	1	0.4%	4,066	4.5%	4,068	4.4%
1 – 9 years	955	36.9%	.	.	36,561	40.6%	37,516	40.4%
10 – 17 years	1,470	56.8%	1	0.4%	30,117	33.5%	31,588	34.0%
18 – 20 years	163	6.3%	9	3.7%	8,064	9.0%	8,236	8.9%
21 – 44 years	-	-	232	95.5%	10,540	11.7%	10,772	11.6%
45 – 64 years	-	-	-	-	594	0.7%	594	0.6%
Sex	-	-	-	-	-	-	-	-
Female	1,289	49.8%	243	100.0%	49,714	55.3%	51,246	55.2%
Male	1,300	50.2%	-	-	40,223	44.7%	41,523	44.8%
Unknown	-	-	-	-	5	0.0%	5	0.0%
All	2,589	100.0%	243	100.0%	89,942	100.0%	92,774	100.0%

El Paso Health MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

El Paso Health CHIP

Measure	Numerator	Denominator	Rate	Performance Level
WCC - Counseling on Nutrition - Total	326	411	79.32	Above High Std.
WCC - Counseling on Physical Activity - Total	317	411	77.13	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	28	31	90.32	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	1	53,132	1.88	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	0	44,762	0	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	53,266	0	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	6	7	0.87	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	87.05	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	80.25	Above High Std.
IMA - Combination 2 Immunizations	172	265	64.91	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	1	44,762	2.23	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	44,762	0	Above High Std.
DEV - Total All Age	84	149	56.38	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	84.36	Above High Std.
URI - Age 3 months to 17 years	404	434	93.09	Above High Std.
WCC - BMI Screening - Total	325	411	79.08	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Emergency Department Visits (PPV)	124	130	0.96	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	85.22	Meets Min. Std.
CWP - Age 3 to 17 years	266	332	80.12	Meets Min. Std.
ADD - Initiation Phase	31	88	35.23	Below Min. Std.
CHL - Total	13	39	33.33	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	1	53,266	1.88	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	44,762	2.23	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD
APP - Total	-	-	-	LD
CIS - Combination 10 Immunizations	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

El Paso Health STAR

Measure	Numerator	Denominator	Rate	Performance Level
CCS - Total	4,369	6,340	68.91	Above High Std.
FUH - Follow Up within 7 Days Total Ages	283	632	44.78	Above High Std.
FUH - Follow Up within 30 Days Total Ages	442	632	69.94	Above High Std.
WCC - Counseling on Nutrition - Total	344	411	83.7	Above High Std.
WCC - Counseling on Physical Activity - Total	328	411	79.81	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	800	991	80.73	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	43	719,748	5.97	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	6	193,669	3.1	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	3	13,650	21.98	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	1	193,669	0.52	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	1	193,669	0.52	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	3	193,669	1.55	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	9	193,669	4.65	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	2	193,669	1.03	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	1	180,019	0.56	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	2	193,669	1.03	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	134	161	0.83	Above High Std.
PPE - Potentially Preventable Complications (PPC)	13	25	0.51	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	73.07	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	81.29	Above High Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	72.01	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	76.97	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	90.49	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	89.09	Above High Std.
IMA - Combination 2 Immunizations	261	411	63.5	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	34	534,775	6.36	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	64	193,669	33.05	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	12	193,669	6.2	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	52	193,669	26.85	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	46	193,669	23.75	Above High Std.
DEV - Total All Age	6,015	10,294	58.43	Above High Std.
UOP - Multiple Pharmacies	2	200	1	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Multiple Prescribers	35	200	17.5	Above High Std.
UOP - Multiple Prescribers and Pharmacies	1	200	0.5	Above High Std.
IET - Initiation Total (All Ages)	255	544	46.88	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	0.82	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	63.06	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	89.21	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	31	1,339	2.32	Above High Std.
CWP - Age 3 to 17 years	3,871	4,665	82.98	Above High Std.
HDO - Opioids High Dose	0	179	0	Above High Std.
AMM - Effective Acute Phase Treatment	195	374	52.14	Meets Min. Std.
WCC - BMI Screening - Total	331	411	80.54	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	14	534,775	2.62	Meets Min. Std.
APP - Total	119	227	52.42	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	81.94	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	16	1,339	1.19	Meets Min. Std.
AAB - Age 3 months to 17 years	498	799	62.33	Meets Min. Std.
URI - Age 3 months to 17 years	7,910	8,589	92.09	Meets Min. Std.
ADD - Initiation Phase	327	860	38.02	Below Min. Std.
ADD - Continuation and Maintenance Phase	45	89	50.56	Below Min. Std.
AMM - Effective Continuation Phase Treatment	111	374	29.68	Below Min. Std.
CDC - HbA1c Control (<8%)	86	411	20.92	Below Min. Std.
CDC - Eye Exam	236	571	41.33	Below Min. Std.
CDC - HbA1c Testing	310	411	75.43	Below Min. Std.
CHL - Total	1,688	3,548	47.58	Below Min. Std.
PPC - Postpartum Care	307	411	74.7	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Gastroenteritis Admission Rate (PDI 16)	57	808,188	7.05	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	33	808,188	4.08	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	38	193,669	19.62	Below Min. Std.
CIS - Combination 10 Immunizations	116	411	28.22	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	384	247	1.56	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	6,711	6,342	1.06	Below Min. Std.
SVY-Adult - **% Rating Personal Doctor a "9" or "10"**	-	-	67.52	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	59	534,775	11.03	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	25	534,775	4.67	Below Min. Std.
FUA - 7 Days Total Ages	2	66	3.03	Below Min. Std.
FUA - 30 Days Total Ages	4	66	6.06	Below Min. Std.
FUM - 7 Days Total Ages	9	54	16.67	Below Min. Std.
FUM - 30 Days Total Ages	15	54	27.78	Below Min. Std.
IET - Engagement Total (All Ages)	76	544	13.97	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	55.08	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	177	561	31.55	Below Min. Std.
HVL - All Ages	-	-	-	LD

El Paso Health PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	ADD & FUH	100%	-	-
STAR	ADD & FUH	100%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	ADD & FUH	FUH – Member Incentive Gift Card	Member	Members who are discharged from a behavioral health inpatient stay will be eligible to enter a raffle to receive a gift card in the amount of $100 to Walmart if they complete their follow-up visit with a mental health practitioner within 7 days of discharge. One raffle for one $100 gift card will take place each month. Claims data will be used to determine if the follow up visits were completed within 7 days so a lag will be built into the process of conducting the raffle. Members will be encouraged to complete their follow-up visit and be given information on the raffle opportunity through education received upon discharge. A text message may also be implemented to these members upon notice of admission to encourage their follow up and remind them of their eligibility for the gift card if they complete their visit.
CHIP	ADD & FUH	Text Messages to Members	Member System	Members identified to have filled for ADHD medication for the first time will be targeted with a text message encouraging them to complete a follow-up visit with either their PCP or behavioral health provider within 30 days. The MCO will utilize a First Fill report, generated by the Pharmacy Benefit Manager, to identify members with first fills of ADHD medications. The list will be filtered down to members between 6 and 12 years old prior to initiating the text messages. The text message will be implemented weekly and will encourage members to schedule and keep their follow up appointments with their doctor.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	ADD & FUH	ADD – PCP Reports	Provider	The MCO will provide reports to PCPs of their members who have been identified to have filled for ADHD medication for the first time. Providers will be encouraged to reach out to these members to schedule a follow-up visit within 30 days. These reports will be shared with providers through the MCO Provider Portal. They will be uploaded weekly.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	URI	100%	-	-
STAR	URI	100%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Appropriate Treatment for Upper Respiratory Infection (URI)	Social Media Video Education	Member	"As part of a series of education videos to be launched via a social media campaign, members will receive education on the proper use of antibiotics. The video features our Medical Director who explains the following information. This information was compiled using resources from the Centers for Disease Control.
CHIP STAR	Appropriate Treatment for Upper Respiratory Infection (URI)	Provider Performance Reports	Provider	To start, our top PCP providers will receive monthly performance progress along with detailed reports via an on-going incentive profiling program. This URI metric will be included as information only and will compare their performance to the plan benchmark. The intent is to promote engagement and education among providers on this measure and overall appropriate antibiotic utilization. Approximately 1/3 of our top providers fall within the non-compliant category for URI while all maintain room for improvement. As a last phase, once the logistics and processes for generating these reports on a larger scale has been established, distribution will begin to all non-compliant providers.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	98.1%	-	-
STAR	PPC	97.9%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Marketing for VAS – Sports Physicals and Nutrition Services	Member	The MCO will design a marketing flier that will be texted to CHIP Members between the ages of 4-17 (to align with ages for VAS and WCC measure). One marketing campaign will be designed to target both the nutrition classes and the sports physical. The marketing will emphasize for the member to ask their PCP about these services to seek referral. Since the nutritional VAS itself would not benefit the WCC measure, as designed, the intent is to encourage members to engage their PCPs for the referral and the PCP to document that in the member's medical record. This marketing flier will be texted to the target population quarterly.
CHIP	WCC	Well Care Visit Outreach Expansion	Member	The MCO will expand outreach efforts to encourage well-care visits to members between 7-11 years. On a monthly basis, these members will be included in reports to identify members who are due for a well care visit and will be sent a postcard and a follow up text message. The post-card and follow up text message notify the member that they may receive a $15 gift card for completing their well-care visit when they submit the post-card back to the MCO.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Collaboration with "Her Pantry"	Member	The MCO will collaborate with a small local community organization, Her Pantry. Her Pantry serves all residents of West Texas and Southern New Mexico regardless of race, religion, gender, or ethnicity. They are a dedicated diaper bank in El Paso County, providing children's diapers, wipes, infant formula, and period products for struggling families. Her Pantry hosts distribution events twice a month. Recipients are eligible to receive assistance from Her Pantry if they meet certain qualifications, one of which is receiving assistance through Medicaid. The MCO will partner with Her Pantry by developing a combined marketing campaign for MCO members. Fliers will be developed promoting the distribution events for each month. Each month, pregnant members will be identified and texted this flier (members will be texted multiple times through the course of their pregnancy and postpartum period). During initial discussions on partnering with this organization, a concern was brought up that they are small and sometimes do not have the inventory to help large amounts of people. To assist, the MCO will also make an initial monetary donation to Her Pantry (future donations may be possible if financially feasible) and Her Pantry is eligible to apply for further assistance from the MCO through its community agency application program. The MCO has a committee that reviews applications from community agencies seeking funding to better serve the community.
STAR	PPC	Reminder Text Messages for Visits	Member	The MCO will develop a marketing flier with a combined message to members to a) schedule and/or keep their prenatal and postpartum appointments and b) to engage their OB providers about proper nutrition during their pregnancy and postpartum. While separate nutrition services are not a benefit for most of this population, counseling on nutrition from their OB is still important. The flier will also remind members of the Texas Non-Emergency Medical Transportation (NEMT) benefit and the MCOs VAS on transportation that would allow them to take their children to their appointments if transportation and childcare is a barrier for them. While the NEMT benefit is only for the member who has the appointment, the MCO has a VAS that will cover transportation for additional travelers that can fit safely in the vehicle. This marketing material will be texted to members of the population monthly.

El Paso Health Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	96.7%	100.0%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	70.0%
Behavioral Health Care-Child (Within 14 calendar days)	79.2%	77.8%
High-Risk Prenatal (Within 5 calendar days)	-	16.7%
Not High-Risk Prenatal (Within 14 calendar days)	-	50.0%
New Member Third Trimester Prenatal (Within 5 calendar days)	-	11.1%
Vision Care-Adult (No referral)	-	100.0%
Vison Care-Child (No referral)	100.0%	100.0%

El Paso Health Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

El Paso Health Compliance with Prior AI, QAPI, and PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	2.0/2.0	100.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	7/7	100%
Prior Year PIP Recommendations (STAR) [a]	5/5	100%

El Paso Health Current Recommendations

Category	Description
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	In SFY 2022, the median number of days to wait for a high-risk appointment was nine days, and the third trimester was seven days, both higher than the UMCC standard of five days.
MCQS Goal(s)	Goals 3, 5
Recommendation	**BCBSTX, DCHP, Molina, PCHP, and ElPasoHealth should work with their providers to understand what factors contribute to longer wait times for prenatal appointments and develop a strategy for decreasing the wait time for prenatal appointments.**
Finding	The provider addresses pulled from the EQRO encounters at the beginning of the study resulted in an overall higher return rate (77 percent) than the addresses provided by the MCOs (62 percent). The EQRO addresses yielded a higher return rate than the MCO addresses for the following MCOs: Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends that MCOs, especially Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP, examine their provider directories to identify factors that could influence the accuracy of provider addresses.

FirstCare Health Plans (FirstCare)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-
White, Non-Hispanic	277	24.9%	4	3.4%	23,469	22.3%	23,750	22.3%
Black, Non-Hispanic	50	4.5%	4	3.4%	7,293	6.9%	7,347	6.9%
Hispanic	541	48.7%	82	69.5%	54,691	52.1%	55,314	52.0%
Unknown / Other	244	21.9%	28	23.7%	19,602	18.7%	19,874	18.7%
Age Group	-	-	-	-	-	-	-	-
<1 year	-	-	-	-	5,666	5.4%	5,666	5.3%
1 – 9 years	478	43.0%	-	-	43,650	41.5%	44,128	41.5%
10 – 17 years	570	51.3%	2	1.7%	32,965	31.4%	33,537	31.6%
18 – 20 years	64	5.8%	8	6.8%	7,794	7.4%	7,866	7.4%
21 – 44 years	-	-	108	91.5%	14,265	13.6%	14,373	13.5%
45 – 64 years	-	-	-	-	715	0.7%	715	0.7%
Sex	-	-	-	-	-	-	-	-
Female	550	49.5%	118	100.0%	59,543	56.7%	60,211	56.7%
Male	562	50.5%	-	-	45,507	43.3%	46,069	43.3%
Unknown	-	-	-	-	5	0.0%	5	0.0%
All	1,112	100.0%	118	100.0%	105,055	100.0%	106,285	100.0%

FirstCare MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures, Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

FirstCare CHIP

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Asthma Admission Rate (PDI 14)	1	23,919	4.18	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	23,994	0	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	80.82	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	88.14	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	77.37	Meets Min. Std.
IMA - Combination 2 Immunizations	36	112	32.14	Meets Min. Std.
ADD - Initiation Phase	10	48	20.83	Below Min. Std.
CHL - Total	12	31	38.71	Below Min. Std.
WCC - BMI Screening - Total	25	226	11.06	Below Min. Std.
WCC - Counseling on Nutrition - Total	18	226	7.96	Below Min. Std.
WCC - Counseling on Physical Activity - Total	34	226	15.04	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	2	19,484	10.26	Below Min. Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	23,994	4.17	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	71	55	1.28	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	70.03	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	4	19,484	20.53	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Acute PDI Composite Rate (PDI 91)	1	19,484	5.13	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	3	19,484	15.4	Below Min. Std.
DEV - Total All Age	28	87	32.18	Below Min. Std.
CWP - Age 3 to 17 years	372	466	79.83	Below Min. Std.
URI - Age 3 months to 17 years	317	365	86.85	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD
AMR - Total 5 to 64 Ratios >= 50%	-	-	-	LD
APP - Total	-	-	-	LD
CIS - Combination 10 Immunizations	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

FirstCare STAR

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Gastroenteritis Admission Rate (PDI 16)	29	924,668	3.14	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	8	225,864	3.54	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	1	15,890	6.29	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	3	225,864	1.33	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	12	225,864	5.31	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	9	225,864	3.98	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	3	225,864	1.33	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	1	225,864	0.44	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Complications (PPC)	19	23	0.84	Above High Std.
SVY-Adult - **% Rating Their Health Plan a "9" or "10"**	-	-	67.76	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	81.37	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	73.72	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	84.03	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	82.95	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	10	592,818	1.69	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	102	225,864	45.16	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	19	225,864	8.41	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	83	225,864	36.75	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	58	225,864	25.68	Above High Std.
UOP - Multiple Pharmacies	3	364	0.82	Above High Std.
UOP - Multiple Prescribers	32	364	8.79	Above High Std.
UOP - Multiple Prescribers and Pharmacies	2	364	0.55	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	1.03	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	88.11	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	86.36	Above High Std.
HDO - Opioids High Dose	1	336	0.3	Above High Std.
FUH - Follow Up within 30 Days Total Ages	315	581	54.22	Meets Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	20	924,668	2.16	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	248	253	0.98	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	60.17	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	66	2,165	3.05	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	29	2,165	1.34	Meets Min. Std.
ADD - Initiation Phase	288	877	32.84	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	50	122	40.98	Below Min. Std.
AMM - Effective Acute Phase Treatment	253	534	47.38	Below Min. Std.
AMM - Effective Continuation Phase Treatment	154	534	28.84	Below Min. Std.
CCS - Total	4,418	7,505	58.87	Below Min. Std.
CDC - HbA1c Control (<8%)	29	411	7.06	Below Min. Std.
CDC - Eye Exam	246	673	36.55	Below Min. Std.
CDC - HbA1c Testing	300	411	72.99	Below Min. Std.
CHL - Total	2,366	5,169	45.77	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	172	581	29.6	Below Min. Std.
PPC - Postpartum Care	257	411	62.53	Below Min. Std.
WCC - BMI Screening - Total	65	411	15.82	Below Min. Std.
WCC - Counseling on Nutrition - Total	34	411	8.27	Below Min. Std.
WCC - Counseling on Physical Activity - Total	39	411	9.49	Below Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	851	1,379	61.71	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	90	816,023	11.03	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	43	592,818	7.25	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	47	225,864	20.81	Below Min. Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	10	225,864	4.43	Below Min. Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	9	209,974	4.29	Below Min. Std.
APP - Total	115	287	40.07	Below Min. Std.
CIS - Combination 10 Immunizations	73	411	17.76	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	170	165	1.03	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	8,289	7,017	1.18	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	67.52	Below Min. Std.
IMA - Combination 2 Immunizations	113	411	27.49	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Overall PDI Composite Rate (PDI 90)	109	592,818	18.39	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	99	592,818	16.7	Below Min. Std.
FUA - 7 Days Total Ages	0	107	0	Below Min. Std.
FUA - 30 Days Total Ages	1	107	0.93	Below Min. Std.
FUM - 7 Days Total Ages	55	172	31.98	Below Min. Std.
FUM - 30 Days Total Ages	77	172	44.77	Below Min. Std.
DEV - Total All Age	3,859	12,356	31.23	Below Min. Std.
IET - Initiation Total (All Ages)	255	661	38.58	Below Min. Std.
IET - Engagement Total (All Ages)	59	661	8.93	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	53.45	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	119	549	21.68	Below Min. Std.
AAB - Age 3 months to 17 years	697	1,378	50.58	Below Min. Std.
CWP - Age 3 to 17 years	7,189	9,637	74.6	Below Min. Std.
URI - Age 3 months to 17 years	10,363	12,060	85.93	Below Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	-	LD
HVL - All Ages	-	-	-	LD

FirstCare PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	ADD	100%	-	-
STAR	ADD	100%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	ADD	Provider Interviews to Capture Meaningful Insights	Provider	The Clinical Coordinator will conduct a telephonic or in-person interview with 5 higher and 5 lower performing providers to learn more about processes for follow-up care appointments, barriers to follow-up within 30 days, and best practices for engaging members from providers' perspectives. The purposes of these interviews is to a) identify meaningful content to be included in a provider toolkit (Intervention 2) and b) to identify any additional root causes or opportunities to better support providers and Members. Any newly identified root causes or opportunities that cannot be addressed with planned interventions #2 and #3 will inform future process improvement iterations for this PIP.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	ADD	ADHD Tool Kit	Member Provider	FirstCare Health Plan currently has a Behavioral Health toolkit posted on its website that includes a section on ADHD. This intervention will create a new ADHD-specific toolkit that focuses on resources and suggestions for encouraging follow-up care. Using clinical guidelines and insights learned in provider interviews (Intervention #1), FirstCare will create a toolkit for providers treating patients with ADHD. The toolkit will include content for providers and patient education tools to share with Members. It will be distributed online and through other methods preferred by providers (e.g., mailed, emailed, delivered in person during scheduled meetings). Examples of content include information about the ADHD HEDIS measure (ADD), the importance of 30-day follow-up visits with a prescribing practitioner, and best practices for encouraging patient follow-up. Examples of patient/Member materials include information about ADHD and seasonality of adherence, medication adherence tips, and resources to learn more about ADHD. The toolkit will be directed to providers who treat ADHD. Providers will be encouraged to share relevant materials with their patients/Members.
CHIP STAR	ADD	Provider Webinars	Provider	An educational webinar will be offered to all FirstCare Health Plan providers in coordination with the launch of the ADHD toolkit to describe the toolkit and content plus provide additional detail on evidence-based care for ADHD and ways to engage Members and their families. Additional webinars on topics related to ADHD treatment and management will be offered quarterly through June of 2020 and continuing if provider engagement is strong.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Asthma Admissions	86.9%	-	-
STAR	Asthma Admissions	86.9%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Potentially Preventable Admissions for Asthma	Targeted Support for Members At Risk of Hospitalization	Member, Provider, System	Intervention 1 will proactively outreach a subset of pediatric Members identified as being at heightened risk for hospitalization in the next six months. Members will be identified using a predictive model that will categorize risk for admission. To begin our risk modeling, our analytics team will collaborate with analysts from the Baylor Scott & White Quality Alliance, an ACO that has developed a pediatric-specific risk model to predict hospitalization for any reason. The ACO's model classifies a patient as a "low," "medium," or "high" risk for admission in the next six months. Key features of the model will be shared with the MCO's analytics team and will become the foundation for a model to be built and refined by the MCO. The primary purpose of the risk model is to stratify the pediatric population based on probability of hospitalization in the next 6 months and to be able to assign the high-risk cohort to our Care Management team. The model will first identify members with asthma and with varying risk factors.
CHIP STAR	Potentially Preventable Admissions for Asthma	Asthma Healthy Homes Toolkit	Member, Provider	The Asthma Healthy Homes toolkit will include instructions and resources for families to identify and address in-home environmental triggers. Kits will be mailed to the homes of FirstCare STAR and CHIP members with Asthma. Educational pieces of the toolkit will also be distributed by the FirstCare outreach team at community events (e.g., health fairs). The performance improvement team will select or create all items in the toolkit.
CHIP STAR	Potentially Preventable Admissions for Asthma	Asthma digital offerings	Member, Provider	Asthma management education materials will be developed and posted to the member portal, including video content on how to look for in-home environmental triggers and education on other self-management topics. This intervention is intended to supplement the Healthy Asthma Homes Toolkit and be a way to continue communications with members. Digital materials will be added for kids and adults/families to inform and engage members of all ages and their families. Content will be posted over time, starting with materials to support young children and families who will receive the toolkit first.

2022 PIP Summary

2022 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	94.3%	-	-
STAR	PPC	92.9%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	WCC PPC	Secure and utilize a vendor relationship for record retrieval services.	Provider, System	Outsourcing record retrieval services. Episource LLC will retrieve the medical records which have been compiled and maintained by a physician or other 3rd party company.
CHIP	WCC	Create provider education materials for appropriate coding and HEDIS medical record review.	Provider	FirstCare Health Plan will create provider educational materials with specific information regarding the WCC measure requirements and billing codes for appropriate coding and HEDIS medical record review language for Weight Assessment, Counseling for Nutrition, and Physical Activity for Children/Adolescents.
STAR	PPC	Utilize a vendor to support care gap barriers to prenatal and postpartum appointments.	Member	FirstCare will implement a program with PapaPals that will focus on helping members that are pregnant or have recently delivered make timely prenatal and postpartum appointments. Services would include: Child supervision with parent/guardian in-home or physician office building (may be in a waiting room); Transportation-doctor visit, pharmacy, grocery, community-based organizations for assistance; House help- light house cleaning, organizing, identifying potential environmental triggers; Physical activity-attend exercise classes, gardening, going for a walk, active play with children in the home Recommended Care Reminders and health plan services- reminders for recommended care and health plan services based on demographic categorization.

FirstCare Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	93.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	94.4%	93.2%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	74.1%
Behavioral Health Care-Child (Within 14 calendar days)	69.2%	81.5%
High-Risk Prenatal (Within 5 calendar days)	-	56.5%
Not High-Risk Prenatal (Within 14 calendar days)	-	75.0%
New Member Third Trimester Prenatal (Within 5 calendar days)	-	71.4%
Vision Care-Adult (No referral)	-	100.0%
Vison Care-Child (No referral)	100.0%	100.0%

FirstCare Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

FirstCare Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	10.0/14.0	71.4%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	10.5/11	95%
Prior Year PIP Recommendations (STAR) [a]	11.5/12	96%

FirstCare Current Recommendations

Category	Description
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	The provider addresses pulled from the EQRO encounters at the beginning of the study resulted in an overall higher return rate (77 percent) than the addresses provided by the MCOs (62 percent). The EQRO addresses yielded a higher return rate than the MCO addresses for the following MCOs: Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends that MCOs, especially Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP, examine their provider directories to identify factors that could influence the accuracy of provider addresses.
Finding	MCO performance across Performance Indicator Dashboard measures varies. Some MCOs achieve a high standard on more than 50 percent of measures, while others fail to meet the minimum standard on more than 40 percent of measures. FirstCare has the most measures failing to meet the minimum standard, while Driscoll has the most measures achieving high standards.
MCQS Goal(s)	Goals 1, 4, 6
Recommendation	HHSC should continue leveraging the THLC portal (thlcportal.com) dashboards to help all Texas Medicaid and CHIP stakeholders identify and understand trends in healthcare quality across state programs.

Molina Healthcare of Texas (Molina)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR+PLUS	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	1,367	19.7%	99	2.1%	5,614	15.9%	11,042	8.9%	18,122	10.6%
Black, Non-Hispanic	500	7.2%	96	2.0%	8,923	25.3%	16,867	13.6%	26,386	15.4%
Hispanic	3,889	56.1%	3,915	82.9%	11,393	32.3%	76,433	61.7%	95,630	56.0%
Unknown / Other	1,179	17.0%	612	13.0%	9,366	26.5%	19,617	15.8%	30,774	18.0%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	2	0.0%	12	0.3%	-	-	5,938	4.8%	5,952	3.5%
1 – 9 years	2,690	38.8%	-	-	-	-	49,404	39.9%	52,094	30.5%
10 – 17 years	3,812	55.0%	83	1.8%	-	-	41,628	33.6%	45,523	26.6%
18 – 20 years	431	6.2%	386	8.2%	-	-	11,655	9.4%	12,472	7.3%
21 – 44 years	-	-	4,208	89.1%	15,645	44.3%	13,676	11.0%	33,529	19.6%
45 – 64 years	-	-	33	0.7%	18,981	53.8%	1,658	1.3%	20,672	12.1%
65+ years	-	-	-	-	670	1.9%	-	-	670	0.4%
Sex	-	-	-	-	-	-	-	-	-	-
Female	3,405	49.1%	4,715	99.9%	16,831	47.7%	68,686	55.4%	93,637	54.8%
Male	3,530	50.9%	7	0.1%	18,464	52.3%	55,266	44.6%	77,267	45.2%
Unknown	-	-	-	-	1	0.0%	7	0.0%	8	0.0%
All	6,935	100.0%	4,722	100.0%	35,296	100.0%	123,959	100.0%	170,912	100.0%

Molina MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

Molina CHIP

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Asthma Admission Rate (PDI 14)	2	129,723	1.54	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	1	107,579	0.93	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	130,180	0.77	Above High Std.
CIS - Combination 10 Immunizations	19	42	45.24	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	4	4	0.8	Above High Std.
IMA - Combination 2 Immunizations	166	411	40.39	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	4	107,579	3.72	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	2	107,579	1.86	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	77.62	Above High Std.
FUH - Follow Up within 7 Days Total Ages	17	47	36.17	Meets Min. Std.
WCC - Counseling on Nutrition - Total	287	411	69.83	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	281	411	68.37	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	269	271	0.99	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	85.32	Meets Min. Std.
URI - Age 3 months to 17 years	1,213	1,391	87.2	Meets Min. Std.
ADD - Initiation Phase	46	177	25.99	Below Min. Std.

Institute for Child Health Policy, University of Florida

Measure	Numerator	Denominator	Rate	Performance Level
CHL - Total	38	97	39.18	Below Min. Std.
FUH - Follow Up within 30 Days Total Ages	25	47	53.19	Below Min. Std.
WCC - BMI Screening - Total	303	411	73.72	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	2	130,180	1.54	Below Min. Std.
APP - Total	8	30	26.67	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	14	14	1.01	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	75.46	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	68.22	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	2	107,579	1.86	Below Min. Std.
DEV - Total All Age	140	346	40.46	Below Min. Std.
CWP - Age 3 to 17 years	897	1,204	74.5	Below Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	-	-	-	LD
HVL - All Ages	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

Molina STAR

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	238	520	45.77	Above High Std.
FUH - Follow Up within 30 Days Total Ages	336	520	64.62	Above High Std.
WCC - Counseling on Physical Activity - Total	309	411	75.18	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	34	973,395	3.49	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	18	722,678	2.49	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	19	1,111,894	1.71	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	20	1,111,894	1.8	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	41	272,768	15.03	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	14	272,768	5.13	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	1	32,843	3.04	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	4	272,768	1.47	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	6	272,768	2.2	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	4	272,768	1.47	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	14	272,768	5.13	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	4	272,768	1.47	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	3	239,925	1.25	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	220	334	0.66	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	149	176	0.85	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	7,578	8,575	0.88	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	84.32	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	78.75	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	80.08	Above High Std.
IMA - Combination 2 Immunizations	187	411	45.5	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	41	722,678	5.67	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	10	722,678	1.38	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	31	722,678	4.29	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	93	272,768	34.09	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	18	272,768	6.6	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	75	272,768	27.5	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	61	272,768	22.36	Above High Std.
UOP - Multiple Pharmacies	7	328	2.13	Above High Std.
UOP - Multiple Prescribers	47	328	14.33	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Multiple Prescribers and Pharmacies	5	328	1.52	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	0.99	Above High Std.
AAB - Age 3 months to 17 years	1,381	2,035	67.86	Above High Std.
HDO - Opioids High Dose	1	298	0.34	Above High Std.
WCC - BMI Screening - Total	331	411	80.54	Meets Min. Std.
WCC - Counseling on Nutrition - Total	316	411	76.89	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	22	22	1	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	68.37	Meets Min. Std.
FUA - 30 Days Total Ages	12	140	8.57	Meets Min. Std.
IET - Initiation Total (All Ages)	290	699	41.49	Meets Min. Std.
IET - Engagement Total (All Ages)	107	699	15.31	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	80.61	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	59	1,728	3.41	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	28	1,728	1.62	Meets Min. Std.
URI - Age 3 months to 17 years	15,406	17,124	89.97	Meets Min. Std.
ADD - Initiation Phase	314	773	40.62	Below Min. Std.
ADD - Continuation and Maintenance Phase	48	94	51.06	Below Min. Std.
AMM - Effective Acute Phase Treatment	224	517	43.33	Below Min. Std.
AMM - Effective Continuation Phase Treatment	152	517	29.4	Below Min. Std.
CCS - Total	4,581	8,046	56.94	Below Min. Std.
CDC - HbA1c Control (<8%)	130	411	31.63	Below Min. Std.
CDC - Eye Exam	480	996	48.19	Below Min. Std.
CDC - HbA1c Testing	331	411	80.54	Below Min. Std.
CHL - Total	2,110	4,438	47.54	Below Min. Std.
PPC - Postpartum Care	296	411	72.02	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	472	786	60.05	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	5	272,768	1.83	Below Min. Std.
APP - Total	100	241	41.49	Below Min. Std.
CIS - Combination 10 Immunizations	104	411	25.3	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	64.48	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	57.62	Below Min. Std.
FUA - 7 Days Total Ages	5	140	3.57	Below Min. Std.
FUM - 7 Days Total Ages	49	139	35.25	Below Min. Std.
FUM - 30 Days Total Ages	67	139	48.2	Below Min. Std.
DEV - Total All Age	6,593	13,861	47.57	Below Min. Std.
HVL - All Ages	36	55	65.45	Below Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	54.63	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	53.08	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	80.72	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	124	419	29.59	Below Min. Std.
CWP - Age 3 to 17 years	6,208	8,204	75.67	Below Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	-	LD

Molina STAR+PLUS

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	601	1,474	40.77	Above High Std.
FUH - Follow Up within 30 Days Total Ages	887	1,474	60.18	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	153	420,211	36.41	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	227	420,211	54.02	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	190	267,580	71.01	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	78	420,211	18.56	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	101	420,211	24.04	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	71	420,211	16.9	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	58	420,211	13.8	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	8	152,631	5.24	Above High Std.
PCE - Systemic Corticosteroids	588	799	73.59	Above High Std.
PCE - Bronchodilators	711	799	88.99	Above High Std.
SPD - Received Statin Therapy	2,816	4,016	70.12	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	1,740	420,211	414.08	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	172	420,211	40.93	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	1,568	420,211	373.15	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	492	420,211	117.08	Above High Std.
UOP - Multiple Pharmacies	64	3,646	1.76	Above High Std.
UOP - Multiple Prescribers	501	3,646	13.74	Above High Std.
UOP - Multiple Prescribers and Pharmacies	40	3,646	1.1	Above High Std.
AAB - Age 18 to 64 years	150	369	40.65	Above High Std.
Members Aged 45-64	14,601	16,926	86.26	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	576	1,485	38.79	Meets Min. Std.
CCS - Total	194	411	47.2	Meets Min. Std.
PPC - Timeliness of Prenatal Care	121	181	66.85	Meets Min. Std.
SPC - Total Statin Therapy	984	1,231	79.94	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	3,489	3,562	0.98	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	281	282	1	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - % Good Access to Urgent Care	-	-	67.01	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care	-	-	55.14	Meets Min. Std.
FUM - 30 Days Total Ages	301	619	48.63	Meets Min. Std.
HVL - All Ages	666	943	70.63	Meets Min. Std.
IET - Engagement Total (All Ages)	176	2,980	5.91	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	425	3,731	11.39	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	236	3,731	6.33	Meets Min. Std.
URI - Age 18 to 64 years	577	920	62.72	Meets Min. Std.
HDO - Opioids High Dose	40	3,020	1.32	Meets Min. Std.
AAP - Members Aged 20-44	9,472	13,059	72.53	Below Min. Std.
AMM - Effective Acute Phase Treatment	761	1,485	51.25	Below Min. Std.
BCS - Total	2,725	5,722	47.62	Below Min. Std.
CDC - HbA1c Control (<8%)	170	411	41.36	Below Min. Std.
CDC - Eye Exam	3,798	7,509	50.58	Below Min. Std.
CDC - HbA1c Testing	349	411	84.91	Below Min. Std.
CHL - Total	85	234	36.32	Below Min. Std.
PPC - Postpartum Care	92	181	50.83	Below Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	366	804	45.52	Below Min. Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	800	420,211	190.38	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	97	420,211	23.08	Below Min. Std.
SAA - 80% Coverage	1,740	3,177	54.77	Below Min. Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	110	155	70.97	Below Min. Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	796	1,140	69.82	Below Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	112	592	18.92	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SSD - Diabetes Screening	2,921	3,763	77.62	Below Min. Std.
SPC - Total Adherence	562	984	57.11	Below Min. Std.
SPD - Statin Adherence	1,553	2,816	55.15	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	2,051	2,037	1.01	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	7,182	7,070	1.02	Below Min. Std.
SVY-Adult - % Good Access to Specialist Appointment	-	-	51.25	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	61.16	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	55.56	Below Min. Std.
FUA - 7 Days Total Ages	18	495	3.64	Below Min. Std.
FUA - 30 Days Total Ages	37	495	7.47	Below Min. Std.
FUM - 7 Days Total Ages	186	619	30.05	Below Min. Std.
IET - Initiation Total (All Ages)	1,139	2,980	38.22	Below Min. Std.
PCR - Total All Ages (18-64), O/E	-	-	1.15	Below Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	75.29	Below Min. Std.
CWP - Age 18 to 64 years	306	699	43.78	Below Min. Std.

Molina PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	ADD	96.4%	-	-
STAR	ADD	96.4%	-	-
STAR+PLUS	FUH	95.6%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	ADD	Distribution and education of providers on Clinical Practice Guideline, Diagnosis, Evaluation and Treatment of Attention-Deficit Hyperactivity Disorder in Children and Adolescents from the American Academy of Pediatrics	Provider	Distribute and educate providers on CPG adopted
CHIP STAR	ADD	Outreach to Parents after first fill of medication for education on setting f/u appointment.	Member	Molina's has dedicated quality staff who will reach out to members' parents/guardians telephonically. These employees will call the parents/guardians of the children identified on the monthly pharmacy data with new refills for ADHD medications to encourage appointment setting for a follow-up visit with the child's prescribing practitioner. They will assist with appointment setting if needed. Research has shown that these reminder calls can be effective in increasing compliance with this measure.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	ADD	Medication Adherence – Follow up with Parents of Children Identified with Potential Issues of Medication Adherence	Member	Medication Adherence Reports from Pharmacy data will identify members who do not refill ADHD medications as directed by the prescription timely or not at all. The parent/guardian of these members will be sent a letter by MHT Pharmacy outlining the importance of following the medication regimen and providing direction to follow up with the child's physician on any issues they may have with taking the medication as prescribed.
STAR+PLUS	FUH	Member Education Brochure	Member	Collaboration to create a pamphlet to educate member on the importance of follow up after hospitalization.
STAR+PLUS	FUH	Promotion and education of Telehealth for these follow-up services.	Provider	Develop and distribute a provider education tip sheet to promote telehealth services to provide information on coding through provider visits, faxing and other provider engagement opportunities.
STAR+PLUS	FUH	Discharge Planning to Include Coordination for 7 and 30 day Follow up Visits with BH Provider	Member Provider	MHT Health Care Services (HCS) and Behavioral Health Services (BH) work directly with individual patients, BH inpatient facilities and Outpatient BH Providers to plan and prepare members for their discharge from an inpatient stay for mental health condition. This planning includes setting follow up appointments with a current BH provider for these patients or, if the patient does not currently have a BH provider, referring to a BH Provider for follow up care.
STAR+PLUS	FUH	Value Based Arrangement with High Volume BH Outpatient Provider in Dallas area.	Member Provider	Molina is in discussion with Dallas Metro-Care provider in the Dallas SDA (52% of MHT BH Admissions in 2018). This group provides behavioral health care along with case management and care coordination for patients inpatient and then following the inpatient stay.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Vaccinations	87.9%	-	-
STAR	Vaccinations	87.9%	-	-
STAR+PLUS	Diabetes	79.7%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Improving Vaccination Rates for Children and Adolescents	Immunization Website Page	Provider	MHT and Community will develop the Immunization website page to provide information about recommended vaccines for children and adolescents, including meningococcal, Tdap, and HPV vaccines. The webpage will also provide education on the importance of immunizations, benefits of vaccination, vaccine safety, infection risk and side effects.
CHIP STAR	Improving Vaccination Rates for Children and Adolescents	Provider Education via Provider Newsletter	Provider	Molina and Community will publish quarterly provider newsletter articles to educate providers on the importance of ensuring members receive their Tdap, meningococcal, and HPV vaccine series before their 13th birthday.
CHIP STAR	Improving Vaccination Rates for Children and Adolescents	ImmTrac Enrollment	Provider, Member	Molina and Community will conduct surveys via SurveyMonkey to obtain provider feedback on their enrollment status and utilization of ImmTrac system. Molina and Community will also include the Provider ImmTrac brochure with information for providers to enroll in ImmTrac, as well as Patient ImmTrac brochure with information for members to enroll in ImmTrac. The providers are encouraged to share the Patient ImmTrac brochure with members and encourage them to enroll in ImmTrac during office visits.
CHIP STAR	Improving Vaccination Rates for Children and Adolescents	IMA/CIS Quick Reference Guide	Provider	Medical Directors from Community Health Choice and Molina will collaborate and develop provider education materials around IMA and CIS topics. The education materials will be available via provider newsletters and/or Email blasts.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Improving Vaccination Rates for Children and Adolescents	Live IMA Educational Webinar	Provider	Community Health Choice and Molina will develop recurring webinars around IMA measures. Medical Directors from each health plan will be the primary facilitators of these webinars. These live webinars will allow PCPs to learn best practices from each other, as well as discuss challenges facing when serving the members.
CHIP STAR	Improving Vaccination Rates for Children and Adolescents	Member Education via Member Newsletter	Member	Community and Molina will publish member newsletter articles on a quarterly basis for Community and on a biannually basis for MHT to educate members on the importance of obtaining the Tdap, meningococcal, and HPV vaccine series to prevent adolescent vaccine-preventable diseases.
CHIP STAR	Improving Vaccination Rates for Children and Adolescents	Molina Mobile Text Messaging – Specific to Molina and is not a Collaborative Interventions	Member	Implementation of Molina Mobile, an iPhone/Android application that allows members to set up a personalized IMA and CIS card to track and manage their care. Once a member sets up their individualized Care Card, reminders for upcoming events such as IMA/CIS visits will be included. Molina will promote the adoption of the Molina Mobile application by inserting the link on how to download in other materials. Molina will add information about the application in call scripts to members regarding Texas Health Steps.
STAR+PLUS	Improving DM Control	CDC Impact Pro Pilot Dashboard	Member, Provider	Track and Monitor those that are out of compliance with A1C and CBP. Work with member (Care Management) to engage members who are out of compliance as well as address the assigned provider collaborate on addressing specific member needs, issues to bring into compliance (Provider Engagement).
STAR+PLUS	Improving DM Control	Molina Care Connections Referral Program	Member	Provide telehealth interventions with nutrition, med compliance, treatment compliance. Utilize Molina Care Connection to provide telehealth interventions with nutrition, med compliance, treatment compliance."
STAR+PLUS	Improving DM Control	Controlling Blood Pressure Self-Monitoring	Member	Identify through outreach to those with hypertensive dx if they have persona CBP monitoring tool. Identify through outreach to members identified with a hypertensive diagnosis if they have personal CBP monitoring tool. Those that do not will be sent a cuff.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR+PLUS	Improving DM Control	Member outreach for preventive screenings (A1C testing and nephropathy screening)	Member	Identify members who are needing preventive screenings for A1c and Nephropathy

2022 PIP Summary

2022 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	74.8%	-	-
STAR	PPC	90.0%	-	-
STAR+PLUS	PPC	90.0%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR STAR+PLUS	PPC	17P Provider Letters	Provider	Molina Healthcare of Texas has developed this informational mailing, in efforts to assist our Obstetrical Provider on the authorization process for I7 Alpha-Hydroxyprogesterone (17P) when prescribing 17P for qualifying Molina Healthcare members. All OBGYN's will be targeted.
STAR STAR+PLUS	PPC	Healthy Moms Healthy Babies	Member	Healthy Moms Healthy Babies program is to provide holistic case management services to women whose pregnancy is considered low to moderate risk and offer support for her to have the resources she needs for a healthy pregnancy. Program goals include establishing rapport with members, developing a trusting relationship, consistent outreach calls to members, health education, psychoeducation, connection to available benefits, value added services, and community resources.

Molina EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall

[1] This category (marked pass/fail) does not contribute to the MCO overall compliance score. Pass indicates that the contract met compliance requirement (as reflected in Table 22).

[2] The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, data certification, and encounter data validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the SFY 2022 ATR

Program	438.206	438.207[1]	438.208[1]	438.210[1]	438.214	438.224	438.228	438.230[1]	438.236	438.242[1,2]	438.330[1,2]	Overall[1,2]
Overall	100	100	100	96.2	100	100	96.1	pass	100	91.7	95.1	97.9
STAR	100	100	100	100	100	100	96.1	pass	100	91.7	94.5	98.2
STAR+PLUS	100	100	100	100	100	100	96.1	pass	100	91.7	96.3	98.4
CHIP	100	100	100	84.6	100	100	96.1	pass	100	91.7	94.5	96.7

Molina Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR + PLUS
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	96.4%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	100.0%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	97.0%	95.8%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	-
Behavioral Health Care-Adult (Within 14 calendar days)	-	77.4%	83.6%
Behavioral Health Care-Child (Within 14 calendar days)	80.6%	78.6%	-
High-Risk Prenatal (Within 5 calendar days)	-	27.3%	-
Not High-Risk Prenatal (Within 14 calendar days)	-	60.0%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	0.0%	-
Vision Care-Adult (No referral)	-	100.0%	100.0%
Vison Care-Child (No referral)	100.0%	100.0%	-

Molina Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

Molina Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	19/25	76.0%
Prior Year QAPI Recommendations (MCO)	6.5/8.0	81.3%
Prior Year QAPI Recommendations (MMP)	7.5/8.0	93.8%
Prior Year PIP Recommendations (CHIP) [a]	23.5/40	58.8%
Prior Year PIP Recommendations (STAR) [a]	23/31	74.2%
Prior Year PIP Recommendations (STAR+PLUS) [a]	15.5/24	64.6%

Molina Current Recommendations

Category	Description
Finding	Several MCOs scored zero on progress reports during this evaluation year because they did not address all previous recommendations. In the 2020 PIP Progress Report 3, two MCOs scored a zero. In the 2021 PIP Progress Report 2, three MCOs scored a zero. In the 2022 PIP Progress Report 2, three MCOs scored a zero. Each of these MCOs could have scored significantly higher, ranging from 50 to 96.4 percent, had they addressed previous EQRO recommendations. This has been an ongoing issue for PCHP and Driscoll. PCHP did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 2, 2020 Progress Report 3, and 2021 Progress Report 2. Driscoll did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 3, and 2022 Progress Report 1.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including Driscoll, PCHP, CHCT, UHC, Molina, and Superior should ensure that their progress reports for all PIPs address all previous recommendations made by the EQRO.
Finding	Lower scores were often due to errors or omissions in measure reporting, issues reporting target and reach data correctly, and providing insufficient justification for modifications made to PIPs. For example, PCHP, BCBSTX, and Molina lost points due to reporting re-measurements using incorrect periods. Both BCBSTX and Molina lost points in measure reporting because they did not utilize data from the QoC tables or THLCportal.com in baseline data, and thus the EQRO could not verify or validate their numerators and denominators.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including PCHP, BCBSTX, Molina (who scored lowest on 2020 PIP Progress Report 3), and DentaQuest (who scored lowest on 2021 PIP Progress Report 2), should report all measures both accurately and completely, report target data correctly, and provide justification for all modifications made to PIPs.
Finding	Several MCOs reported challenges obtaining and incorporating provider URL information into provider directories.
MCQS Goal(s)	Goals 3, 4
Recommendation	MCOs, including Molina, Superior, and UHC, should establish systems to incorporate complete provider website URL information in their provider directories.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.

Category	Description
Finding	In SFY 2022, none of the providers for Aetna, CookCHP, Molina, SWHP, and UHC complied with wait time standards for prenatal care in the third trimester. SWHP providers had zero percent compliance with high-risk pregnancy appointment standards.
MCQS Goal(s)	Goals 3, 5
Recommendation	• HHSC should strongly encourage Aetna, CookCHP, Molina, SWHP, and UHC to conduct RCAs to identify the drivers for non-compliance with appointment standards. • Aetna, CookCHP, Molina, SWHP, and UHC should use the RCA to identify specific approaches that they can use to encourage providers to make appointments available within five working days.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	In SFY 2022, the percentage of excluded providers increased, and the total appointments available decreased in all prenatal sub-studies compared with SFY 2020.
MCQS Goal(s)	Goals 3, 5
Recommendation	HHSC should encourage the MCOs to carefully examine the member-facing directory information they provided for the appointment availability study, especially Amerigroup, Molina, and Aetna, which had the highest percentage of excluded providers in the prenatal sub-studies. Updated provider directories with accurate provider contact information will help reduce the overall number of calls needed for each MCO and help increase the size of the sample for assessing compliance with call wait times.
Finding(s)	In SFY 2022, the median number of days to wait for a high-risk appointment was nine days, and the third trimester was seven days, both higher than the UMCC standard of five days.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	BCBSTX, DCHP, Molina, PCHP, and ElPasoHealth should work with their providers to understand what factors contribute to longer wait times for prenatal appointments and develop a strategy for decreasing the wait time for prenatal appointments.
Finding(s)	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Amerigroup, CFHP, CookCHP, Molina and Superior. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6

Category	Description
Recommendation(s)	The EQRO recommends that Amerigroup, CFHP, CookCHP, Molina and Superior work with their providers to determine why information in the encounter data is not documented in the medical records.

Parkland Community Health Plan (PCHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-
White, Non-Hispanic	634	10.9%	36	2.2%	22,415	10.4%	23,085	10.4%
Black, Non-Hispanic	701	12.1%	67	4.0%	48,175	22.4%	48,943	22.0%
Hispanic	3,298	57.0%	1,343	80.5%	101,798	47.3%	106,439	47.8%
Unknown / Other	1,157	20.0%	223	13.4%	43,034	20.0%	44,414	19.9%
Age Group	-	-	-	-	-	-	-	-
<1 year	3	0.1%	1	0.1%	11,338	5.3%	11,342	5.1%
1 – 9 years	2,328	40.2%	.	.	92,387	42.9%	94,715	42.5%
10 – 17 years	3,146	54.3%	17	1.0%	70,375	32.7%	73,538	33.0%
18 – 20 years	313	5.4%	68	4.1%	16,047	7.4%	16,428	7.4%
21 – 44 years	-	-	1,576	94.4%	24,296	11.3%	25,872	11.6%
45 – 64 years	-	-	7	0.4%	979	0.5%	986	0.4%
Sex	-	-	-	-	-	-	-	-
Female	2,848	49.2%	1,668	99.9%	119,067	55.3%	123,583	55.4%
Male	2,942	50.8%	1	0.1%	96,336	44.7%	99,279	44.5%
Unknown	-	-	-	-	19	0.0%	19	0.0%
All	5,790	100.0%	1,669	100.0%	215,422	100.0%	222,881	100.0%

PCHP MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

PCHP CHIP

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	41	44	93.18	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	130,436	0	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	2	130,790	1.53	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	130,790	0	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	9	15	0.63	Above High Std.
IMA - Combination 2 Immunizations	153	411	37.23	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	4	106,803	3.75	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	106,803	0.94	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	3	106,803	2.81	Above High Std.
DEV - Total All Age	262	461	56.83	Above High Std.
CWP - Age 3 to 17 years	840	984	85.37	Above High Std.
ADD - Initiation Phase	50	128	39.06	Meets Min. Std.
WCC - Counseling on Nutrition - Total	281	411	68.37	Meets Min. Std.
CIS - Combination 10 Immunizations	20	49	40.82	Meets Min. Std.
URI - Age 3 months to 17 years	950	1,055	90.05	Meets Min. Std.
CHL - Total	18	68	26.47	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCC - BMI Screening - Total	289	411	70.32	Below Min. Std.
WCC - Counseling on Physical Activity - Total	264	411	64.23	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	106,803	2.81	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	311	290	1.07	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	72.79	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	68.83	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	63.62	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	81.13	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD
APP - Total	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
HVL - All Ages	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

PCHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	480	1,038	46.24	Above High Std.
ADD - Continuation and Maintenance Phase	99	153	64.71	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	90	1,714,880	5.25	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	50	1,981,289	2.52	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	26	1,981,289	1.31	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	58	415,527	13.96	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	8	415,527	1.93	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	5	24,051	20.79	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	6	415,527	1.44	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	15	415,527	3.61	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	7	415,527	1.68	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	15	415,527	3.61	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	4	415,527	0.96	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	6	391,476	1.53	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	0	415,527	0	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	377	498	0.76	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	74.66	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	79.55	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	81.54	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	17	1,229,248	1.38	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	124	415,527	29.84	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	22	415,527	5.29	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	102	415,527	24.55	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	70	415,527	16.85	Above High Std.
DEV - Total All Age	15,951	29,167	54.69	Above High Std.
HVL - All Ages	66	85	77.65	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	1.1	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	34	3,248	1.05	Above High Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	7	3,248	0.22	Above High Std.
AAB - Age 3 months to 17 years	1,739	2,548	68.25	Above High Std.
CWP - Age 3 to 17 years	8,285	10,089	82.12	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
HDO - Opioids High Dose	0	167	0	Above High Std.
AMM - Effective Acute Phase Treatment	278	553	50.27	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	272	791	34.39	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	449	791	56.76	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	1,743	2,460	70.85	Meets Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	58.97	Meets Min. Std.
IMA - Combination 2 Immunizations	132	411	32.12	Meets Min. Std.
FUA - 7 Days Total Ages	8	193	4.15	Meets Min. Std.
UOP - Multiple Pharmacies	9	180	5	Meets Min. Std.
UOP - Multiple Prescribers	37	180	20.56	Meets Min. Std.
UOP - Multiple Prescribers and Pharmacies	5	180	2.78	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.73	Meets Min. Std.
URI - Age 3 months to 17 years	20,315	22,461	90.45	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	161	553	29.11	Below Min. Std.
CCS - Total	8,131	13,670	59.48	Below Min. Std.
CDC - HbA1c Control (<8%)	54	411	13.14	Below Min. Std.
CDC - Eye Exam	237	950	24.95	Below Min. Std.
CDC - HbA1c Testing	268	411	65.21	Below Min. Std.
CHL - Total	2,975	7,791	38.19	Below Min. Std.
PPC - Postpartum Care	293	411	71.29	Below Min. Std.
WCC - BMI Screening - Total	285	411	69.34	Below Min. Std.
WCC - Counseling on Nutrition - Total	290	411	70.55	Below Min. Std.
WCC - Counseling on Physical Activity - Total	268	411	65.2	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	60	1,229,248	4.88	Below Min. Std.
APP - Total	139	479	29.02	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CIS - Combination 10 Immunizations	70	411	17.03	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	336	302	1.11	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	15,701	14,525	1.08	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	39	35	1.1	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	67.8	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	57.25	Below Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	68.83	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	123	1,229,248	10.01	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	106	1,229,248	8.62	Below Min. Std.
FUA - 30 Days Total Ages	11	193	5.7	Below Min. Std.
FUM - 7 Days Total Ages	47	266	17.67	Below Min. Std.
FUM - 30 Days Total Ages	76	266	28.57	Below Min. Std.
IET - Initiation Total (All Ages)	320	881	36.32	Below Min. Std.
IET - Engagement Total (All Ages)	93	881	10.56	Below Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	44.17	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	55.88	Below Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	72.71	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	179	865	20.69	Below Min. Std.

PCHP PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	ADD	82.6%	-	-
STAR	ADD	82.6%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	ADD &FUH	ADD Visits Conducted via Telemedicine/Telehealth	Provider System	Promotion of telehealth/telemedicine for follow-up visits that meet criteria of the HEDIS ADD measure via best practice information that addresses coding, incorporating telehealth into the provider's practice, organizations structures, change management, economic feasibility, patient perceptions of benefits, user friendliness and evaluation
CHIP STAR	ADD& FUH	Medication adherence addressed through use of multimodal interactive technology that obtains and delivers information regarding member adherence behaviors	Member	This intervention employs multimodal interactive technology to obtain and deliver information regarding member barriers to medication adherence. The technology utilizes decision trees and interactive responses to elicit information on topics such as whether: the prescription was filled; the parent/caregiver understands the dose and timing; the child is taking it; whether the child is/is not experiencing side effects; and the opportunity to connect with the provider to schedule visits to address medication adherence.
CHIP STAR	ADD& FUH	Community Organization Collaboration on Life Skills and Parenting Education	System	This intervention addresses the burden on parents living with and caring for a child with ADHD. Local community organizations provide life skills training and parenting education that helps support parents.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	PPVs	82.4%	-	-
STAR	PPVs	82.4%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	Reducing PPV Rate	"Where To Go" Flyer	Member	One page "Where To Go" flyer that provides information on where to go per condition; uploaded into PCHP website; added to the welcome package of the new enrolled members
CHIP STAR	Reducing PPV Rate	Vaccine Outreach Program	Member	Text message reminders to members to get their FLU Shot to prevent members from 1.) Getting the Flu 2) ER utilization due to getting the flu
CHIP STAR	Reducing PPV Rate	Super Utilizers One on One	Member	Identify members who utilized the ER 10 times or more in a 12-month period; Case manager will contact identified members to schedule a one-on-one meeting to discuss alternative ER options to care

2022 PIP Summary

2022 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	60.2%	-	-
STAR	PPC	59.4%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Provider Tip Sheet for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Provider	This intervention was developed as a Provider-focused educational effort. The Tip Sheet informs the Provider of the HEDIS definition of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) measure that aligns with this PIP. In addition to the HEDIS definition, there are best practices to improve their performance, and codes to assist the Provider in meeting the measure. The Tip Sheets will be available on the Provider Portal. They will also be available upon request in print.
CHIP	WCC	Nutritionist Referral Program	Provider	This intervention was developed as a Provider-focused continuity of care effort. The Nutritionist Referral Program will promote Provider referrals for members that are diagnosed with obesity / malnutrition, unhealthy nutrition, and could benefit from this specialized clinical guidance.
CHIP	WCC	Healthy Eating and Exercise Direct Member Communications Campaigns	Member	This intervention will prompt members to take positive action toward maintaining a healthy weight and stress management via text message and interactive voice recognition (IVR). Topics include healthy eating, mental health, and addiction. In addition to general education and outreach, content targeted toward members with diabetes will be sent by disease management vendor.
CHIP	WCC	Healthy Eating and Exercise Community Outreach	Member	Certified Health Workers on Community Outreach team to conduct classes on nutrition and exercise. Educational flyers to be developed for attendees to reference at home.
CHIP	WCC	Healthy Eating and Exercise Education Through Owned Media Channels	Member	Leverage owned media channels (blog, social) to educate members about the importance of maintaining a healthy weight and how exercise and nutrition can help them. New topics will be addressed throughout the year. Content will be driven by nutritionist and provider input.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Provider Educational Campaign	Provider	"This intervention was developed as a Provider-focused educational effort. The Tip Sheet informs the Provider of the HEDIS definition of the Prenatal and Postpartum Care (PPC) measure that aligns with this PIP. In addition to the HEDIS definition, there are best practices to improve their performance, and codes to assist the Provider in meeting the measure. The Tip Sheets will be available on the Provider Portal. They will also be available upon request in print.
STAR	PPC	Referral Program (Nutritionist and BH)	Provider	This intervention was developed as a Provider-focused continuity of care effort. The Nutritionist Referral Program will promote Provider referrals for pregnant members that are under/over BMI, have unhealthy nutrition, and could benefit from this specialized clinical guidance. The BH Referral Program will promote Provider Referrals to pregnant members that have Behavioral Health conditions, including but not limited to anxiety, depression, addictions, etc. and / or can benefit from specialized guidance, this intervention will be done in collaboration with PCHP Third Party Administrator on Behavioral Health. BEACON.
STAR	PPC	Healthy Eating and Exercise Direct Member Communications Campaigns	Member	This intervention will prompt pregnant members to take positive action toward maintaining a healthy weight and stress management via text message and interactive voice recognition (IVR). Topics include healthy eating, mental health, addiction, and smoking cessation. In addition to general education and outreach, content targeted toward members with diabetes will be sent by disease management vendor.

PCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult **(No later than 90 calendar days after enrollment)**	-	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%
Primary Preventative Care Standard-Child **(No later than 90 calendar days after enrollment)**	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	97.7%	100.0%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	94.7%
Behavioral Health Care-Child (Within 14 calendar days)	95.7%	96.6%
High-Risk Prenatal (Within 5 calendar days)	-	12.0%
Not High-Risk Prenatal (Within 14 calendar days)	-	71.4%
New Member Third Trimester Prenatal (Within 5 calendar days)	-	50.0%
Vision Care-Adult (No referral)	-	100.0%
Vison Care-Child (No referral)	100.0%	100.0%

PCHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO- specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

PCHP Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	3.5/7.0	50.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	28.5/43	66%
Prior Year PIP Recommendations (STAR) [a]	28.5/45	63%

PCHP Current Recommendations

Category	Description
Finding	Several MCOs scored zero on progress reports during this evaluation year because they did not address all previous recommendations. In the 2020 PIP Progress Report 3, two MCOs scored a zero. In the 2021 PIP Progress Report 2, three MCOs scored a zero. In the 2022 PIP Progress Report 2, three MCOs scored a zero. Each of these MCOs could have scored significantly higher, ranging from 50 to 96.4 percent, had they addressed previous EQRO recommendations. This has been an ongoing issue for PCHP and Driscoll. PCHP did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 2, 2020 Progress Report 3, and 2021 Progress Report 2. Driscoll did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 3, and 2022 Progress Report 1.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including Driscoll, PCHP, CHCT, UHC, Molina, and Superior should ensure that their progress reports for all PIPs address all previous recommendations made by the EQRO.
Finding	Lower scores were often due to errors or omissions in measure reporting, issues reporting target and reach data correctly, and providing insufficient justification for modifications made to PIPs. For example, PCHP, BCBSTX, and Molina lost points due to reporting re-measurements using incorrect periods. Both BCBSTX and Molina lost points in measure reporting because they did not utilize data from the QoC tables or THLCportal.com in baseline data, and thus the EQRO could not verify or validate their numerators and denominators.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including PCHP, BCBSTX, Molina (who scored lowest on 2020 PIP Progress Report 3), and DentaQuest (who scored lowest on 2021 PIP Progress Report 2), should report all measures both accurately and completely, report target data correctly, and provide justification for all modifications made to PIPs.
Finding(s)	In the 2022 PIP Plans, PCHP received the lowest scores due to their use of an old version of the PIP template that did not include all the CMS required information for the PIPs.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	PCHP should ensure that it utilizes the most up-to-date versions of templates (available in the Uniform Managed Care Manual) to ensure that they address all necessary questions for CMS compliance.
Finding(s)	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation(s)	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.

Category	Description
Finding(s)	In SFY 2022, the median number of days to wait for a high-risk appointment was nine days, and the third trimester was seven days, both higher than the UMCC standard of five days.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	BCBSTX, DCHP, Molina, PCHP, and ElPasoHealth should work with their providers to understand what factors contribute to longer wait times for prenatal appointments and develop a strategy for decreasing the wait time for prenatal appointments.
Finding(s)	To improve the record return rate and accuracy of provider addresses, the EQRO sent each MCO a list of ICNs and provider addresses for each member in the sample and requested that MCOs verify the provider addresses and make corrections where needed. Aetna, BCBSTX, DCHP, PCHP, and UHC did not update or verify the provider addresses. Superior updated several of the provider addresses, however 23.5 percent came back as "not a patient." Because unverified or incorrect addresses led to lower record return rates compared to previous studies, the EQRO and HHSC requested that the MCOs retrieve the outstanding records needed to meet the sample size requirements.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	The EQRO recommends HHSC consider a new approach to obtaining records that will hold the MCOs accountable for meeting the sample size requirements for the study. One approach would be for HHSC to require the MCOs to obtain the records for the sample population and submit them to HHSC and the EQRO.
Finding(s)	PCHP had the opportunity, as did all the MCOs, to verify or correct the provider addresses at the start of the study, however, they took no action. Further, when given the opportunity to retrieve the outstanding records to meet the sample size requirements, PCHP did not provide any additional records. Consequently, the EQRO did not receive enough records to meet the sample size requirements making PCHP's match rates unreliable.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	PHCP should work to ensure that all provider addresses are accurate at the start of each EDVMRR study, by improving their provider address reporting, and by taking advantage of the opportunity to correct addresses or retrieve any outstanding records to ensure meeting the required sample size.

RightCare from Scott & White Health Plan (SWHP)

Member Demographics

Demographic Category	STAR	%	All Members	%
Race				
White, Non-Hispanic	15,950	26.3%	15,950	26.3%
Black, Non-Hispanic	13,512	22.3%	13,512	22.3%
Hispanic	18,183	30.0%	18,183	30.0%
Unknown / Other	12,967	21.4%	12,967	21.4%
Age Group				
<1 year	2,852	4.7%	2,852	4.7%
1 – 9 years	25,313	41.8%	25,313	41.8%
10 – 17 years	18,579	30.7%	18,579	30.7%
18 – 20 years	4,248	7.0%	4,248	7.0%
21 – 44 years	8,953	14.8%	8,953	14.8%
45 – 64 years	667	1.1%	667	1.1%
Sex				
Female	34,556	57.0%	34,556	57.0%
Male	26,049	43.0%	26,049	43.0%
Unknown	7	0.0%	7	0.0%
All	60,612	100.0%	60,612	100.0%

SWHP MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

SWHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	259	472	54.87	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	12	526,565	2.28	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	9	526,565	1.71	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	23	140,773	16.34	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	6	140,773	4.26	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	2	15,060	13.28	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	4	140,773	2.84	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	3	140,773	2.13	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	1	140,773	0.71	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	87	112	0.77	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	84.89	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	73.65	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	86.63	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	82.25	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	4	336,403	1.19	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Overall PQI Composite Rate (PQI 90)	66	140,773	46.88	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	7	140,773	4.97	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	59	140,773	41.91	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	31	140,773	22.02	Above High Std.
UOP - Multiple Pharmacies	2	242	0.83	Above High Std.
UOP - Multiple Prescribers and Pharmacies	1	242	0.41	Above High Std.
IET - Initiation Total (All Ages)	152	342	44.44	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	1	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	87.61	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	87.72	Above High Std.
AAB - Age 3 months to 17 years	311	423	73.52	Above High Std.
HDO - Opioids High Dose	0	227	0	Above High Std.
AMM - Effective Continuation Phase Treatment	177	472	37.5	Meets Min. Std.
CDC - HbA1c Control (<8%)	147	411	35.77	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	115	380	30.26	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	214	380	56.32	Meets Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	4	140,773	2.84	Meets Min. Std.
APP - Total	48	92	52.17	Meets Min. Std.
UOP - Multiple Prescribers	57	242	23.55	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	61.54	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	47	1,395	3.37	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	20	1,395	1.43	Meets Min. Std.
URI - Age 3 months to 17 years	4,582	4,951	92.55	Meets Min. Std.
ADD - Initiation Phase	241	715	33.71	Below Min. Std.
ADD - Continuation and Maintenance Phase	50	93	53.76	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CCS - Total	2,933	5,138	57.08	Below Min. Std.
CDC - Eye Exam	204	457	44.64	Below Min. Std.
CDC - HbA1c Testing	332	411	80.78	Below Min. Std.
CHL - Total	1,078	2,552	42.24	Below Min. Std.
PPC - Postpartum Care	296	411	72.02	Below Min. Std.
WCC - BMI Screening - Total	248	411	60.34	Below Min. Std.
WCC - Counseling on Nutrition - Total	218	411	53.04	Below Min. Std.
WCC - Counseling on Physical Activity - Total	181	411	44.04	Below Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	380	639	59.47	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	62	465,523	13.32	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	14	336,403	4.16	Below Min. Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	19	140,773	13.5	Below Min. Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	4	125,713	3.18	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	2	140,773	1.42	Below Min. Std.
CIS - Combination 10 Immunizations	50	411	12.17	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	240	170	1.41	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	4,920	4,139	1.19	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	21	15	1.39	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	67.03	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	59.21	Below Min. Std.
IMA - Combination 2 Immunizations	98	411	23.84	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	48	336,403	14.27	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	44	336,403	13.08	Below Min. Std.
FUA - 7 Days Total Ages	2	56	3.57	Below Min. Std.
FUA - 30 Days Total Ages	2	56	3.57	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUM - 7 Days Total Ages	49	151	32.45	Below Min. Std.
FUM - 30 Days Total Ages	72	151	47.68	Below Min. Std.
DEV - Total All Age	1,876	6,781	27.67	Below Min. Std.
IET - Engagement Total (All Ages)	40	342	11.7	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	54.99	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	54	214	25.23	Below Min. Std.
CWP - Age 3 to 17 years	1,047	1,451	72.16	Below Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	-	LD
HVL - All Ages	-	-	-	LD

SWHP PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
STAR	ADD	100%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	ADD	Provider Interviews for Content Development	Provider	The purpose of Intervention #1 is to gather insights from providers as part of content development for the toolkit described in Intervention #2. The SWHP quality and Provider Relations team will use provider-level performance data to identify the highest- and lowest-performing providers on the ADD-Initiation measure. The team will invite those providers to participate in an interview about their processes for ADHD follow-up care, barriers to follow-up for patients, the cultural and linguistic factors they see influence patient follow-up, barriers to care, and best practices they have identified. We will also interview our Baylor Scott and White Health McLane Children's clinic providers to understand their processes and insights on follow-up care. We know from preliminary discussions with Baylor Scott and White Health leadership that they are aware of and have worked to address barriers to follow-up care, and will have insights to share.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	ADD	Attention-Deficit/Hyperactivity Disorder Provider Toolkit	Member Provider	SWHP's Quality Team will compile a toolkit for providers who treat ADHD, using clinical guidelines and insights from interviews conducted in Intervention #1. BSW and Contracted providers that oversee patients with ADHD. The toolkit will contain content for providers and their patients. Clinicians from SWHP and Baylor Scott and White Health will contribute to the development of toolkit materials. The toolkit will be distributed to all providers who treat ADHD through the SWHP website and through other means such as email or in-person delivery. Examples of content include a plain language description of the HEDIS® ADD-Initiation measure, the significance of 30-day follow-up visits with a prescribing practitioner, ideas and resources for addressing common barriers to patient follow-up, and best practices for encouraging patient follow-up. Examples of content for patients/members include handouts describing ADHD, suggestions for adhering to medications throughout the year, and resources for learning more about ADHD. Providers will be invited to share the patient/member materials in the toolkit with patients when initiating treatment.
STAR	ADD	Provider Webinars	Provider	Scott and White Health Plan will offer providers quarterly webinars for at least three quarters, beginning in June of 2020. The webinar will highlight aspects of the Toolkit plus offer content related to care of ADHD and support for Members with ADHD and their families. Experienced clinicians will lead the webinars, which will also time for questions from providers.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
STAR	Asthma Admissions	87.9%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	Potentially Preventable Admissions for Asthma	Asthma Healthy Homes Toolkit	Member, Provider, System	The Asthma Healthy Homes toolkit will include instructions and resources for families to identify and address in-home environmental triggers. Kits will be mailed to the homes of all members with Asthma. Educational pieces of the toolkit will also be distributed at community events (e.g., health fairs). The performance improvement team will select or create all items in the toolkit.
STAR	Potentially Preventable Admissions for Asthma	Asthma Digital Offerings	Member, Provider	Asthma management education materials will be developed and posted to the member portal, including video content on how to look for in-home environmental triggers and education on other self-management topics. This intervention will supplement and expand on the materials in the Healthy Asthma Homes Toolkit and offer digital content for ongoing member/family engagement. Materials will be added over time to provide the member with digital content and resources tailored to their specific needs through the MCO website. By having the content and resources readily available on a digital form our members will be able to take advantage of the benefit at any time.
STAR	Potentially Preventable Admissions for Asthma	Targeted Outreach to Members at Risk of Hospitalization	Member, Provider	This intervention will employ the technical assistance of our partner Baylor Scott and White Quality Alliance, an Accountable Care Organization. The ACO's analytics team has developed a model to classify patient risk of hospitalization in the next six months as "low," "medium," or "high" and is specific to the pediatric population. Key features of the model will be shared with the MCO's analytics team and will become the foundation for a model to be built by the MCO with technical assistance and ongoing collaboration with the ACO to refine the ACO's model and the MCO's model.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
STAR	PPC	78.1%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Utilize a vendor to support care gap barriers to prenatal and postpartum appointments.	Member	Scott and White Health Plan will implement a program with PapaPals that will focus on helping members that are pregnant or recently delivered make timely prenatal and postpartum appointments.
STAR	PPC	Community Resource Referral	Member, System	SWHP entered into an agreement with Aunt Bertha, the leading Social Determinants of Health (SDoH) management platform and the largest closed loop referral network for social services in the United States. When searched by zip code, you will find programs to help with medical care, food, job training, housing, legal, transportation and more.

SWHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	STAR
Primary Preventative Care Standard-Adult **(No later than 90 calendar days after enrollment)**	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	91.7%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%
Primary Preventative Care Standard-Child **(No later than 90 calendar days after enrollment)**	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	93.1%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	83.3%
Behavioral Health Care-Child (Within 14 calendar days)	69.2%
High-Risk Prenatal (Within 5 calendar days)	0.0%
Not High-Risk Prenatal (Within 14 calendar days)	88.9%
New Member Third Trimester Prenatal (Within 5 calendar days)	0.0%
Vision Care-Adult (No referral)	100.0%
Vison Care-Child (No referral)	100.0%

SWHP Overall Plan Strengths & Areas for Improvement

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of each MCO's or DMO's (described in § 438.310(c)(2)) strengths and weaknesses for the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides an overview of some of the key findings for each plan that are relevant for understanding the strengths of each MCO and DMO, as well as some areas where additional progress can be made in the domains of quality, access to, and timeliness of healthcare services.

Category	Comments
Strengths (Quality)	• Above high standard on performance indicators for STAR.
Areas for Improvement (Quality)	• Scored below average on QAPI evaluations.
Strengths (Access and Timeliness)	• All the providers in the primary care study sample from SWHP were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child in SFY 2022.
Areas for Improvement (Access and Timeliness)	• SWHP did not provide complete and accurate indicator goals, results, and/or analyses of results in PIPs, something that can make it difficult to assess changes in member access to health services.

SWHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO or DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

SWHP Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	7/7	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (STAR) [a]	20/21	95.2%

SWHP Current Recommendations

Category	Description
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	In SFY 2022, none of the providers for Aetna, CookCHP, Molina, SWHP, and UHC complied with wait time standards for prenatal care in the third trimester. SWHP providers had zero percent compliance with high-risk pregnancy appointment standards.
MCQS Goal(s)	Goals 3, 5
Recommendation	• HHSC should strongly encourage Aetna, CookCHP, Molina, SWHP, and UHC to conduct RCAs to identify the drivers for non-compliance with appointment standards. • Aetna, CookCHP, Molina, SWHP, and UHC should use the RCA to identify specific approaches that they can use to encourage providers to make appointments available within five working days.
Finding	The provider addresses pulled from the EQRO encounters at the beginning of the study resulted in an overall higher return rate (77 percent) than the addresses provided by the MCOs (62 percent). The EQRO addresses yielded a higher return rate than the MCO addresses for the following MCOs: Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends that MCOs, especially Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP, examine their provider directories to identify factors that could influence the accuracy of provider addresses.

Superior HealthPlan (Superior)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Health		STAR Kids	%	STAR+PLUS	%	STAR	%	All Members	%
Race														
White, Non-Hispanic	5,181	20.9%	145	3.3%	13,519	29.7%	1,409	4.6%	14,145	20.7%	168,513	16.7%	202,912	17.2%
Black, Non-Hispanic	1,367	5.5%	51	1.1%	11,356	25.0%	987	3.2%	9,115	13.4%	81,693	8.1%	104,569	8.9%
Hispanic	14,024	56.7%	3,736	84.1%	19,477	42.8%	20,990	68.4%	29,128	42.7%	588,181	58.4%	675,536	57.2%
Unknown / Other	4,172	16.9%	512	11.5%	1,134	2.5%	7,289	23.8%	15,877	23.3%	169,191	16.8%	198,175	16.8%
Age Group														
<1 year	8	0.0%	10	0.2%	2,641	5.8%	137	0.4%	.	.	48,923	4.9%	51,719	4.4%
1 – 9 years	9,959	40.2%	.	.	26,086	57.3%	8,385	27.3%	.	.	419,425	41.6%	463,855	39.3%
10 – 17 years	13,427	54.3%	40	0.9%	13,262	29.2%	15,858	51.7%	.	.	323,449	32.1%	366,036	31.0%
18 – 20 years	1,350	5.5%	247	5.6%	3,374	7.4%	6,169	20.1%	1	0.0%	79,114	7.9%	90,255	7.6%
21 – 44 years	.	.	4,134	93.0%	123	0.3%	126	0.4%	32,451	47.5%	127,999	12.7%	164,833	14.0%
45 – 64 years	.	.	13	0.3%	.	.	.	.	34,922	51.2%	8,668	0.9%	43,603	3.7%
65+ years	.	.	.	.	.	.	.	.	891	1.3%	.	.	891	0.1%
Sex														
Female	12,024	48.6%	4,439	99.9%	22,503	49.5%	10,473	34.1%	34,712	50.8%	563,496	55.9%	647,647	54.8%
Male	12,716	51.4%	5	0.1%	22,982	50.5%	20,202	65.9%	33,552	49.1%	444,007	44.1%	533,464	45.2%
Unknown	4	0.0%	.	.	1	0.0%	.	.	1	0.0%	75	0.0%	81	0.0%
All	24,744	100.0%	4,444	100.0%	45,486	100.0%	30,675	100.0%	68,265	100.0%	1,007,578	100.0%	1,181,192	100.0%

Superior MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

Superior CHIP

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 30 Days Total Ages	150	234	64.1	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	157	184	85.33	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	9	541,005	1.66	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	4	542,183	0.74	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	59	65	0.91	Above High Std.
IMA - Combination 2 Immunizations	168	411	40.88	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	19	441,291	4.31	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	11	441,291	2.49	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	78.66	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	89.65	Above High Std.
APM - Glucose and Chol Combined - All Ages	36	93	38.71	Above High Std.
FUH - Follow Up within 7 Days Total Ages	84	234	35.9	Meets Min. Std.
APP - Total	32	75	42.67	Meets Min. Std.
CIS - Combination 10 Immunizations	82	214	38.32	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	78.7	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	76.14	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
URI - Age 3 months to 17 years	5,018	5,687	88.24	Meets Min. Std.
ADD - Initiation Phase	357	1,053	33.9	Below Min. Std.
CHL - Total	124	411	30.17	Below Min. Std.
WCC - BMI Screening - Total	256	392	65.31	Below Min. Std.
WCC - Counseling on Nutrition - Total	243	392	61.99	Below Min. Std.
WCC - Counseling on Physical Activity - Total	234	392	59.69	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	10	441,291	2.27	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	9	542,183	1.66	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	30	26	1.17	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	1,460	1,234	1.18	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	8	441,291	1.81	Below Min. Std.
DEV - Total All Age	662	1,837	36.04	Below Min. Std.
CWP - Age 3 to 17 years	3,707	5,114	72.49	Below Min. Std.
HVL - All Ages	-	-	-	LD

Superior STAR

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	2,297	5,825	39.43	Above High Std.
FUH - Follow Up within 30 Days Total Ages	3,571	5,825	61.3	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	6,970	9,458	73.69	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	358	7,934,884	4.51	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	203	9,043,023	2.24	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	167	9,043,023	1.85	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	309	2,207,740	14	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	104	2,207,740	4.71	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	17	190,507	8.92	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	32	2,207,740	1.45	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	92	2,207,740	4.17	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	53	2,207,740	2.4	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	88	2,207,740	3.99	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	23	2,207,740	1.04	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	26	2,017,233	1.29	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	27	2,207,740	1.22	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	69.79	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	68.46	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	81.53	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	79.68	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	82.34	Above High Std.
IMA - Combination 2 Immunizations	178	411	43.31	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	445	5,733,276	7.76	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	92	5,733,276	1.6	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	353	5,733,276	6.16	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	754	2,207,740	34.15	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	141	2,207,740	6.39	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	613	2,207,740	27.77	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	446	2,207,740	20.2	Above High Std.
HVL - All Ages	147	204	72.06	Above High Std.
UOP - Multiple Pharmacies	42	2,774	1.51	Above High Std.
UOP - Multiple Prescribers	472	2,774	17.02	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Multiple Prescribers and Pharmacies	25	2,774	0.9	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	0.98	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.25	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	83.33	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	473	19,791	2.39	Above High Std.
APM - Glucose and Chol Combined - All Ages	2,070	5,065	40.87	Above High Std.
AAB - Age 3 months to 17 years	9,141	13,879	65.86	Above High Std.
HDO - Opioids High Dose	7	2,566	0.27	Above High Std.
AMM - Effective Acute Phase Treatment	2,892	5,601	51.63	Meets Min. Std.
CCS - Total	49,330	78,070	63.19	Meets Min. Std.
CHL - Total	22,465	44,580	50.39	Meets Min. Std.
APP - Total	1,030	2,110	48.82	Meets Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	57.67	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	68.21	Meets Min. Std.
IET - Initiation Total (All Ages)	2,747	6,570	41.81	Meets Min. Std.
IET - Engagement Total (All Ages)	1,023	6,570	15.57	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	58.75	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	59.36	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	190	19,791	0.96	Meets Min. Std.
URI - Age 3 months to 17 years	108,348	120,414	89.98	Meets Min. Std.
ADD - Initiation Phase	3,573	9,242	38.66	Below Min. Std.
ADD - Continuation and Maintenance Phase	661	1,253	52.75	Below Min. Std.
AMM - Effective Continuation Phase Treatment	1,715	5,601	30.62	Below Min. Std.
CDC - HbA1c Control (<8%)	130	411	31.63	Below Min. Std.
CDC - Eye Exam	3,245	7,808	41.56	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CDC - HbA1c Testing	323	411	78.59	Below Min. Std.
PPC - Postpartum Care	223	296	75.34	Below Min. Std.
WCC - BMI Screening - Total	260	384	67.71	Below Min. Std.
WCC - Counseling on Nutrition - Total	249	384	64.84	Below Min. Std.
WCC - Counseling on Physical Activity - Total	235	384	61.2	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	159	5,733,276	2.77	Below Min. Std.
CIS - Combination 10 Immunizations	129	411	31.39	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	3,028	2,836	1.07	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	1,834	1,753	1.05	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	79,599	72,949	1.09	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	271	253	1.07	Below Min. Std.
FUA - 7 Days Total Ages	42	1,216	3.45	Below Min. Std.
FUA - 30 Days Total Ages	61	1,216	5.02	Below Min. Std.
FUM - 7 Days Total Ages	376	1,293	29.08	Below Min. Std.
FUM - 30 Days Total Ages	546	1,293	42.23	Below Min. Std.
DEV - Total All Age	51,746	129,629	39.92	Below Min. Std.
CWP - Age 3 to 17 years	41,648	58,150	71.62	Below Min. Std.

Superior STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	664	1,527	43.48	Above High Std.
ADD - Continuation and Maintenance Phase	145	237	61.18	Above High Std.
FUH - Follow Up within 7 Days Total Ages	562	1,113	50.49	Above High Std.
FUH - Follow Up within 30 Days Total Ages	834	1,113	74.93	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	846	1,107	76.42	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Asthma Admission Rate (PDI 14)	25	285,010	8.77	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	34	291,962	11.65	Above High Std.
IMA - Combination 2 Immunizations	171	411	41.61	Above High Std.
DEV - Total All Age	514	1,052	48.86	Above High Std.
IET - Initiation Total (All Ages)	190	384	49.48	Above High Std.
IET - Engagement Total (All Ages)	78	384	20.31	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	69.29	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	75.5	Above High Std.
APM - Glucose and Chol Combined - All Ages	1,162	2,553	45.52	Above High Std.
CHL - Total	583	1,382	42.19	Meets Min. Std.
WCC - Counseling on Nutrition - Total	253	376	67.29	Meets Min. Std.
APP - Total	255	572	44.58	Meets Min. Std.
CIS - Combination 10 Immunizations	84	380	22.11	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	17	17	1	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	73.55	Meets Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	37	251,353	14.72	Meets Min. Std.
FUM - 7 Days Total Ages	65	162	40.12	Meets Min. Std.
FUM - 30 Days Total Ages	95	162	58.64	Meets Min. Std.
URI - Age 3 months to 17 years	3,142	3,528	89.06	Meets Min. Std.
WCC - BMI Screening - Total	271	376	72.07	Below Min. Std.
WCC - Counseling on Physical Activity - Total	224	376	59.57	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	24	251,353	9.55	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	28	291,962	9.59	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	698	585	1.19	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	594	577	1.03	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,963	2,905	1.02	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	48.26	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	82	251,353	32.62	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	45	251,353	17.9	Below Min. Std.
SVY-Child - Access to Specialized Services	-	-	49.39	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	43.31	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	86.34	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	41.96	Below Min. Std.
CWP - Age 3 to 17 years	1,723	2,482	69.42	Below Min. Std.
HVL - All Ages	-	-	-	LD

Superior STAR+PLUS

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	1,891	3,210	58.91	Above High Std.
AMM - Effective Continuation Phase Treatment	1,326	3,210	41.31	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	1,207	1,887	63.96	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	279	806,201	34.61	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	358	489,699	73.11	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	175	806,201	21.71	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	1,196	806,201	148.35	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	227	806,201	28.16	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	206	806,201	25.55	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	127	806,201	15.75	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	12	316,502	3.79	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PCE - Bronchodilators	1,052	1,188	88.55	Above High Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	205	241	85.06	Above High Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	1,325	1,783	74.31	Above High Std.
SPD - Received Statin Therapy	5,271	7,687	68.57	Above High Std.
SPD - Statin Adherence	3,429	5,271	65.05	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,161	806,201	392.09	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	433	806,201	53.71	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,728	806,201	338.38	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	988	806,201	122.55	Above High Std.
UOP - Multiple Pharmacies	88	7,623	1.15	Above High Std.
UOP - Multiple Prescribers	976	7,623	12.8	Above High Std.
UOP - Multiple Prescribers and Pharmacies	45	7,623	0.59	Above High Std.
AAB - Age 18 to 64 years	299	798	37.47	Above High Std.
HDO - Opioids High Dose	47	6,143	0.77	Above High Std.
AAP - Members Aged 45-64	27,513	30,983	88.8	Meets Min. Std.
CCS - Total	195	411	47.45	Meets Min. Std.
CDC - HbA1c Testing	361	411	87.83	Meets Min. Std.
CHL - Total	384	888	43.24	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	949	2,632	36.06	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	1,476	2,632	56.08	Meets Min. Std.
PPC - Timeliness of Prenatal Care	314	435	72.18	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	483	806,201	59.91	Meets Min. Std.
PCE - Systemic Corticosteroids	834	1,188	70.2	Meets Min. Std.
SAA - 80% Coverage	2,999	5,011	59.85	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SSD - Diabetes Screening	5,158	6,314	81.69	Meets Min. Std.
SPC - Total Statin Therapy	1,704	2,186	77.95	Meets Min. Std.
SPC - Total Adherence	1,150	1,704	67.49	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	6,379	6,537	0.98	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	3,878	3,871	1	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	12,726	13,299	0.96	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	579	591	0.98	Meets Min. Std.
SVY-Adult - % Good Access to Specialist Appointment	-	-	55.38	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care	-	-	55.36	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	61.32	Meets Min. Std.
IET - Initiation Total (All Ages)	2,040	5,044	40.44	Meets Min. Std.
IET - Engagement Total (All Ages)	324	5,044	6.42	Meets Min. Std.
PCR - Total All Ages (18-64), O/E	-	-	1.11	Meets Min. Std.
COU - Risk of Continued Opioid Use	840	6,983	12.03	Meets Min. Std.
COU - Risk of Continued Opioid Use	454	6,983	6.5	Meets Min. Std.
URI - Age 18 to 64 years	1,300	2,155	60.32	Meets Min. Std.
AAP - Members Aged 20-44	22,122	28,335	78.07	Below Min. Std.
BCS - Total	5,059	11,072	45.69	Below Min. Std.
CDC - HbA1c Control (<8%)	186	411	45.26	Below Min. Std.
CDC - Eye Exam	7,673	14,778	51.92	Below Min. Std.
PPC - Postpartum Care	238	435	54.71	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	209	806,201	25.92	Below Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	175	911	19.21	Below Min. Std.
SVY-Adult - % Good Access to Urgent Care	-	-	63.32	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	65.05	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUA - 7 Days Total Ages	32	728	4.4	Below Min. Std.
FUA - 30 Days Total Ages	44	728	6.04	Below Min. Std.
FUM - 7 Days Total Ages	261	872	29.93	Below Min. Std.
FUM - 30 Days Total Ages	416	872	47.71	Below Min. Std.
HVL - All Ages	696	1,027	67.77	Below Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	76.9	Below Min. Std.
CWP - Age 18 to 64 years	691	1,641	42.11	Below Min. Std.

Superior Star Health

Measure Superior SH	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	603	910	66.26	Above High Std.
ADD - Continuation and Maintenance Phase	247	331	74.62	Above High Std.
FUH - Follow Up within 30 Days Total Ages	2,691	3,413	78.85	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	17	495,131	3.43	Above High Std.
APP - Total	829	978	84.76	Above High Std.
URI - Age 3 months to 17 years	8,013	8,789	91.17	Above High Std.
FUH - Follow Up within 7 Days Total Ages	1,770	3,413	51.86	Meets Min. Std.
FUM - 7 Days Total Ages	261	496	52.62	Meets Min. Std.
FUM - 30 Days Total Ages	363	496	73.19	Meets Min. Std.
APM - Glucose and Chol Combined - All Ages	2,202	3,681	59.82	Meets Min. Std.
PDI - Asthma Admission Rate (PDI 14)	39	415,054	9.4	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	29	259,625	11.17	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	18	495,131	3.64	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	57	259,625	21.95	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	14	259,625	5.39	Below Min. Std.

Measure Superior SH	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	43	259,625	16.56	Below Min. Std.
DEV - Total All Age	3,995	7,906	50.53	Below Min. Std.
CWP - Age 3 to 17 years	1,868	2,500	74.72	Below Min. Std.

Superior PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	APM	100%	-	-
STAR	APM	100%	-	-
STAR Kids	APM	100%	-	-
STAR+PLUS	FUA	93.4%		
STAR Health	APM	100%		

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Health STAR Kids	APM	Member/Caregiver Surveys	Member	Superior will be working with ICHP on the analysis of Member/Caregiver surveys which aim to gather perspectives (attitudes about and knowledge of metabolic monitoring) from parents and caregivers of children receiving antipsychotic medications. The survey went live on December 18, 2019. Per ICHP staff, the survey has been well received by the caregivers and the survey administrators had high adherence to the script.
CHIP STAR STAR Health STAR Kids	APM	Provider Focus Groups	Provider	Superior HealthPlan will be collaborating with the Institute for Child Health Policy (ICHP) and four (4) large provider groups in the Austin/Travis County area, including CommUnityCare (formerly Carousel Pediatrics), Peoples Community Clinic, Lone Star Circle of Care, and Austin Travis County MHMR to conduct Provider Focus Groups.
STAR+PLUS	FUA	ED Visit Notification and Outreach	Member	Superior HealthPlan will designate behavioral health Care Managers to outreach to local emergency department (ED) Case Managers in order to identify qualifying members admitted to the ED for alcohol or substance abuse diagnoses. This outreach will enable the facility and Superior HealthPlan to provide ongoing collaborative discharge planning for Superior members including scheduling of 7-day and 30-day follow-up visits, assisting with transportation, addressing any social determinates of health, and providing information on the availability of community resources for substance use disorder (SUD) treatment and management.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Vaccinations	90.7%	-	-
STAR	Vaccinations	90.7%	-	-
STAR Kids	Vaccinations	90.7%	-	-
STAR+PLUS	COPD	74.7%		
STAR Health	Vaccinations	90.7%		

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Health STAR Kids	Immunizations for Adolescents with a Focus on HPV (IMA-HPV)	HPV Vaccine Member/Caregiver Education	Member	Superior HealthPlan will develop educational materials that focus on the importance of the HPV vaccine for cancer prevention including information on dosing schedules and locations where members may obtain free vaccinations. The materials will be distributed statewide to members/caregivers through Superior HealthPlan's online Quarterly Member Newsletter which is posted on the Superior HealthPlan website. Superior HeathPlan will outreach to members via phone call or mailing, who are 12 years old and require a single vaccine to complete the HPV series.
CHIP STAR STAR Health STAR Kids	Immunizations for Adolescents with a Focus on HPV (IMA-HPV)	UT Health San Antonio (UTSA) Mobile Health Clinic	Member	Superior HealthPlan has partnered with UT Health San Antonio, School of Nursing (UTSA) and Prospera Housing Community Services to conduct mobile health clinic visits for members. The HPV vaccination outreach for this program will focus on members, aged 9-12, who are non-compliant for the HPV series.
STAR+PLUS	Chronic Obstructive Pulmonary Disease (COPD) in Older Adults	Transition of Care Screening Tool	Member	Superior HealthPlan has partnered with UT Health San Antonio, School of Nursing (UTSA) and Prospera Housing Community Services to conduct mobile health clinic visits for members. The HPV vaccination outreach for this program will focus on members, aged 9-12, who are non-compliant for the HPV series.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR+PLUS	Chronic Obstructive Pulmonary Disease (COPD) in Older Adults	Medication Adherence for Members with COPD and BH Conditions	Member	Superior HealthPlan's Transition of Care team and Case Management will identify care gaps for members with a diagnosis of COPD. The COPD Quick Hits Screening tool will be utilized to identify members with recent COPD exacerbations and members who require assistance with medication management. Members will receive support from the case management team to help bridge care gaps.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	96.7%	-	-
STAR	PPC	96.7%	-	-
STAR Kids	WCC	96.7%	-	-
STAR+PLUS	PPC	96.7%		
STAR Health	PPC	96.7%		

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Member Outreach Team Training	System	Superior HealthPlan will collaborate with member outreach teams to update WCC focused educational materials/tools to use when conducting member outreach. The materials and tools will focus on nutrition, physical activity, and weight assessment, as well as providing options for any additional resources available in their communities.
CHIP	WCC	Member Education	Member	Superior HealthPlan will develop and distribute educational materials that focus on the importance of routine well child visits. The materials will be distributed statewide to members and/or their caregivers through Superior HealthPlan's online newsletter and member updates.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Provider WCC Reference Guide	Provider	Superior HealthPlan will develop a WCC focused reference guide with a full description of the applicable claim codes for each component. The reference guide will be available to all CHIP providers to improve claims submission for BMI, counseling for nutrition and counseling physical activity completed during each well child visit.
STAR STAR+PLUS STAR Health	PPC	The Pathways Expansion Program	Member	The Pathways Community HUB model helps community outreach organizations work together to support their vulnerable populations. Local community health workers (CHW) work closely to remove barriers to health by connecting families to social and medical services. After enrollment, clients complete a comprehensive assessment which identifies health and social service needs and/or risks. Based upon the results, the community health worker will develop a client-centered plan (pathway) and regularly assess progress. The CHW meets regularly with clients in their homes to build trusting relationships and offer support. The overarching goal of this plan is to reduce duplication of services and identify community resource gaps.
STAR STAR+PLUS STAR Health	PPC	SDOH Screening Tool	Member	Superior HealthPlan will assess pregnant members for barriers to care using an SDOH Screening Tool currently under development. The screening will be conducted during Superior HealthPlan's Baby Shower events.
STAR Kids	WCC	STAR Kids Screening Tool	Member	Superior HealthPlan is developing a new intake screening tool to help identify STAR Kids members who need assistance obtaining routine medical care such as locating a PCP, scheduling appointments, and arranging transportation.
STAR Kids	WCC	Member Education	Member	Superior HealthPlan will develop and distribute educational materials that focus on the importance of routine well child visits. The materials will be distributed statewide to members and/or their caregivers through Superior HealthPlan's online newsletter and member updates.
STAR Kids	WCC	Provider WCC Reference Guide	Provider	Superior HealthPlan will develop a WCC focused reference guide with a full description of the applicable claim codes for each component. The reference guide will be available to all STAR Kids' providers to improve claims submission for BMI, counseling for nutrition and counseling for physical activity completed during each well child visit.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	WCC	Member Outreach Team Training	System	Superior HealthPlan will collaborate with member outreach teams to update WCC focused educational materials/tools to use when conducting member outreach. The materials and tools will focus on nutrition, physical activity and weight assessment, as well as providing options for any additional resources available in their communities.

Superior EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall

[1] This category (marked pass/fail) does not contribute to the MCO overall compliance score. Pass indicates that the contract met compliance requirement (as reflected in Table 22).

[2] The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, data certification, and encounter data validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the SFY 2022 ATR

Program	438.206	438.207[1]	438.208[1]	438.210[1]	438.214	438.224	438.228	438.230[1]	438.236	438.242[1,2]	438.330[1,2]	Overall[1,2]
Overall	100	100	100	92.3	100	100	98.1	pass	83.3	94.4	94.0	96.2
STAR	100	100	100	92.3	100	100	98.1	pass	83.3	94.4	93.1	96.1
STAR+PLUS	100	100	100	92.3	100	100	98.1	pass	83.3	94.4	95.4	96.3
STAR Kids	100	100	100	92.3	100	100	98.1	pass	83.3	94.4	95.4	96.3
STAR Health	100	100	100	92.3	100	100	98.1	pass	83.3	94.4	93.1	96.1
CHIP	100	100	100	92.3	100	100	98.1	pass	83.3	94.4	93.1	96.1

Superior Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR + PLUS	STAR Kids	STAR Health
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%	98.4%	-	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100.0%	98.5%	-	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	100.0%	-	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	-	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	-	89.7%	92.5%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	-	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	76.9%	79.7%	-	-
Behavioral Health Care-Child (Within 14 calendar days)	76.9%	76.2%	-	83.9%	70.0%
High-Risk Prenatal (Within 5 calendar days)	-	8.6%	-	-	-
Not High-Risk Prenatal (Within 14 calendar days)	-	71.4%	-	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	71.4%	-	-	-
Vision Care-Adult (No referral)	-	100.0%	98.6%	-	-
Vison Care-Child (No referral)	100.0%	100.0%	-	100.0%	97.6%

Superior Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

Superior Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	18/19	94.7%
Prior Year QAPI Recommendations (MCO)	3.5/5.0	70.0%
Prior Year QAPI Recommendations (MMP)	1.5/6.0	25.0%
Prior Year PIP Recommendations (CHIP) [a]	9.5/21	79.2%
Prior Year PIP Recommendations (STAR) [a]	9.5/13	73.1%
Prior Year PIP Recommendations (STAR+PLUS) [a]	6.5/10	65%
Prior Year PIP Recommendations (STAR Kids) [a]	10.5/12	88%
Prior Year PIP Recommendations (STAR Health) [a]	9.5/13	73.1%

Superior Current Recommendations

Category	Description
Finding	Several MCOs scored zero on progress reports during this evaluation year because they did not address all previous recommendations. In the 2020 PIP Progress Report 3, two MCOs scored a zero. In the 2021 PIP Progress Report 2, three MCOs scored a zero. In the 2022 PIP Progress Report 2, three MCOs scored a zero. Each of these MCOs could have scored significantly higher, ranging from 50 to 96.4 percent, had they addressed previous EQRO recommendations. This has been an ongoing issue for PCHP and Driscoll. PCHP did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 2, 2020 Progress Report 3, and 2021 Progress Report 2. Driscoll did not address all previous recommendations on: 2019 Progress Report 3, 2020 Progress Report 3, and 2022 Progress Report 1.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including Driscoll, PCHP, CHCT, UHC, Molina, and Superior should ensure that their progress reports for all PIPs address all previous recommendations made by the EQRO.
Finding	Several MCOs did not have compliant procedures for the associated timeframes and notification protocols for standard and expedited service authorization decisions, including extension protocols.
MCQS Goal(s)	Goals 3, 4
Recommendation	MCOs, including Molina and Superior, should ensure their representatives make standard and expedited service authorization decisions and notifications within the federally required time frames.
Finding	Many MCOs and MMPs reported results and data for MY 2020 instead of MY 2021 (the measurement year for the QAPI) in multiple areas of the QAPI report.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, DCHP, Driscoll, FirstCare, Superior, and SWHP utilize data from the measurement year for the QAPI to report results on performance.
Finding	In SFY 2022, compliance with vision health appointment standards decreased in STAR Health compared to SFY 2021.
MCQS Goal(s)	Goals 3, 5
Recommendation	• The EQRO recommends that HHSC conduct an in-depth study on appointment wait times to: (1) better understand the challenges that MCOs encounter when trying to increase the percentage of providers that are compliant with appointment standards and (2) more effectively target Amerigroup and Superior health incentives to increase the percentage of providers that meet appointment availability standards. • HHSC should work with Amerigroup and Superior to identify factors contributing to non-compliance with wait time standards.
Finding	In SFY 2022, the percentage of contacted providers who did not accept Medicaid/CHIP increased in STAR, STAR+PLUS, STAR Kids, and CHIP compared to SFY 2021.
MCQS Goal(s)	Goals 3, 5

Category	Description
Recommendation	HHSC should consult with Superior to better understand the key factors contributing to errors in the provider taxonomy for vision directories and why so many providers in the vision sample did not conduct regular vision exams.
Finding	The percentage of providers who offered weekend appointments decreased in STAR and STAR Health in SFY 2022 compared to SFY 2021.
MCQS Goal(s)	Goals 3, 5
Recommendation	HHSC should work with Superior to increase weekend appointments for primary care. This would improve access to and the availability of primary care appointments for Texans in the STAR Health program.
Finding	In SFY 2022, compliance with behavioral health care appointment wait time standards decreased in STAR, STAR+PLUS, STAR Health, and CHIP compared to SFY 2021.
MCQS Goal(s)	Goals 3, 5
Recommendation	HHSC should more effectively target MCO incentives to increase the percentage of providers that meet appointment availability standards. HHSC should work with Superior to identify the factors contributing to non-compliance with wait time standards for behavioral health care.
Finding(s)	Driscoll and CFHP had deficits in member ID reporting or validity, and Superior had deficits on admission dates.
MCQS Goal(s)	Goals 3, 4, 6
Recommendation(s)	HHSC should continue to monitor key fields in encounter data for validity and completeness. Although data quality is generally very good, without monitoring changes in data processing can lead to unexpected data loss.
Finding(s)	To improve the record return rate and accuracy of provider addresses, the EQRO sent each MCO a list of ICNs and provider addresses for each member in the sample and requested that MCOs verify the provider addresses and make corrections where needed. Aetna, BCBSTX, DCHP, PCHP, and UHC did not update or verify the provider addresses. Superior updated several of the provider addresses, however 23.5 percent came back as "not a patient." Because unverified or incorrect addresses led to lower record return rates compared to previous studies, the EQRO and HHSC requested that the MCOs retrieve the outstanding records needed to meet the sample size requirements.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	The EQRO recommends HHSC consider a new approach to obtaining records that will hold the MCOs accountable for meeting the sample size requirements for the study. One approach would be for HHSC to require the MCOs to obtain the records for the sample population and submit them to HHSC and the EQRO.
Finding(s)	The provider addresses pulled from the EQRO encounters at the beginning of the study resulted in an overall higher return rate (77 percent) than the addresses provided by the MCOs (62 percent). The EQRO addresses yielded a higher return rate than the MCO addresses for the following MCOs: Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP.
MCQS Goal(s)	Goals 1, 3, 4, 6

Category	Description
Recommendation(s)	The EQRO recommends that MCOs, especially Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP, examine their provider directories to identify factors that could influence the accuracy of provider addresses.
Finding(s)	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Amerigroup, CFHP, CookCHP, Molina and Superior. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	The EQRO recommends that Amerigroup, CFHP, CookCHP, Molina and Superior work with their providers to determine why information in the encounter data is not documented in the medical records.
Finding(s)	Between 2020 and 2022, most composite scores increased on the STAR Kids Caregiver survey while scores decreased for the STAR Health Caregiver survey except for Getting Care Quickly.
MCQS Goal(s)	Goals 1, 2, 3
Recommendation(s)	HHSC should work with Superior and stakeholders in STAR Health to identify the key barriers and facilitators to improving caregiver satisfaction with healthcare and the MCO and use this information to develop strategies to improve caregiver satisfaction.
Finding(s)	MCOs had high compliance with the federal regulations for the appeals process. However, HealthSpring and Superior were not fully compliant with all regulations related to the timeliness of the review process. In addition, Aetna, COOKCHP, HealthSpring, Superior, and UHC were not fully compliant with all the regulations related to the notification process for denials. Further, the compliance review results are based on MCO documentation in the policies and procedures. Therefore, the results do not indicate how often and to what extent each MCO meets the requirements of the regulations in practice.
MCQS Goal(s)	Goals 1, 4, 5
Recommendation(s)	• MCOs that are not fully compliant with all applicable regulations for the appeals process should update all policies and procedures to ensure full compliance with the timeliness of the review and notification of denials. • HHSC should conduct a record review of the MCO universe of appeals documentation to identify the extent to which MCOs comply with the regulations in practice and compliance levels determined based on the current document review of MCO policies and procedures.

Texas Children's Health Plan (TCHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	2,137	12.8%	63	2.3%	2,246	7.5%	60,813	12.1%	65,259	11.8%
Black, Non-Hispanic	2,328	13.9%	86	3.2%	4,175	13.9%	94,325	18.8%	100,914	18.3%
Hispanic	8,859	53.0%	2,325	85.7%	9,059	30.1%	258,345	51.5%	278,588	50.6%
Unknown / Other	3,382	20.2%	238	8.8%	14,585	48.5%	88,124	17.6%	106,329	19.3%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	6	0.0%	11	0.4%	77	0.3%	19,578	3.9%	19,672	3.6%
1 – 9 years	6,703	40.1%	.	.	9,001	29.9%	219,565	43.8%	235,269	42.7%
10 – 17 years	9,116	54.6%	22	0.8%	15,656	52.1%	184,174	36.7%	208,968	37.9%
18 – 20 years	881	5.3%	165	6.1%	5,221	17.4%	39,548	7.9%	45,815	8.3%
21 – 44 years	-	-	2,506	92.4%	110	0.4%	36,899	7.4%	39,515	7.2%
45 – 64 years	-	-	8	0.3%	-	-	1,843	0.4%	1,851	0.3%
Sex	-	-	-	-	-	-	-	-	-	-
Female	8,115	48.6%	2,706	99.8%	10,277	34.2%	266,457	53.1%	287,555	52.2%
Male	8,591	51.4%	6	0.2%	19,788	65.8%	235,110	46.9%	263,495	47.8%
Unknown	-	-	-	-	-	-	40	0.0%	40	0.0%
All	16,706	100.0%	2,712	100.0%	30,065	100.0%	501,607	100.0%	551,090	100.0%

TCHP MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

TCHP CHIP

MM= Member Months for PDI measures; **A/E**=Actual Weight/Expected Weight ratio for PPEs.

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	53	118	44.92	Above High Std.
FUH - Follow Up within 30 Days Total Ages	86	118	72.88	Above High Std.
WCC - Counseling on Nutrition - Total	345	411	83.94	Above High Std.
WCC - Counseling on Physical Activity - Total	331	411	80.54	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	92	109	84.4	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	278,142	1.08	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	3	339,062	0.88	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	1	339,062	0.29	Above High Std.
CIS - Combination 10 Immunizations	56	126	44.44	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	37	39	0.95	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	620	751	0.83	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	82.99	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	80.63	Above High Std.
IMA - Combination 2 Immunizations	210	411	51.09	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	13	278,142	4.67	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Acute PDI Composite Rate (PDI 91)	2	278,142	0.72	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	11	278,142	3.95	Above High Std.
DEV - Total All Age	622	1,020	60.98	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	76.5	Above High Std.
APM - Glucose and Chol Combined - All Ages	20	57	35.09	Above High Std.
URI - Age 3 months to 17 years	3,323	3,566	93.19	Above High Std.
WCC - BMI Screening - Total	324	411	78.83	Meets Min. Std.
APP - Total	29	65	44.62	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	85.79	Meets Min. Std.
ADD - Initiation Phase	138	439	31.44	Below Min. Std.
CHL - Total	77	193	39.9	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	16	338,217	4.73	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	20	19	1.05	Below Min. Std.
CWP - Age 3 to 17 years	1,300	1,791	72.59	Below Min. Std.
HVL - All Ages	-	-	-	LD

TCHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	905	2,304	39.28	Above High Std.
FUH - Follow Up within 30 Days Total Ages	1,488	2,304	64.58	Above High Std.
WCC - Counseling on Nutrition - Total	337	411	82	Above High Std.
WCC - Counseling on Physical Activity - Total	324	411	78.83	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	176	4,349,432	4.05	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	80	3,220,357	2.48	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	68	4,820,366	1.41	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Urinary Tract Infection Admission Rate (PDI 18)	42	4,820,366	0.87	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	99	772,104	12.82	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	30	772,104	3.89	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	6	46,350	12.94	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	5	772,104	0.65	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	30	772,104	3.89	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	13	772,104	1.68	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	25	772,104	3.24	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	12	772,104	1.55	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	12	725,754	1.65	Above High Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	5	772,104	0.65	Above High Std.
CIS - Combination 10 Immunizations	168	411	40.88	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	24,855	33,651	0.74	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10""	-	-	69.54	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10""	-	-	67.26	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	82.66	Above High Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	78.28	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10"	-	-	81.57	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10"	-	-	87.63	Above High Std.
IMA - Combination 2 Immunizations	203	411	49.39	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	198	3,220,357	6.15	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	23	3,220,357	0.71	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	175	3,220,357	5.43	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	234	772,104	30.31	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Acute PQI Composite Rate (PQI 91)	38	772,104	4.92	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	196	772,104	25.39	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	143	772,104	18.52	Above High Std.
DEV - Total All Age	27,651	51,365	53.83	Above High Std.
HVL - All Ages	92	125	73.6	Above High Std.
UOP - Multiple Pharmacies	11	426	2.58	Above High Std.
UOP - Multiple Prescribers	67	426	15.73	Above High Std.
UOP - Multiple Prescribers and Pharmacies	7	426	1.64	Above High Std.
PCR - Total All Ages (18-64), O/E	-	-	1.06	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	65.45	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.07	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	86.16	Above High Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	80	5,452	1.47	Above High Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	24	5,452	0.44	Above High Std.
HDO - Opioids High Dose	3	381	0.79	Above High Std.
CHL - Total	8,166	16,030	50.94	Meets Min. Std.
WCC - BMI Screening - Total	313	411	76.16	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	3,252	4,521	71.93	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	1,160	1,199	0.97	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	68.26	Meets Min. Std.
APM - Glucose and Chol Combined - All Ages	789	2,258	34.94	Meets Min. Std.
URI - Age 3 months to 17 years	57,372	62,079	92.42	Meets Min. Std.
ADD - Initiation Phase	1,261	3,372	37.4	Below Min. Std.
ADD - Continuation and Maintenance Phase	236	454	51.98	Below Min. Std.
AMM - Effective Acute Phase Treatment	518	1,095	47.31	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Continuation Phase Treatment	307	1,095	28.04	Below Min. Std.
CCS - Total	11,697	20,831	56.15	Below Min. Std.
CDC - HbA1c Control (<8%)	112	411	27.25	Below Min. Std.
CDC - Eye Exam	600	1,570	38.22	Below Min. Std.
CDC - HbA1c Testing	288	411	70.07	Below Min. Std.
PPC - Postpartum Care	313	411	76.16	Below Min. Std.
APP - Total	489	1,079	45.32	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	680	646	1.05	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	96	87	1.1	Below Min. Std.
FUA - 7 Days Total Ages	10	323	3.1	Below Min. Std.
FUA - 30 Days Total Ages	15	323	4.64	Below Min. Std.
FUM - 7 Days Total Ages	149	556	26.8	Below Min. Std.
FUM - 30 Days Total Ages	233	556	41.91	Below Min. Std.
IET - Initiation Total (All Ages)	692	1,736	39.86	Below Min. Std.
IET - Engagement Total (All Ages)	164	1,736	9.45	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	58.39	Below Min. Std.
AAB - Age 3 months to 17 years	3,666	6,048	60.62	Below Min. Std.
CWP - Age 3 to 17 years	14,567	20,732	70.26	Below Min. Std.

TCHP STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
WCC - Counseling on Nutrition - Total	320	411	77.86	Above High Std.
WCC - Counseling on Physical Activity - Total	311	411	75.67	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	740	997	74.22	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	20	290,788	6.88	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Gastroenteritis Admission Rate (PDI 16)	43	296,807	14.49	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	75.76	Above High Std.
IMA - Combination 2 Immunizations	170	411	41.36	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	31	254,062	12.2	Above High Std.
DEV - Total All Age	435	872	49.89	Above High Std.
IET - Initiation Total (All Ages)	104	211	49.29	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	68.88	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	81.14	Above High Std.
URI - Age 3 months to 17 years	2,515	2,749	91.49	Above High Std.
ADD - Continuation and Maintenance Phase	92	184	50	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	272	713	38.15	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	461	713	64.66	Meets Min. Std.
WCC - BMI Screening - Total	304	411	73.97	Meets Min. Std.
CIS - Combination 10 Immunizations	69	277	24.91	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,508	2,712	0.93	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	57	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	88.05	Meets Min. Std.
APM - Glucose and Chol Combined - All Ages	789	2,025	38.96	Meets Min. Std.
ADD - Initiation Phase	457	1,363	33.53	Below Min. Std.
CHL - Total	447	1,194	37.44	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	18	254,062	7.08	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	42	296,807	14.15	Below Min. Std.
APP - Total	169	536	31.53	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	622	577	1.08	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	849	740	1.15	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Complications (PPC)	34	29	1.17	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling			51.38	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	79	254,062	31.09	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	48	254,062	18.89	Below Min. Std.
FUM - 7 Days Total Ages	56	157	35.67	Below Min. Std.
FUM - 30 Days Total Ages	86	157	54.78	Below Min. Std.
IET - Engagement Total (All Ages)	21	211	9.95	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	48.45	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	44.23	Below Min. Std.
CWP - Age 3 to 17 years	850	1,184	71.79	Below Min. Std.
HVL - All Ages	-	-	-	LD

TCHP PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	APM	95.2%	-	-
STAR	APM	95.2%	-	-
STAR Kids	APM	95.2%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	APM	Use of reporting to identify members and their providers that have not completed the recommended annual metabolic monitoring tests.	System	A list of members and their providers that are non-compliant with metabolic monitoring, according to HEDIS specifications, will be generated quarterly and monitored throughout the implementation period of the PIP Plan. This list will be utilized to identify the targeted members and providers for intervention.
CHIP STAR	APM	Notification to providers of non-compliant members that have not had the recommended annual metabolic monitoring tests performed.	Provider	Providers are often contracted for multiple lines of business and therefore the targeted providers are not separated by lines of business. This intervention is consistent for all lines of business (STAR, CHIP, and STAR KIDS). Providers will be sent information about recommended annual metabolic monitoring for members on antipsychotics through provider newsletters and/or other means of communication. Providers that are identified to be associated with a non-compliant member for metabolic monitoring tests during the measurement year, will receive a letter with information on metabolic monitoring and the list of their current associated non-compliant members. If a provider continually has a high number of non-compliant members throughout the measurement year, that the Medical Director may directly contact provider.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR	APM	Member notification of annual metabolic testing requirements while being prescribed antipsychotic medications.	System	A letter will be mailed out to all targeted members with general information on the importance of annual metabolic monitoring. Midway through the measurement year, a second letter will be sent to the non-compliant members as a reminder to have the appropriate metabolic lab testing performed by their provider. General information regarding metabolic monitoring recommendations will be included in member communications, such as the member newsletter.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Diabetes	85.0%	-	-
STAR	Diabetes	85.0%	-	-
STAR Kids	Diabetes	85.0%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR STAR Kids	Improving the Rate of HbA1c Testing and HbA1c Good Control <8%	Assess the provider network to identify any concerns with access and/or availability for adult care providers to manage diabetes.	System	The health plan will assess the provider network to identify any concerns regarding access and/or availability to care for and manage adult diabetic members. For any concerns/issues identified, the health plan will work to resolve the issues to ensure adequate availability of adult network providers who are willing to manage members with diabetes.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR STAR Kids	Improving the Rate of HbA1c Testing and HbA1c Good Control <8%	Distribute information and resources for management of diabetes to providers.	Provider	Providers will be given information and resources to assist members with management of diabetes. The health plan will create a HEDIS quick reference guide for the CDC measure to distribute to providers and the provider relations staff will also be trained on the CDC HEDIS measure and requirements for member compliance so they can assist providers with any questions regarding the HEDIS measure. Information related to diabetes care and management will be distributed through a variety of methods, including delivery by provider relations staff, online provider postings and/or newsletters.
STAR STAR Kids	Improving the Rate of HbA1c Testing and HbA1c Good Control <8%	Members will be provided with information and resources to assist in management of diabetes and controlling hemoglobin A1C levels.	Member	Members will be provided with information and resources to assist them with management of their diabetes and hemoglobin A1C levels. Members will be encouraged to have hemoglobin A1C testing performed at least annually and to monitor their levels for readings. This information will be distributed through care coordination staff members and various other paper/electronic communications such as the member newsletters.
STAR STAR Kids	Improving the Rate of HbA1c Testing and HbA1c Good Control <8%	Non-compliant members will have A1C testing kits mailed to their homes.	Member	Non-compliant members will receive an A1C testing kit in the mail. They will be provided with instructions on how to complete the test and send back in for processing. Results of the test will be shared with the member and their provider.
STAR STAR Kids	Improving the Rate of HbA1c Testing and HbA1c Good Control <8%	Referral of eligible members to the DAWN Center in Houston	Member, System	Eligible members in the Houston area will be referred to the DAWN Center for diabetes resources and management opportunities. The DAWN Center will then contact all referred members and offer services based on availability.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	96.7%	-	-
STAR	PPC	96.7%	-	-
STAR Kids	WCC	96.7%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	WCC	Actively Healthy Campaign	Member, System	TCHP is developing a program to highlight a healthy lifestyle and remind members of the importance of having quality healthcare. This concept will be used across a variety of platforms throughout the school year (this will include various member engagement events).
CHIP STAR Kids	WCC	Distribute information on healthy lifestyle habits to members	Member	TCHP will develop and distribute/make available/discuss information with members for various topics related to healthy habits, including but not limited to: 1. The important of attending an annual well-child visit with their provider 2. Healthy nutrition – what it is and importance to maintain healthy eating habits 3. The importance of physical activity This information may be distributed through a variety of methods, including delivery by Care Coordination or other TCHP staff, online member postings or website.
CHIP STAR Kids	WCC	Distribute information on the requirements of the WCC measure and nutritional/physical activity counseling resources.	Provider	TCHP will develop and distribute/make available/discuss information with providers for various topics related to healthy habits, including but not limited to: 1. Annual well-child visits and documentation; reminder on appropriate coding 2. Nutritional counseling and documentation 3. Physical activity counseling and documentation 4. Encourage providers to perform height and weight assessments to calculate/document a BMI % at all member visits (not just well visits) 5. Encourage providers to send member reminders for scheduled appointments This information may be distributed through a variety of methods, including delivery by Provider Relations Liaisons or online provider postings.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Development of Pregnancy Microsite	Member, System	TCHP is developing a microsite that will provide members with information and resources related to pregnancy and prenatal/postpartum care. The webpage will be updated based on the most current information and resources available (such as community partners to address social determinants of health). Members will be informed about this webpage through various avenues such as social media, member updates and TCHP staff communications.
STAR	PPC	Distribute information related to prenatal/postpartum care to OB/GYN and other women's care providers	Provider	TCHP will develop and distribute/make available/discuss information with providers for various topics related to prenatal/postpartum care, including but not limited to: 1. Proper Prenatal and Postpartum Care Coding 2. SDoH Coding and Importance of Use 3. Importance of following-up with members to ensure they are scheduling/attending visits
STAR	PPC	Distribute information related to prenatal/postpartum care and resources to members.	Member	TCHP will develop and distribute/make available/discuss information with members for various topics related to prenatal/postpartum care, including but not limited to: 1. The importance of attending timely prenatal and postpartum visits and the appropriate timeframes for these visits 2. Notifying the health plan as soon as they find out their pregnant 3. Available resources for pregnant/postpartum mothers This information may be distributed through a variety of methods, including delivery by Care Coordination or other TCHP staff, online member postings or pregnancy microsite.

TCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100.0%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	76.0%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	92.3%	82.5%	89.7%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	78.9%	
Behavioral Health Care-Child (Within 14 calendar days)	71.4%	85.3%	85.4%
High-Risk Prenatal (Within 5 calendar days)	-	18.6%	-
Not High-Risk Prenatal (Within 14 calendar days)	-	72.7%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	16.7%	-
Vision Care-Adult (No referral)	-	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%	100.0%

TCHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

TCHP Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	5.0/5.0	100.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a]	5.5/6	91.7%
Prior Year PIP Recommendations (STAR) [a]	5.5/6	91.7%
Prior Year PIP Recommendations (STAR Kids) [a]	6.5/7	92.9%

TCHP Current Recommendations

Category	Description
Finding	The provider addresses pulled from the EQRO encounters at the beginning of the study resulted in an overall higher return rate (77 percent) than the addresses provided by the MCOs (62 percent). The EQRO addresses yielded a higher return rate than the MCO addresses for the following MCOs: Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends that MCOs, especially Amerigroup, ElPasoHealth, FirstCare, SWHP, Superior, and TCHP, examine their provider directories to identify factors that could influence the accuracy of provider addresses.

UnitedHealthCare Community Plan (UHC)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR+PLUS	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	594	22.0%	42	2.8%	2,187	7.5%	16,784	25.8%	32,706	14.8%	52,313	16.4%
Black, Non-Hispanic	504	18.7%	61	4.1%	3,399	11.6%	14,983	23.0%	37,430	16.9%	56,377	17.6%
Hispanic	1,008	37.4%	1,254	83.4%	10,637	36.4%	12,675	19.5%	112,145	50.7%	137,719	43.1%
Unknown / Other	590	21.9%	146	9.7%	13,020	44.5%	20,667	31.7%	38,757	17.5%	73,180	22.9%
Age Group	-	-	-	-	-	-	-	-	-	-	-	-
<1 year	3	0.1%	3	0.2%	110	0.4%	-	-	12,295	5.6%	12,411	3.9%
1 – 9 years	1,093	40.5%	-	-	7,613	26.0%	-	-	90,319	40.9%	99,025	31.0%
10 – 17 years	1,438	53.3%	30	2.0%	15,378	52.6%	-	-	61,953	28.0%	78,799	24.7%
18 – 20 years	162	6.0%	85	5.7%	5,994	20.5%	-	-	17,228	7.8%	23,469	7.3%
21 – 44 years	-	-	1,375	91.5%	148	0.5%	30,589	47.0%	35,385	16.0%	67,497	21.1%
45 – 64 years	-	-	10	0.7%	-	-	33,577	51.6%	3,858	1.7%	37,445	11.7%
>65 years	-	-	-	-	-	-	943	1.4%	-	-	943	0.3%
Sex	-	-	-	-	-	-	-	-	-	-	-	-
Female	1,280	47.5%	1,502	99.9%	9,630	32.9%	31,752	48.8%	126,914	57.4%	171,078	53.5%
Male	1,416	52.5%	1	0.1%	19,613	67.1%	33,357	51.2%	94,124	42.6%	148,511	46.5%
All	2,696	100.0%	1,503	100.0%	29,243	100.0%	65,109	100.0%	221,038	100.0%	319,589	100.0%

UHC MCO Performance Summary MY 2021

HHSC expects MCOs contracted with HHSC to meet or surpass the minimum standard on more than two thirds of measures. An MCO whose performance is below the minimum standard on more than one third of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). HHSC will not evaluate MCOs on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. HHSC will exclude these measures when calculating the percentage of measures that meet minimum standards (UMCM Ch. 10, 2021). The EQRO validates the MCO-submitted HEDIS rates after being approved by an NCQA-certified auditor. An external, NCQA-certified auditor also approves measures calculated by the EQRO. **Protocol 2: Validation of Performance Measures**, **Protocol 6: Administration/Validation of Quality of Care Surveys**, and **Protocol 7: Calculation of Performance Measures** in the SFY 2022 ATR include additional information on the Quality of Care (QoC) measures.

UHC CHIP

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	31	66	46.97	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	54,214	0	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	54,389	0	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	3	5	0.58	Above High Std.
URI - Age 3 months to 17 years	401	430	93.26	Above High Std.
CHL - Total	22	50	44	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	279	411	67.88	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	100	110	0.91	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	71.83	Meets Min. Std.
IMA - Combination 2 Immunizations	63	203	31.03	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	75.74	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	82.3	Meets Min. Std.
WCC - BMI Screening - Total	301	411	73.24	Below Min. Std.
WCC - Counseling on Nutrition - Total	279	411	67.88	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	4	43,927	9.11	Below Min. Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	2	54,389	3.68	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	73.22	Below Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	5	43,927	11.38	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	43,927	2.28	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	4	43,927	9.11	Below Min. Std.
DEV - Total All Age	96	195	49.23	Below Min. Std.
CWP - Age 3 to 17 years	212	276	76.81	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD
AMR - Total 5 to 64 Ratios >= 50%	-	-	-	LD
APP - Total	-	-	-	LD
CIS - Combination 10 Immunizations	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
HVL - All Ages	-	-	-	LD
APM - Glucose and Chol Combined - All Ages	-	-	-	LD

UHC STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	139	228	60.96	Above High Std.
FUH - Follow Up within 30 Days Total Ages	782	1,213	64.47	Above High Std.
WCC - Counseling on Nutrition - Total	326	411	79.32	Above High Std.
WCC - Counseling on Physical Activity - Total	310	411	75.43	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	47	1,571,312	2.99	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	20	1,108,707	1.8	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	40	1,838,250	2.18	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	24	1,838,250	1.31	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	62	574,861	10.79	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	34	574,861	5.91	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	10	77,964	12.83	Above High Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	28	574,861	4.87	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	7	574,861	1.22	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	19	574,861	3.31	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	8	574,861	1.39	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	10	496,897	2.01	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	13,237	15,507	0.85	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	82.81	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10""	-	-	83.23	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	84.44	Above High Std.
IMA - Combination 2 Immunizations	187	411	45.5	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	50	1,108,707	4.51	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	11	1,108,707	0.99	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	39	1,108,707	3.52	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	203	574,861	35.31	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	26	574,861	4.52	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	177	574,861	30.79	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	109	574,861	18.96	Above High Std.
HVL - All Ages	122	169	72.19	Above High Std.
UOP - Multiple Pharmacies	20	1,141	1.75	Above High Std.
UOP - Multiple Prescribers	156	1,141	13.67	Above High Std.
UOP - Multiple Prescribers and Pharmacies	9	1,141	0.79	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - Getting Needed Care Composite	-	-	64.16	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	83.11	Above High Std.
AAB - Age 3 months to 17 years	2,636	3,839	68.66	Above High Std.
HDO - Opioids High Dose	6	1,036	0.58	Above High Std.
ADD - Initiation Phase	800	1,783	44.87	Meets Min. Std.
AMM - Effective Acute Phase Treatment	707	1,319	53.6	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	473	1,319	35.86	Meets Min. Std.
CCS - Total	13,300	21,216	62.69	Meets Min. Std.
CDC - HbA1c Control (<8%)	172	411	41.85	Meets Min. Std.
CHL - Total	4,535	8,627	52.57	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	425	1,213	35.04	Meets Min. Std.
WCC - BMI Screening - Total	324	411	78.83	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	1,071	1,491	71.83	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	644	671	0.96	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	74	77	0.96	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	63.07	Meets Min. Std.
FUA - 7 Days Total Ages	12	232	5.17	Meets Min. Std.
FUA - 30 Days Total Ages	17	232	7.33	Meets Min. Std.
DEV - Total All Age	13,682	27,393	49.95	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	59.18	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.96	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	182	4,876	3.73	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	82	4,876	1.68	Meets Min. Std.
URI - Age 3 months to 17 years	28,248	31,161	90.65	Meets Min. Std.
CDC - Eye Exam	862	2,321	37.14	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CDC - HbA1c Testing	326	411	79.32	Below Min. Std.
PPC - Postpartum Care	309	411	75.18	Below Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	20	574,861	3.48	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	9	574,861	1.57	Below Min. Std.
APP - Total	156	441	35.37	Below Min. Std.
CIS - Combination 10 Immunizations	113	411	27.49	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	521	456	1.14	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	63.42	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	67.49	Below Min. Std.
FUM - 7 Days Total Ages	80	303	26.4	Below Min. Std.
FUM - 30 Days Total Ages	125	303	41.25	Below Min. Std.
IET - Initiation Total (All Ages)	568	1,464	38.8	Below Min. Std.
IET - Engagement Total (All Ages)	192	1,464	13.11	Below Min. Std.
PCR - Total All Ages (18-64), O/E	-	-	1.28	Below Min. Std.
APM - Glucose and Chol Combined - All Ages	311	1,021	30.46	Below Min. Std.
CWP - Age 3 to 17 years	9,526	12,493	76.25	Below Min. Std.
SVY-Child - % Good Access to Specialist Appointment	-	-	-	LD

UHC STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
WCC - Counseling on Nutrition - Total	321	411	78.1	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	18	277,349	6.49	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	11	247,784	4.44	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	19	282,390	6.73	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	18	282,390	6.37	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	424	499	0.85	Above High Std.
IMA - Combination 2 Immunizations	184	411	44.77	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	44	247,784	17.76	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	19	247,784	7.67	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	25	247,784	10.09	Above High Std.
DEV - Total All Age	357	715	49.93	Above High Std.
IET - Initiation Total (All Ages)	137	288	47.57	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	79.45	Above High Std.
ADD - Initiation Phase	622	1,582	39.32	Meets Min. Std.
ADD - Continuation and Maintenance Phase	123	228	53.95	Meets Min. Std.
CHL - Total	611	1,395	43.8	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	304	858	35.43	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	557	858	64.92	Meets Min. Std.
WCC - BMI Screening - Total	332	411	80.78	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	295	411	71.78	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	661	919	71.93	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	545	557	0.98	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,633	2,671	0.99	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	51.82	Meets Min. Std.
SVY-Child - Getting Needed Care Composite	-	-	65.41	Meets Min. Std.
APM - Glucose and Chol Combined - All Ages	820	2,258	36.32	Meets Min. Std.
URI - Age 3 months to 17 years	2,916	3,255	89.59	Meets Min. Std.
APP - Total	164	587	27.94	Below Min. Std.
CIS - Combination 10 Immunizations	50	279	17.92	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	21	16	1.35	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	51.85	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10""	-	-	70.62	Below Min. Std.
FUM - 7 Days Total Ages	56	175	32	Below Min. Std.
FUM - 30 Days Total Ages	91	175	52	Below Min. Std.
IET - Engagement Total (All Ages)	31	288	10.76	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	44.93	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	86.99	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	42.28	Below Min. Std.
CWP - Age 3 to 17 years	1,480	2,109	70.18	Below Min. Std.
HVL - All Ages	-	-	-	LD

UHC STAR+PLUS

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	1,716	2,779	61.75	Above High Std.
AMM - Effective Continuation Phase Treatment	1,220	2,779	43.9	Above High Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	266	758,317	35.08	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	403	758,317	53.14	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	443	465,543	95.16	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	136	758,317	17.93	Above High Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	210	758,317	27.69	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	167	758,317	22.02	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	113	758,317	14.9	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	12	292,774	4.1	Above High Std.
SPD - Statin Adherence	2,838	4,312	65.82	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - % Good Access to Specialist Appointment	-	-	59.25	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,163	758,317	417.11	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	377	758,317	49.72	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,786	758,317	367.39	Above High Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	856	758,317	112.88	Above High Std.
UOP - Multiple Pharmacies	141	8,749	1.61	Above High Std.
UOP - Multiple Prescribers	1,218	8,749	13.92	Above High Std.
UOP - Multiple Prescribers and Pharmacies	94	8,749	1.07	Above High Std.
AAB - Age 18 to 64 years	235	609	38.59	Above High Std.
AAP - Members Aged 45-64	25,625	29,405	87.15	Meets Min. Std.
CCS - Total	206	411	50.12	Meets Min. Std.
CDC - HbA1c Control (<8%)	191	411	46.47	Meets Min. Std.
CDC - HbA1c Testing	357	411	86.86	Meets Min. Std.
CHL - Total	449	1,011	44.41	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	826	3,051	27.07	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	1,492	3,051	48.9	Meets Min. Std.
PPC - Timeliness of Prenatal Care	253	383	66.06	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	767	1,301	58.95	Meets Min. Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	1,148	1,628	70.52	Meets Min. Std.
SPC - Total Statin Therapy	1,643	2,086	78.76	Meets Min. Std.
SPC - Total Adherence	1,080	1,643	65.73	Meets Min. Std.
SPD - Received Statin Therapy	4,312	6,453	66.82	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	12,739	12,710	1	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	665	690	0.96	Meets Min. Std.
SVY-Adult - % Good Access to Urgent Care	-	-	64.06	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - % Good Access to Routine Care	-	-	58.05	Meets Min. Std.
IET - Initiation Total (All Ages)	2,126	5,146	41.31	Meets Min. Std.
IET - Engagement Total (All Ages)	359	5,146	6.98	Meets Min. Std.
COU - Risk of Continued Opioid Use - >= 15 days coverage	1,048	7,215	14.53	Meets Min. Std.
URI - Age 18 to 64 years	907	1,472	61.62	Meets Min. Std.
HDO - Opioids High Dose	113	7,221	1.56	Meets Min. Std.
AAP - Members Aged 20-44	19,517	26,080	74.84	Below Min. Std.
BCS - Total	4,282	9,802	43.69	Below Min. Std.
CDC - Eye Exam	5,621	12,227	45.97	Below Min. Std.
PPC - Postpartum Care	205	383	53.52	Below Min. Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	1,340	758,317	176.71	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	143	758,317	18.86	Below Min. Std.
PCE - Systemic Corticosteroids	1,148	1,678	68.41	Below Min. Std.
PCE - Bronchodilators	1,415	1,678	84.33	Below Min. Std.
SAA - 80% Coverage	2,901	5,141	56.43	Below Min. Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	154	209	73.68	Below Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	191	995	19.2	Below Min. Std.
SSD - Diabetes Screening	5,310	6,666	79.66	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	6,894	6,452	1.07	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	4,719	4,149	1.14	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10"	-	-	68.1	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10"	-	-	56.76	Below Min. Std.
FUA - 7 Days Total Ages	21	849	2.47	Below Min. Std.
FUA - 30 Days Total Ages	36	849	4.24	Below Min. Std.
FUM - 7 Days Total Ages	271	1,025	26.44	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUM - 30 Days Total Ages	442	1,025	43.12	Below Min. Std.
HVL - All Ages	1,036	1,503	68.93	Below Min. Std.
PCR - Total All Ages (18-64), O/E	-	-	1.18	Below Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	77.91	Below Min. Std.
COU - Risk of Continued Opioid Use - >= 31 days coverage	644	7,215	8.93	Below Min. Std.
CWP - Age 18 to 64 years	307	805	38.14	Below Min. Std.

UHC PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	FUH	97.2%	-	-
STAR	SSD	98.2%	-	-
STAR Kids	FUH	97.2%	-	-

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	FUH	Facility Engagement Project	Provider	Behavioral Health Sr. Clinical Quality Analyst will contact clinical staff and/or discharge planning staff to provide information and instructions on utilizing the outpatient provider look up tool and how to determine which providers are Express Access providers (those with appointments available within 5 business days of discharge) at liveandworkwell.com. There will also be education about telemental health and how to identify and schedule with telemental health providers. Lastly facility staff will be given a list of providers that confirmed they have timely appointments available.
CHIP STAR Kids	FUH	Behavioral Health Follow Up Outreach - Intensive Members	Member	Behavioral Health Advocate (BHA) will follow up with members within 24 business hours of receiving discharge notification from the electronic health record system.
CHIP STAR Kids	FUH	Behavioral Health Follow Up Outreach – Standard Members	Member	Virtual Community Healthcare Workers (VCHW) will follow up with members within 24 business hours of receiving discharge notification from the electronic health record system.
STAR STAR+PLUS	SSD	Member Outreach: SSD Education	Member	Members who are identified as using antipsychotic medications for schizophrenia or bipolar disorder will be contacted by phone by the health plan to educate members on scheduling visits with PCP/Specialist to be tested for diabetes

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR STAR+PLUS	SSD	Value Base Contracting Program: SSD Provider Outreach	Provider	UnitedHealthcare Community Plan TX will utilize our corporate Value Based Contracting program to incentivize providers to close SSD care gaps.
STAR Kids	FUH	Value Added Services (VAS) Gift Card Incentive	Member	The health plan's Service Coordinators will educate non-compliant members, both telephonically and at face-to-face visits, about the importance of timely BH provider follow ups after hospitalization and the incentive for completing the follow up visit. This VAS offers a gift card to members who complete their timely follow-up appointment within 7 days.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Vaccinations	86.8%	-	-
STAR	Vaccinations	85.7%	-	-
STAR Kids	Vaccinations	86.8%	-	-
STAR+PLUS	CCS	98.9%		

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	Improving IMA/HPV Vaccination Rates	Text Messaging for Responsible Party	Member	Responsible Party (parent/guardian) will receive a text message reminding them vaccine and doctor visits are covered and to make an appointment today.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR STAR Kids	Improving IMA/HPV Vaccination Rates	HPV Message by Provider Staff	Provider	Engage provider practices with 50 or more members with educational materials directed the provider(s) and medical assistant(s) on using an announcement-based approach for vaccinating their child when presenting to the clinic. Initially, two documents published by the American Academy of Pediatrics (APA), available on their toolkit, will be mailed along with a cover letter informing the practice of UHC intentions and goals with IMA with emphasis on HPV vaccinations. "Changing the Future: Preventing HPV Cancers" brochures will be mailed, one directed to providers and the other directed at medical assistants. The focus on the materials is on how best to communicate the vaccine for the prevention of certain cancers.
CHIP STAR STAR Kids	Improving IMA/HPV Vaccination Rates	Provider Engagement	Provider	Intervention Description: Improving administrative HPV rates over the next two years with Tier 2 provider practices. The Quality Team evaluated claims data for MY 2019 regarding the administrative rates for HPV with all UHC providers. Claims data was used to determine where the Plan might be able to affect a provider behavioral change with HPV vaccinations. Providers were placed in one of three tiers: Tier 1 consisted of practices (20) with greater than 80% adherence rates; Tier 2: Providers (45) with rates between 50%-79% adherence; and Tier 3: Practices less than 50% compliance. Tier 1 practices will receive a letter acknowledging a "best in show" adherence with HPV vaccinations amongst their peers. In addition, the CPC nurses will follow up with these practices to hear and learn what sets them apart in achieving a greater than 80% adherence rate. Tier 2 will receive a similar letter with additional information such as gaps in care with their paneled members, recommendations from CDC and talking points. At this time, the Quality Team will not pursue addressing Tier 3 practices until we have collected additional information from the above practices that could be worthwhile as they hear from their peers.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR+PLUS	Improve Cervical Cancer Screening Rate 24-64 Years of Age, with a Special Focus on Women 50 to 64 Years of Age	Clinical Practice Consultant (CPC) Provider Education	Provider	UnitedHealthcare's CPCs will educate Providers regarding the CCS measure, proper medical records documentation, and the importance of proper coding for CCS screening. A UHC data analysis shows that 5306 or 55.8% of women 50 to 64 are non-compliant for cervical cancer screening. Therefore, CPCs will also be educating providers regarding barriers that deter women 50-64 from getting their cervical cancer screening and ways the barriers can be addressed.
STAR+PLUS	Improve Cervical Cancer Screening Rate 24-64 Years of Age, with a Special Focus on Women 50 to 64 Years of Age	CCS Education	Member	Members who are identified as needing their cervical cancer screening will be contacted by the health plan to educate them about the importance of scheduling a visit with their PCP/Specialist for cervical cancer screening.
STAR+PLUS	Improve Cervical Cancer Screening Rate 24-64 Years of Age, with a Special Focus on Women 50 to 64 Years of Age	CCS Provider Education Email Blast	Provider	The health plan will send provider education regarding the importance of members being screened for cervical cancer and a list of their members that are non-compliant for cervical cancer screening.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	WCC	95.1%	-	-
STAR	PPC	90.5%	-	-
STAR Kids	WCC	95.1%	-	-
STAR+PLUS	PPC	90.5%		

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP STAR Kids	WCC	Clinical Practice Consultant (CPC) Provider Education on the WCC measure focusing on counseling for nutrition and physical activity.	Provider	UnitedHealthcare's CPCs will educate providers through telephonic and on-site visits regarding the WCC measure with an emphasis on completing member face-to-face counseling for nutrition and physical activity.
CHIP STAR Kids	WCC	Member Educational Mailing	Member	The member educational mailing is targeted mailing to members who are non-compliant with the WCC measure based on HEDIS data. The education focuses on eating a balanced diet, being physically active and talking to the doctor during a wellness visit. During measurement year 2020, there were 27.98% CHIP members that failed to get counseling for nutrition and 31.39% failed to get counseling for physical activity.
STAR STAR+PLUS	PPC	National Member Engagement: PPC Education	Member	The National Member Engagement team will contact members who have open prenatal/postpartum care gaps to educate them about what occurs at a prenatal/postpartum visit and the importance of scheduling a visit with their PCP/OB. The outreach team also conducts reminder calls prior to the member's scheduled appointment and follow-up calls.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR STAR+PLUS	PPC	Community Plan Primary Care Professional Incentive (CP PCPi): PPC Provider Outreach.	Provider	UnitedHealthcare Community Plan TX will utilize our corporate CP PCPi program to incentivize OB, PCP/OB providers to close PPC care gaps. The 50 OB, PCP-OB participating in the program account for 1,605 OB, PCP-OB providers. The program is administered and paid out locally based on provider Tax ID numbers (TINs).
STAR STAR+PLUS	PPC	Well Hop for Mom & Baby Pilot	Member	Well Hop for Mom & Baby brings expecting mothers with similar due dates together in virtual group sessions to gain knowledge and social support related to pregnancy, birth, returning to work, stress reduction, and infant care. Between sessions, participants have access to an online platform for support and information. Members can attend Zoom meetings via the Well Hop app or the website. Members receive push notifications and automated call scheduling and call reminders. There is also an on-the-go discussion forum and library.
STAR STAR+PLUS	PPC	Nutrition Tips for Pregnant Moms Outreach	Member	Nutrition Tips for Pregnant Moms will be an email/mailer (for members with no email on file) that educates pregnant members about the importance of making health food choices, recommendations about foods to avoid, appropriate weight gain and healthy recipes for pregnant women. The outreach will be focused on members that expressed a need for nutrition education during their health risk assessment.

UHC EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall

[1] This category (marked pass/fail) does not contribute to the MCO overall compliance score. Pass indicates that the contract met compliance requirement.

[2] The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, data certification, and encounter data validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the SFY 2022 ATR

Program	438.206	438.207[1]	438.208[1]	438.210[1]	438.214	438.224	438.228	438.230[1]	438.236	438.242[1,2]	438.330[1,2]	Overall[1,2]
Overall	100	100	100	100	100	100	94.0	pass	100	97.2	98.9	99.0
STAR	100	100	100	100	100	100	94.0	pass	100	97.2	98.6	99.0
STAR+PLUS	100	100	100	100	100	100	94.0	pass	100	97.2	99.1	99.0
STAR Kids	100	100	100	100	100	100	94.0	pass	100	97.2	99.1	99.0
CHIP	100	100	100	100	100	100	94.0	pass	100	97.2	98.6	99.0

UHC Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2022 ATR.

Compliance with wait time standards is measured based on the number of calendar days between when the day a provider is called (and reached) and the date of the next available appointment. Compliance is only assessed among providers with available appointments. It is calculated as the number of providers with an appointment available within the wait time standards divided by the number of providers with an appointment available.

Standard	CHIP	STAR	STAR + PLUS	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	93.8%	96.9%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100.0%	96.9%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100.0%	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	-	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	94.7%	100.0%	-	92.1%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	-	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	-	95.7%	82.4%	-
Behavioral Health Care-Child (Within 14 calendar days)	52.9%	95.7%	-	81.8%
High-Risk Prenatal (Within 5 calendar days)	-	32.0%	-	-
Not High-Risk Prenatal (Within 14 calendar days)	-	50.0%	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	0.0%	-	-
Vision Care-Adult (No referral)	-	100.0%	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%	-	100.0%

UHC Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

UHC Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	12/18	66.7%
Prior Year QAPI Recommendations (MCO)	5.0/5.0	100.0%
Prior Year QAPI Recommendations (MMP)	4.0/4.0	100.0%
Prior Year PIP Recommendations (CHIP) [a]	14.5/19	76%
Prior Year PIP Recommendations (STAR) [a]	12.5/17	73.5%
Prior Year PIP Recommendations (STAR+PLUS) [a]	11/11	100%
Prior Year PIP Recommendations (STAR Kids) [a]	13.5/18	75%

UHC Current Recommendations

Category	Description
Finding	Several MCOs scored zero on progress reports during this evaluation year because they did not address all previous recommendations. In the 2020 PIP Progress Report 3, two MCOs scored a zero. In the 2021 PIP Progress Report 2, three MCOs scored a zero. In the 2022 PIP Progress Report 2, three MCOs scored a zero. Each of these MCOs could have scored significantly higher, ranging from 50 to 96.4 percent, had they addressed previous EQRO recommendations. This has been an ongoing issue for PCHP and Driscoll. PCHP did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 2, 2020 Progress Report 3, and 2021 Progress Report 2. Driscoll did not address all previous recommendations on 2019 Progress Report 3, 2020 Progress Report 3, and 2022 Progress Report 1.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including Driscoll, PCHP, CHCT, UHC, Molina, and Superior should ensure that their progress reports for all PIPs address all previous recommendations made by the EQRO.
Finding	Several MCOs reported challenges obtaining and incorporating provider URL information into provider directories.
MCQS Goal(s)	Goals 3, 4
Recommendation	MCOs, including Molina, Superior, and UHC, should establish systems to incorporate complete provider website URL information in their provider directories.
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.
Finding	In SFY 2022, none of the providers for Aetna, CookCHP, Molina, SWHP, and UHC complied with wait time standards for prenatal care in the third trimester. SWHP providers had zero percent compliance with high-risk pregnancy appointment standards.

Category	Description
MCQS Goal(s)	Goals 3, 5
Recommendation	• HHSC should strongly encourage Aetna, CookCHP, Molina, SWHP, and UHC to conduct RCAs to identify the drivers for non-compliance with appointment standards. • Aetna, CookCHP, Molina, SWHP, and UHC should use the RCA to identify specific approaches that they can use to encourage providers to make appointments available within five working days.
Finding	To improve the record return rate and accuracy of provider addresses, the EQRO sent each MCO a list of ICNs and provider addresses for each member in the sample and requested that MCOs verify the provider addresses and make corrections where needed. Aetna, BCBSTX, DCHP, PCHP, and UHC did not update or verify the provider addresses. Superior updated several of the provider addresses, however 23.5 percent came back as "not a patient." Because unverified or incorrect addresses led to lower record return rates compared to previous studies, the EQRO and HHSC requested that the MCOs retrieve the outstanding records needed to meet the sample size requirements.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation	The EQRO recommends HHSC consider a new approach to obtaining records that will hold the MCOs accountable for meeting the sample size requirements for the study. One approach would be for HHSC to require the MCOs to obtain the records for the sample population and submit them to HHSC and the EQRO.
Finding	MCOs had high compliance with the federal regulations for the appeals process. However, HealthSpring and Superior were not fully compliant with all regulations related to the timeliness of the review process. In addition, Aetna, COOKCHP, HealthSpring, Superior, and UHC were not fully compliant with all the regulations related to the notification process for denials. Further, the compliance review results are based on MCO documentation in the policies and procedures. Therefore, the results do not indicate how often and to what extent each MCO meets the requirements of the regulations in practice.
MCQS Goal(s)	Goals 1, 4, 5
Recommendation	• MCOs that are not fully compliant with all applicable regulations for the appeals process should update all policies and procedures to ensure full compliance with the timeliness of the review and notification of denials. • HHSC should conduct a record review of the MCO universe of appeals documentation to identify the extent to which MCOs comply with the regulations in practice and compliance levels determined based on the current document review of MCO policies and procedures.

DentaQuest

Member Demographics

Demographic Category	CHIP	%	Medicaid	%
Race	-	-	-	-
White, Non-Hispanic	9,399	15.6%	280,206	13.3%
Black, Non-Hispanic	5,564	9.2%	272,595	12.9%
Hispanic	34,585	57.4%	1,149,557	54.6%
Unknown / Other	10,677	17.7%	403,510	19.2%
Age Group	-	-	-	-
<1 year	19	0.0%	67,897	3.2%
1 – 9 years	23,620	39.2%	1,003,615	47.7%
10 – 17 years	33,234	55.2%	835,198	39.7%
18 – 20 years	3,352	5.6%	197,727	9.4%
21 – 44 years	-	-	1,431	0.1%
Sex	-	-	-	-
Female	29,319	48.7%	1,034,171	49.1%
Male	30,905	51.3%	1,071,561	50.9%
Unknown	1	0.0%	136	0.0%
All	60,225	100.0%	2,105,868	100.0%

DentaQuest PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

No PIP scores available in 2020.

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Snacks and Facts	Member	DentaQuest Member Advocates in Jefferson SA will coordinate "Snacks and Facts" sessions at community, educational and resource centers. The Member Advocates will plan a session in which they can meet with parents and provide healthy snacks while they provide information about the importance and benefits of fluoride treatments as well as address common myths. They will also inform the attendees about how to receive assistance to schedule an appointment for services. This is not student focused education; this is aimed at educating parents and care givers.
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Improved Provider Fluoride Rate Reporting	Provider	DentaQuest will advise providers of their Fluoride rates quarterly in a new scorecard which will be implemented 1/1/2020. This scorecard will inform the providers of their performance in comparison to other providers so that they can adjust their treatment rates accordingly. An incentive is tied to this and other quality treatment scores which will be included on the scorecard.
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Jefferson SA Outbound Fluoride Calls	Member	Live outbound calls will be made to members of the Jefferson SA who do not have a fluoride treatment on file. This differs from the existing outbound call campaign because the existing campaign targets members without and oral eval on file within the last year; this call campaign will specifically outreach to any member "at risk" in the Jefferson SA who does not have a fluoride treatment on file and is due within the next 3 months for an oral evaluation. Agents will inform them of the importance and benefits of fluoride. They will assist with benefits, transportation and scheduling a future appointment at their main dental home as well.
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Fluoride Email Campaign	Member	DentaQuest will send out emails to members in Jefferson SA which will focus on fluoride topics such as water fluoridation, fluoride treatments, common myths, and important facts. Email addresses used will be for those on file as well as those collected by the Member Advocates at the "Snacks and Facts" Sessions.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP Dental	Dental-related PPVs	76.4%	-	-
Medicaid Dental	Dental-related PPVs	76.4%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP Dental Medicaid Dental	Reducing dental-related potentially preventable ED visits (PPVs)	Educational Outreach calls	Member	Live Outbound calls to members who do not have a dental checkup within the measurement period in order to educate the member of the importance of seeing a dentist regularly, assisting the member with scheduling an appointment and advising the member that should they need dental care for non-traumatic dental issues after hours, they can contact their provider before going to the emergency room when possible.
CHIP Dental Medicaid Dental	Reducing dental-related potentially preventable ED visits (PPVs)	After Hours Access Identification	System	Providers who see members for non-urgent dental issues after hours or on weekends will be identified and a master listing will be made available for the Outreach Agents in an effort to increase appointment compliance.
CHIP Dental Medicaid Dental	Reducing dental-related potentially preventable ED visits (PPVs)	Provider Education	Provider	Information about the importance of outreaching to assigned members to ensure that they are getting in for preventive services on a regular basis, which would mitigate against members seeking dental-related care in the ER will be published on the provider portal and via email.
CHIP Dental Medicaid Dental	Reducing dental-related potentially preventable ED visits (PPVs)	Community Outreach	Member	Community outreach at member events which will include member information highlighting the importance of regular dental checkups and seeking after hours care from the members Main Dental Home before going to the ER for nontraumatic dental issues whenever possible.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP Dental	Sealants	78.9%	-	-
Medicaid Dental	Sealants	78.9%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP Dental Medicaid Dental	Sealants	Call Campaign with Follow up	Member	A targeted call campaign along with a subsequent follow up call to assist parents and guardians in scheduling appointments and provide education to eligible CHIP and Medicaid members who have not received a sealant on a permanent first molar influence an increase in the utilization of sealant preventative services. These appointment scheduling calls will be made by Outbound call agents Daily and the appointment reminder calls will be made three days before the member's scheduled appointment. Members are also to be advised that they may quality be eligible to receive a gift card if they receive age-appropriate and medically necessary preventive services as part of their value added benefit package.
CHIP Dental Medicaid Dental	Sealants	Education: Importance of Keeping Dental Appointments	Member	DentaQuest will educate members regarding the importance of keeping dental appointments at member events. DentaQuest will advise members that if they cannot make or keep an appointment due to missing school or work, they can change their main dentist to an office whose appointment hours better fit their needs.

DentaQuest Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

DentaQuest Compliance with AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.
[b] The DMOs did not submit 2020 Progress Report 3 because the dental PIPs were not extended to three years, thus the EQRO could not assess compliance with 2020 Progress Report 2 recommendations. The EQRO will assess 2020 Progress Report 2 compliance for the DMOs on the 2020 Final PIP Report evaluations during the SFY 2023 reporting year.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (DMO)	2.0/2.0	100.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a, b]	23/25	92%
Prior Year PIP Recommendations (Medicaid) [a, b]	23/25	92%

DentaQuest Current Recommendations

Category	Description
Finding	Lower scores were often due to errors or omissions in measure reporting, issues reporting target and reach data correctly, and providing insufficient justification for modifications made to PIPs. For example, PCHP, BCBSTX, and Molina lost points due to reporting re-measurements using incorrect periods. Both BCBSTX and Molina lost points in measure reporting because they did not utilize data from the QoC tables or THLCportal.com in baseline data, and thus the EQRO could not verify or validate their numerators and denominators.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	MCOs, including PCHP, BCBSTX, Molina (who scored lowest on 2020 PIP Progress Report 3), and DentaQuest (who scored lowest on 2021 PIP Progress Report 2), should report all measures both accurately and completely, report target data correctly, and provide justification for all modifications made to PIPs.
Finding	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (availability and accessibility, service, and clinical) for the effectiveness of actions section. The three main opportunities for improvement were: MCOs/MMPs 1) did not include a percent change analysis for all indicators, 2) reported incorrect metrics for an indicator (i.e., the unit of analysis was not consistent for all rates reported), and 3) did not accurately interpret the effectiveness of actions.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CFHP, CHCT, CookCHP, DentaQuest, DCHP, ElPasoHealth, FirstCare, Molina, PCHP, Superior, and UHC include a percent change analysis for all indicator monitoring and ensure they correctly interpretation of results and use consistent units of analysis for each indicator.

MCNA Dental (MCNA)

Member Demographics

Demographic Category	CHIP	%	Medicaid	%
Race/Ethnicity	-	-	-	-
White, Non-Hispanic	5,519	17.9%	190,782	13.5%
Black, Non-Hispanic	3,237	10.5%	201,576	14.3%
Hispanic	16,386	53.3%	748,532	53.1%
Unknown / Other	5,620	18.3%	269,089	19.1%
Age Group	-	-	-	-
<1 year	4	0.0%	33,815	2.4%
1 – 9 years	12,884	41.9%	697,318	49.5%
10 – 17 years	16,237	52.8%	541,989	38.4%
18 – 20 years	1,637	5.3%	136,062	9.6%
21 – 44 years	-	-	795	0.1%
Sex	-	-	-	-
Female	15,012	48.8%	696,246	49.4%
Male	15,744	51.2%	713,636	50.6%
Unknown	6	0.0%	97	0.0%
All	30,762	100.0%	1,409,979	100.0%

MCNA PIP Summaries (2020-2022)

2020 PIP Summary

2020 PIP Topics & Scores

No PIP scores available for 2020.

2020 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Eligibility Screen Sealant Banner Notification	Provider	Benefit alert that will appear on the eligibility screen in the Provider Portal for members who are eligible to receive fluoride application.
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Provider Profiling Report	Provider System	Quarterly provider profiling report that shows providers how they are performing against their peers. Providers will receive quarter to quarter results to show improvement on their panel.
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Fluoride Text Messaging	Member Provider	Monthly text messages will be sent to eligible members who have not received at least two fluoride applications
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Provider Outreach by Utilization Management (UM)	Provider	The UM department will provide reminders to children ages 6-9 who do not have sealants and do not have it documented on their treatment plan as being requested
Medicaid Dental CHIP Dental	DQA Topical Fluoride	Fluoride Outbound Call Campaign	Member	Outbound call campaign targeted to eligible members who have received one but not two fluoride applications. Members will be educated on the benefits of fluoride and assisted with scheduling an appointment as well as locating a provider if needed.

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP Dental	Dental-related PPVs	81.9%	-	-
Medicaid Dental	Dental-related PPVs	80.9%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP Dental Medicaid Dental	Reducing dental-related potentially preventable visits (PPVs) - Phase Two of 2019 PIP	Annual Dental Visit (ADV) Outbound Calls	Member, Provider, System	MCNA's Care Connections team of dental hygienists will conduct outbound calls to shared Aetna members who have not had a dental visit within the last 12 months, as these members are more likely to visit the ER for dental-related PPVs, in order to provide education on the importance of routine preventive care to avoid pain/dental emergencies, available benefits, establish a dental home if needed and assist with scheduling an appointment. When assisting the member to schedule an appointment, the Care Connections team will help locate a network provider with extended hours and or are open on the weekends to accommodate the member's availability if needed.
CHIP Dental Medicaid Dental	Reducing dental-related potentially preventable visits (PPVs) - Phase Two of 2019 PIP	Text Messaging	Member, Provider	Monthly text messages will be deployed to shared Aetna members who have not received a dental checkup within the last six months. Members will continue to receive a text message until an encounter occurs or the member "opts out" of text messaging. The text messages will educate the member on preventive care and encourage them to schedule an appointment.
CHIP Dental Medicaid Dental	Reducing dental-related potentially preventable visits (PPVs) - Phase Two of 2019 PIP	Postcards	Member, Provider, System	Monthly postcards will be mailed to shared Aetna members who have not had a dental visit within the last seven months. Members will be educated on the importance of routine preventive care to avoid pain, education on their available preventive benefits, and they will be directed to MCNA's website where they are able to search for providers with extended and or weekend hours.

2022 PIP Summary

2022 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP Dental	Sealants	97.5%	-	-
Medicaid Dental	Sealants	97.5%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP Dental Medicaid Dental	Sealants	Dental Sealant Text Messages	Member, Provider	Monthly text messages to all eligible members who have not received at least one dental sealant on a permanent first molar. Members will be educated on what a dental sealant is and its role in preventing tooth decay.
CHIP Dental Medicaid Dental	Sealants	Dental Sealant Outbound Call Campaign	Member, Provider	MCNA's Quality Improvement team will conduct monthly outbound calls to all eligible members who have not received at least one dental sealant on a permanent first molar. Members will be provided education on the importance of dental sealants, coverage benefits, and encourage them to schedule an appointment with their dentist.
CHIP Dental Medicaid Dental	Sealants	Provider Outreach by Utilization Management (UM)	Provider	The UM department will create an informational CARC and attach it to pre-authorizations for eligible members who have not received dental sealants. This will serve as a reminder to providers to review the member's history and apply sealants as needed.

MCNA Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO a and DMO (described in § 438.310(c)(2)) has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR and recommendations for improving the quality of health care services furnished by each MCO and DMO (described in § 438.310(c)(2)) including how the state can target goals and objectives in the quality strategy, under § 438.340, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care ATR for SFY 2022.

MCNA Compliance with Prior AI, QAPI & PIP Recommendations

[a] The MCOs and DMOs received recommendations on the 2022 PIP Plan, Revised PIP Plan, 2021 Progress Report 1, and 2020 Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.
[b] The DMOs did not submit 2020 Progress Report 3 because the dental PIPs were not extended to three years, thus the EQRO could not assess compliance with 2020 Progress Report 2 recommendations. The EQRO will assess 2020 Progress Report 2 compliance for the DMOs on the 2020 Final PIP Report evaluations during the SFY 2023 reporting year.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (DMO)	N/A	N/A
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a, b]	7/8	88%
Prior Year PIP Recommendations (Medicaid) [a, b]	7/8	88%

MCNA Current Recommendations

No current recommendations.

UnitedHealthcare Dental (UHC Dental)

Member Demographics

Demographic Category	CHIP	%	Medicaid	%	All	%
Race/Ethnicity	-	-	-	-	-	-
White, Non-Hispanic	1,206	18.3%	16,962	17.5%	18,168	17.5%
Black, Non-Hispanic	870	13.2%	14,816	15.3%	15,686	15.1%
Hispanic	3,182	48.2%	41,326	42.6%	44,508	42.9%
Unknown / Other	1,349	20.4%	23,969	24.7%	25,318	24.4%
Age Group	-	-	-	-	-	-
<1 year	7	0.1%	25,861	26.6%	25,868	24.9%
1 – 9 years	2,744	41.5%	35,902	37.0%	38,646	37.3%
10 – 17 years	3,538	53.5%	27,974	28.8%	31,512	30.4%
18 – 20 years	318	4.8%	7,010	7.2%	7,328	7.1%
21 – 44 years	-	-	326	0.3%	326	0.3%
Sex	-	-	-	-	-	-
Female	3,231	48.9%	49,278	50.8%	52,509	50.6%
Male	3,376	51.1%	47,774	49.2%	51,150	49.3%
Unknown	-	-	21	0.0%	21	0.0%
All	6,607	100.0%	97,073	100.0%	103,680	100.0%

UHCD PIP Summaries (2020-2022)

2020 PIP Summary

No 2020 PIP Summary

2021 PIP Summary

2021 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP Dental	Dental-related PPVs	81.1%	-	-
Medicaid Dental	Dental-related PPVs	81.1%	-	-

2021 PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP Dental Medicaid Dental	Reduce Dental Related Potentially Preventable Emergency Department Visits	DUA with UnitedHealthcare C&S medical to receive member-level PPV data	Member	UnitedHealthcare Dental (UHC Dental) will enter into a data sharing agreement with UnitedHealthcare Community & State medical Medicaid to enable UHC Dental to access Potentially Preventable Emergency Department Visits for member who are also UHC Dental members.
CHIP Dental Medicaid Dental	Reduce Dental Related Potentially Preventable Emergency Department Visits	Interactive Voice Recording (IVR) reminder calls	Member	Interactive Voice Recording (IVR) calls will be made at least quarterly to members who were noncompliant for 6+ months for their dental checkup to remind them to schedule their dental visit.
CHIP Dental Medicaid Dental	Reduce Dental Related Potentially Preventable Emergency Department Visits	Quarterly Reminder Postcards	Member	Reminder postcards educating members on the importance of preventive dental care and available value-added services will be mailed at least quarterly to members who have not been in for care for 6+ months.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP Dental Medicaid Dental	Reduce Dental Related Potentially Preventable Emergency Department Visits	Provider Dental Care Opportunity Report (DCOR)	Provider	Community Based Coordinators (CBCs) will meet with and educate Dental Provider practices on the importance of reinforcing preventive care with members and successful patient recall. A key component of this collaboration and education is arming providers with data and information to help them understand their performance at the practice level and how they can use the data to successfully target their assigned members and get them into care.
CHIP Dental Medicaid Dental	Reduce Dental Related Potentially Preventable Emergency Department Visits	Live Reminder Outreach	Member	Community Based Coordinator (CBC) team will make live outreach calls to members who were unable to be reached by IVR to review member benefits, remind member to schedule their dental checkup, address any barriers to care, review importance of a dental home, and assist with scheduling appointment and/or transportation if requested.
CHIP Dental Medicaid Dental	Reduce Dental Related Potentially Preventable Emergency Department Visits	Dental Case Management and Dental Health Risk Assessment	Member	New members will receive a Welcome Call that includes a Dental Health Risk Assessment (HRA). The Dental HRA can be completed via the interactive voice recognition (IVR) telephone call or members may call into a dedicated toll-free line to complete the Dental HRA with a Dental Case Manager. Members who answer "yes" to a question regarding dental-related emergency room visits will be assigned a Dental Case Manager who will perform telephonic outreach. Dental Case Managers will provide education related to Main Dental Home and preventive visits and will assist members in scheduling dental appointments.

2022 PIP Summary

2022 PIP Topics &Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP Dental	Sealants	94.7%	-	-
Medicaid Dental	Sealants	94.7%	-	-

2022 PIP Plan Intervention

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP Dental Medicaid Dental	Sealants	Dental Clinic Day	Member	Dental Clinic Day events for targeted members who have been identified with a gap in care for dental exams and sealant application. Events will be held in local community centers with an on-site or mobile Dental Provider and/or with collaborating Provider or Federally Qualified Health Centers (FQHCs) offices to conduct dental exams, application of sealants and Member Education. Members who complete their exams and sealant application will receive a $10 gift card for completing the exam and sealant application.
CHIP Dental Medicaid Dental	Sealants	Member Rewards Program	Member	The dental plan will mail postcards to identified members advising them about the Member Reward program for completing their dental checkup and receipt of sealants on their first permanent molars. This program offers a gift card to members who complete their required dental checkup and sealant application.

UHC Dental Recommendations

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Compliance with Prior AI, QAPI & PIP Recommendations

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[b] The DMOs did not submit 2020 Progress Report 3 because the dental PIPs were not extended to three years, thus the EQRO could not assess compliance with 2020 Progress Report 2 recommendations. The EQRO will assess 2020 Progress Report 2 compliance for the DMOs on the 2020 Final PIP Report evaluations during the SFY 2023 reporting year.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (DMO)	7.5/8.0	93.8%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) [a, b]	11/11	100%
Prior Year PIP Recommendations (Medicaid) [a, b]	11/11	100%

UHC Dental Current Recommendations

Category	Description
Finding	Many MCOs lost points due to QAPI program objectives that were not specific, action-oriented statements written in measurable and observable terms that define how goals would be met. For example, one program objective was: "develop and/or enhance relationships with a community organization." This objective is not specific or written in measurable terms.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that MCOs develop objectives which are specific, action-oriented, measurable, and observable. This recommendation applies to Aetna, CookCHP, DCHP, Driscoll, ElPasoHealth, FirstCare, PCHP, SWHP, and UHC Dental.
Finding	UHC Dental data was deficient in several important elements.
MCQS Goal(s)	Goals 3, 4, 6
Recommendation	HHSC should work with UHC Dental to improve their data quality. HHSC should consider earlier analysis of data quality for new MCOs/DMOs or following other major changes in programs.