



Health Plan Performance in Texas Medicaid & CHIP

Companion to

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

State Fiscal Year 2023



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

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Aetna Better Health (Aetna)

Member Demographics

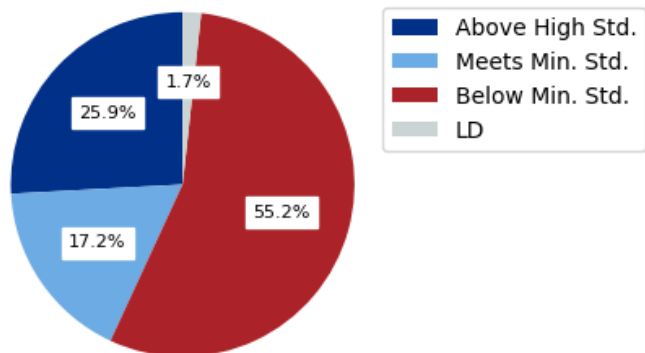
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	13	0.7%	1	0.1%	568	0.4%	23	0.2%	605	0.4%
Race	Asian	74	3.7%	33	3.7%	3,276	2.3%	97	0.7%	3,480	2.2%
Race	Black or African American	268	13.5%	53	5.9%	30,130	20.9%	2,240	17.2%	32,691	20.4%
Race	Native Hawaiian or Other Pacific Islander	4	0.2%	3	0.3%	491	0.3%	11	0.1%	509	0.3%
Race	White	1,097	55.3%	444	49.4%	66,204	45.9%	1,837	14.1%	69,582	43.5%
Race	Two or More Races	24	1.2%	0	0.0%	2,521	1.7%	57	0.4%	2,602	1.6%
Race	Unknown Race	502	25.3%	364	40.5%	41,002	28.4%	8,755	67.2%	50,623	31.6%
Ethnicity	Hispanic or Latino	910	45.9%	666	74.2%	57,014	39.5%	3,018	23.2%	61,608	38.5%
Ethnicity	Not Hispanic or Latino	853	43.0%	123	13.7%	67,213	46.6%	8,003	61.5%	76,192	47.6%
Ethnicity	Unknown Ethnicity	219	11.0%	109	12.1%	19,965	13.8%	1,999	15.4%	22,292	13.9%
Age Group	< 1 year	0	0.0%	2	0.2%	8,017	5.6%	53	0.4%	8,072	5.0%
Age Group	1 - 9 years	843	42.5%	0	0.0%	56,890	39.5%	3,348	25.7%	61,081	38.2%
Age Group	10 - 17 years	1,068	53.9%	6	0.7%	37,064	25.7%	6,541	50.2%	44,679	27.9%
Age Group	18 - 20 years	71	3.6%	53	5.9%	11,139	7.7%	2,993	23.0%	14,256	8.9%
Age Group	21 - 44 years	0	0.0%	833	92.8%	29,102	20.2%	85	0.7%	30,020	18.8%
Age Group	45 - 64 years	0	0.0%	4	0.4%	1,980	1.4%	0	0.0%	1,984	1.2%
Sex	Female	954	48.1%	897	99.9%	84,465	58.6%	4,621	35.5%	90,937	56.8%
Sex	Male	1,028	51.9%	1	0.1%	59,714	41.4%	8,399	64.5%	69,142	43.2%
Sex	Unknown	0	0.0%	0	0.0%	13	0.0%	0	0.0%	13	0.0%
Overall	Total	1,982	100.0%	898	100.0%	144,192	100.0%	13,020	100.0%	160,092	100.0%

Aetna MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

Aetna STAR

Performance Indicator Measures by Performance Level



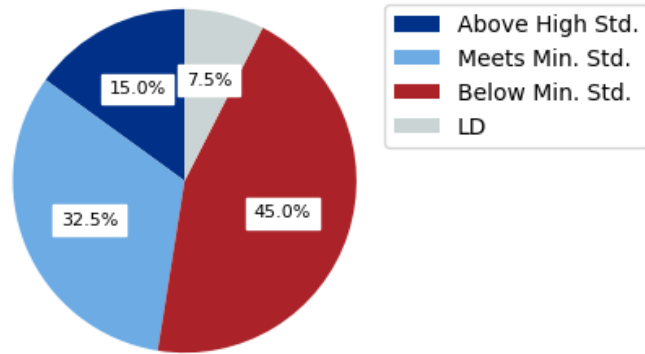
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	604	3,061	80.27	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	76	142	53.52	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	301	728	41.35	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	321	727	44.15	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	207	727	28.47	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	647	1,033	62.63	Below Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	157	547	28.7	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	136	295	46.1	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	215	411	52.31	Meets Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	8,378	16,436	50.97	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	1,427	4,667	30.58	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	2,340	5,012	46.69	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	79	3,591	2.2	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	37	3,591	1.03	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	4716	5,619	83.93	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	7,832	16,604	47.17	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	323	1,148	28.14	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	427	877	48.69	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	239	877	27.25	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	183	425	43.06	Above High Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	232	425	54.59	Above High Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	160	411	38.93	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	1	358	0.28	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	40	65	61.54	Below Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	125	411	30.41	Below Min. Std.
LBW - Low Birth Weight Rate (LBW)	676	6,769	9.99	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	92	5,599	1.64	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.21	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	42	681,866	6.16	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	5	681,866	0.73	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	26	424,112	6.13	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	101	424,112	23.81	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	234	296	79.05	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	4	409	0.98	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	6	409	1.47	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	100	409	24.45	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	1,392	21,328	93.47	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	2,950	5,237	56.33	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	282	411	68.61	Below Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	320	411	77.86	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	277	411	67.4	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	35,184	78,947	44.57	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.05	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.92	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.12	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.86	Above High Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	55.46	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	49.15	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	49.88	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	66.87	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	48.4	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	79.72	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	63.5	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	81.75	Below Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	82.9	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	65.53	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	71.49	Meets Min. Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

Aetna STAR Kids

Performance Indicator Measures by Performance Level

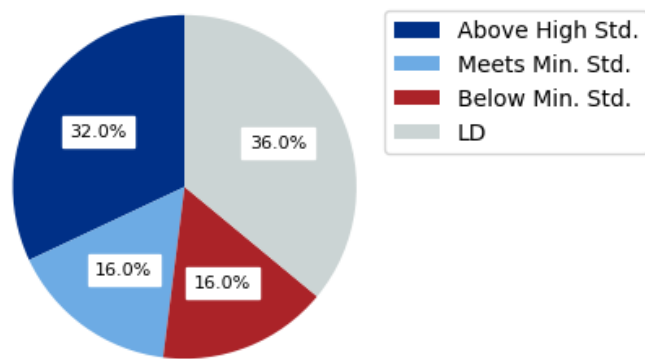


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	52	131	60.31	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	163	387	42.12	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	35	65	53.85	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	239	359	66.57	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	184	725	25.38	Below Min. Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	63	268	23.51	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	226	547	41.32	Meets Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	9	99	9.09	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	517	601	86.02	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	163	407	40.05	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	137	369	37.13	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	216	369	58.54	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	52	83	62.65	Above High Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	62	83	74.7	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	140	411	34.06	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	22	103,263	21.3	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	14	103,263	13.56	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	120	1421	91.56	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	-	-	-	LD
WCC - BMI Percentile Documentation (all ages) (WCC)	300	411	72.99	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	273	411	66.42	Below Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	294	411	71.53	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	5058	11,254	44.94	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.0	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	0.95	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.92	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	83.49	Meets Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	39.71	Below Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	69.7	Meets Min. Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	45.61	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	68.23	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	65.94	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	45.2	Below Min. Std.
SVY-Child - Customer Service (SVY-Child)	-	-	77.45	Above High Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	80.32	Meets Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	40.81	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	75.69	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	89.89	Meets Min. Std.

Aetna CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	18	52	65.38	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	26	48	54.17	Above High Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	-	-	-	LD
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	183	217	84.33	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	27	70	38.57	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	23,447	0.0	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	23,447	0.0	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	30	539	94.43	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	331	411	80.54	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	301	411	73.24	Meets Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	305	411	74.21	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	548	937	58.48	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.03	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	81.1	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	80.1	Above High Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	48.5	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	67.1	Below Min. Std.

Aetna 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	100.0%	75.9%	91.4%
STAR	BCN statewide PIP	100.0%	75.9%	91.4%
STAR Kids	BCN statewide PIP	100.0%	77.0%	92.0%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Intensive Visit	Member Provider System	Member profile letters are sent to providers to inform them to contact the member and schedule an Intensive Visit, which includes a medication adherence assessment, review of social determinants of health driving utilization, review of other unmet care needs, and care management referrals as necessary.
CHIP	BCN reduce ED visits & IP stays	Opioid Education via the Provider and Member Website	Member Provider System	Information on opioid use disorder will be provided on the provider and member websites for members with anxiety and/or depression diagnosis to easily access.
CHIP	BCN reduce ED visits & IP stays	Wellpass Text Messaging	Member	Wellpass text messages will go out to members informing members on the importance of follow-up care after leaving the hospital.
STAR	BCN reduce ED visits & IP stays	Intensive Visit	Member Provider System	Intervention Description: Member profile letters are sent to providers to inform them to contact the member and schedule an Intensive Visit, which includes a medication adherence assessment, review of social determinants of health driving utilization, review of other unmet care needs, and care management referrals as necessary.
STAR	BCN reduce ED visits & IP stays	Opioid Education via the Provider and Member Website	Member Provider System	Information on opioid use disorder will be provided on the provider and member websites for members with anxiety and/or depression diagnosis to easily access.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Wellpass Text Messaging	Member	Wellpass text messages will go out to members informing members on the importance of follow-up care after leaving the hospital.
STAR Kids	BCN reduce ED visits & IP stays	Intensive Visit	Member Provider System	Intervention Description: Member profile letters are sent to providers to inform them to contact the member and schedule an Intensive Visit, which includes a medication adherence assessment, review of social determinants of health driving utilization, review of other unmet care needs, and care management referrals as necessary.
STAR Kids	BCN reduce ED visits & IP stays	Opioid Education via the Provider and Member Website	Member Provider System	Information on opioid use disorder will be provided on the provider and member websites for members with anxiety and/or depression diagnosis to easily access.
STAR Kids	BCN reduce ED visits & IP stays	Wellpass Text Messaging	Member	Wellpass text messages will go out to members informing members on the importance of follow-up care after leaving the hospital.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement ($p = 0.1$) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0042	0.003	No	No
CHIP	Anxiety and/or Depression PPVs	29.07	15.68	Yes	No
CHIP	Anxiety and/or Depression PPAs	1.4	1.85	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0212	0.0187	No	No
STAR	Anxiety and/or Depression PPVs	81.13	63.39	Yes	No
STAR	Anxiety and/or Depression PPAs	3.35	2.56	Yes	No
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0225	0.0245	No	No
STAR Kids	Anxiety and/or Depression PPVs	72.01	50.6	Yes	Yes
STAR Kids	Anxiety and/or Depression PPAs	3.57	4.25	No	No

Aetna Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP) ^a	7.0 / 10	70.0%
PIP Recommendations (STAR) ^a	8.0 / 11	72.7%
PIP Recommendations (STAR Kids) ^a	7.0 / 10	70.0%
AI Recommendations	NA	NA
QAPI Recommendations (MCO)	4.5 / 5	90.0%

Aetna Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100.0%	-	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	96.2%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	79.4%	-	-
Behavioral Health Care-Child (Within 14 calendar days)	85.2%	86.7%	84.1%
High-Risk Prenatal (Within 5 calendar days)	30.8%	-	-
Not High-Risk Prenatal (Within 14 calendar days)	33.3%	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	-	-
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 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 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 2023.

Category	Description
Finding(s)	<p>Several MCOs received recommendations on the 2019 PIP plan on components related to sampling. MCOs did not accurately or consistently report sampling in two main scenarios: Several MCOs (Aetna, CFHP, CMCHP, and Parkland) did not accurately identify whether or not they were targeting the entire population for the PIP or a sample of the population. For example, Aetna accurately described the entire population of the PIP per the HHSC and EQRO guidance, but indicated on the PIP plan that they were targeting a sample rather than the entire population.</p> <p>MCOs did not consistently report whether they were sampling for specific interventions. Seven MCOs (CMCHP, Cigna-HealthSpring, CFHP, CookCHP, Driscoll, FirstCare, and UHC) lost points in Activity 5B, Sound Sampling Methods – Interventions, because they did not correctly describe the sample of the target population they would be targeting for their intervention(s). Additionally, in Activity 7B.1, Implementation Evaluation: Intervention and Improvement Strategies, these seven MCOs lost points due to inconsistently or incorrectly reporting the number and percent of members targeted for the intervention based on the sample.</p>
Recommendation(s)	<p>Aetna, CFHP, CMCHP, Cigna-HealthSpring, CookCHP, Driscoll, FirstCare, Parkland, Superior, and UHC should familiarize themselves with sampling in order to accurately identify whether they are sampling for the PIP and/or interventions. In addition, if they are sampling, these MCOs should familiarize themselves with the different sampling methodologies and associated biases.</p> <p>HHSC should provide additional guidance and technical assistance to MCOs on what sampling is, how to identify sampling, and how to accurately report sampling for the PIPs.</p>

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>

Category	Description
Finding(s)	<p>Since 2018, the average QAPI scores for MCOs and DMOs have gradually declined, with the 2023 average QAPI score (94.8 percent) being the lowest average score since 2018 (98.8 percent). Further, the lower average QAPI scores do not correlate with the scores for compliance with previous recommendations. For example, one DMO (DentaQuest) had a sustained score of 100 percent for compliance with previous recommendations since 2021; however, in that time its overall QAPI score steadily declined from 99.3 percent to 94.6 percent. Similarly, among all MCOs and DMOs the average MCO/DMO compliance with the previous year’s recommendations increased from 73.7 percent (2018) to 84.7 percent in 2023, while all but one (Molina) MCOs’/DMOs’ overall QAPI scores decreased from 2018. This illustrates that the MCOs and DMOs are implementing EQRO feedback on the previous year’s QAPI; yet, points lost in other activities outweigh the increase in points from correcting previous issues. Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP experienced a decrease in overall QAPI score since 2018, despite increased compliance with the previous year’s recommendations.</p>
Recommendation(s)	<p>Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP should ensure that they strive for continuous quality improvement in their quality improvement programs outside of implementing previous recommendations. All MCOs and DMOs should update and revise all sections of the QAPI submission as needed and ensure continued compliance on activities that previously received full credit.</p>
Finding(s)	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year’s outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, EIPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>

Category	Description
Finding(s)	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i> , <i>Clinical Indicator Monitoring</i> , and <i>Service Indicator Monitoring</i>) 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.
Recommendation(s)	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.
Finding(s)	Overall, in SFY 2023, the percentage of excluded providers increased in low-risk and third-trimester pregnancy, and total appointments available decreased in all prenatal sub-studies compared with SFY 2022.
Recommendation(s)	<p>HHSC should consult with MCOs to better understand the key factors contributing to errors in the provider taxonomy for prenatal directories and why so many providers in the prenatal sample did not offer prenatal appointments. No provider in FirstCare offered an appointment for third-trimester and low-risk pregnancy. No providers in Aetna, DCHP, and El Paso offered an appointment for third-trimester pregnancy.</p> <p>HHSC should encourage the MCOs to carefully examine the member-facing directory information they provided for the appointment availability study, especially CookCHP, and Molina, which had the highest percentage of excluded providers in prenatal sub-studies. Updated provider directories with accurate provider contact information will help reduce the total number of calls needed for each MCO and help increase the sample size for assessing compliance with call wait times.</p> <p>Aetna, DCHP, El Paso Health, and FirstCare should use root cause analysis to identify specific approaches that they can use to encourage providers to offer appointments to Medicaid enrollees.</p>
Finding(s)	In SFY 2023, all five programs improved compliance with preventive and routine care compared to SFY 2022. The MCOs with the lowest compliance with preventive care compliance in SFY 2023 were Aetna and Amerigroup in STAR Kids, TCHP in STAR Adult, El Paso Health in STAR Child, and Amerigroup and Molina in STAR+PLUS. All MCOs across all five programs were 100 percent compliant with routine and urgent care standards in SFY 2023.
Recommendation(s)	HHSC should strongly encourage Aetna, Amerigroup, Molina, and TCHP to conduct a root cause analysis to identify the drivers for lower compliance with preventive care appointment standards and identify specific approaches for improvement.

Amerigroup

Member Demographics

Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	STAR+PLUS (n)	STAR+PLUS (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	44	0.5%	11	0.2%	3,504	0.4%	36	0.1%	97	0.2%	3,692	0.4%
Race	Asian	301	3.7%	124	2.7%	20,913	2.4%	139	0.5%	944	1.6%	22,421	2.3%
Race	Black or African American	1,131	14.0%	195	4.3%	189,332	21.4%	4,194	14.8%	11,845	20.3%	206,697	21.0%
Race	Native Hawaiian or Other Pacific Islander	11	0.1%	10	0.2%	1,689	0.2%	18	0.1%	184	0.3%	1,912	0.2%
Race	White	3,894	48.2%	2,653	58.0%	379,948	42.9%	4,077	14.4%	18,103	31.0%	408,675	41.5%
Race	Two or More Races	62	0.8%	5	0.1%	12,201	1.4%	85	0.3%	137	0.2%	12,490	1.3%
Race	Unknown Race	2,628	32.6%	1,580	34.5%	278,220	31.4%	19,841	69.9%	27,158	46.4%	329,427	33.4%
Ethnicity	Hispanic or Latino	4,634	57.4%	3,738	81.7%	364,079	41.1%	9,271	32.7%	15,874	27.1%	397,596	40.4%
Ethnicity	Not Hispanic or Latino	2,700	33.5%	466	10.2%	406,985	45.9%	15,400	54.2%	36,260	62.0%	461,811	46.9%
Ethnicity	Unknown Ethnicity	737	9.1%	374	8.2%	114,743	13.0%	3,719	13.1%	6,334	10.8%	125,907	12.8%

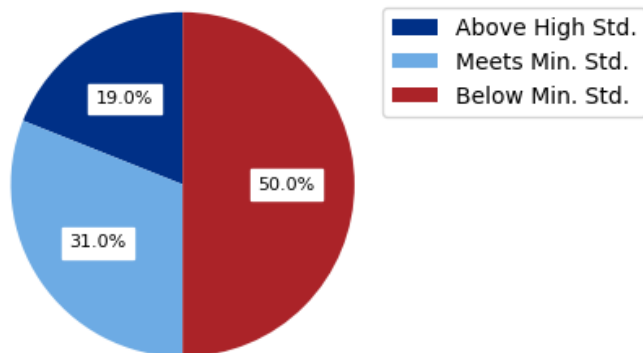
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	STAR+PLUS (n)	STAR+PLUS (%)	Total (n)	Total (%)
Age Group	< 1 year	5	0.1%	17	0.4%	35,683	4.0%	65	0.2%	0	0.0%	35,770	3.6%
Age Group	1 - 9 years	2,765	34.3%	0	0.0%	348,073	39.3%	7,504	26.4%	0	0.0%	358,342	36.4%
Age Group	10 - 17 years	4,856	60.2%	74	1.6%	287,028	32.4%	14,574	51.3%	0	0.0%	306,532	31.1%
Age Group	18 - 20 years	445	5.5%	299	6.5%	85,485	9.7%	6,093	21.5%	1	0.0%	92,323	9.4%
Age Group	21 - 44 years	0	0.0%	4,158	90.8%	121,145	13.7%	154	0.5%	28,097	48.1%	153,554	15.6%
Age Group	45 - 64 years	0	0.0%	30	0.7%	8,392	0.9%	0	0.0%	29,196	49.9%	37,618	3.8%
Age Group	65+ years	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1,174	2.0%	1,175	0.1%
Sex	Female	3,981	49.3%	4,568	99.8%	490,918	55.4%	9,659	34.0%	28,365	48.5%	537,491	54.6%
Sex	Male	4,088	50.7%	10	0.2%	394,805	44.6%	18,730	66.0%	30,098	51.5%	447,731	45.4%
Sex	Unknown	2	0.0%	0	0.0%	84	0.0%	1	0.0%	5	0.0%	92	0.0%
Overall	Total	8,071	100.0%	4,578	100.0%	885,807	100.0%	28,390	100.0%	58,468	100.0%	985,314	100.0%

Amerigroup MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

Amerigroup STAR

Performance Indicator Measures by Performance Level



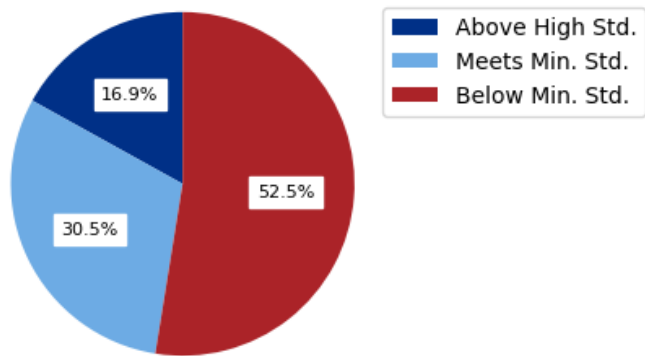
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	6,956	23,134	69.93	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	500	967	51.71	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	2,405	5,672	42.4	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	1,090	4,150	26.27	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	1,812	4,150	43.66	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	5,528	8,276	66.8	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	1,314	4,347	30.23	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	907	2,277	39.83	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	198	411	48.18	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	40,023	72,352	55.32	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	6,017	20,877	28.82	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	18,714	38,408	48.72	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	404	17,162	2.35	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	186	17,162	1.08	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	48,933	63,294	77.31	Meets Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	43,433	98,427	44.13	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	2,095	6,010	34.86	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	2,742	4,838	56.68	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,653	4,838	34.17	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	575	1,757	32.73	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	810	1,757	46.1	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	160	411	38.93	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	9	1,776	0.51	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	254	377	67.37	Below Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	123	411	29.93	Below Min. Std.
LBW - Low Birth Weight Rate (LBW)	2,493	25,584	9.74	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	491	24,609	2.0	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.1	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	256	5,084,765	5.03	Meets Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	44	5,084,765	0.87	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	135	2,194,375	6.15	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	732	2,194,375	33.36	Meets Min. Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	1,602	2,078	77.09	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	20	1,992	1.0	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	338	1,992	16.97	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	28	1,992	1.41	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	15,310	148,650	89.7	Meets Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	17,696	30,770	57.51	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	237	313	75.72	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	251	313	80.19	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	233	313	74.44	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	316,424	598,334	52.88	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.99	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.97	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.08	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.07	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	54.2	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	61.8	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	55.9	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	51.6	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	58.0	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	81.6	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	67.75	Below Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	81.82	Meets Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	82.69	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	73.67	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	78.97	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	17.6	Below Min. Std.

Amerigroup STAR+PLUS

Performance Indicator Measures by Performance Level



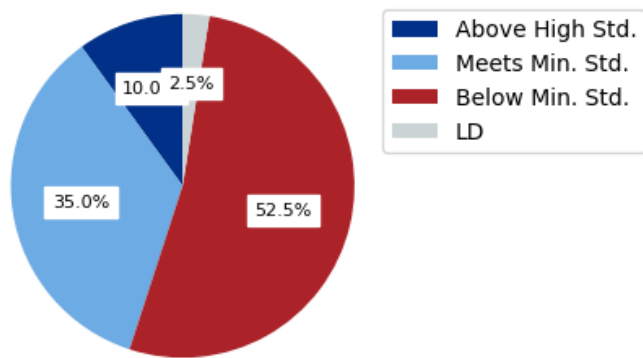
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (18-64) (AAB)	481	745	35.44	Below Min. Std.
AAP - Adults' Access to Preventive/Ambulatory Health Services (20-44) (AAP)	17,581	25,012	70.29	Below Min. Std.
AAP - Adults' Access to Preventive/Ambulatory Health Services (45-64) (AAP)	22,132	26,329	84.06	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	815	2,222	36.68	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	1,144	2,222	51.49	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	844	1,342	62.89	Meets Min. Std.
BCS - Breast Cancer Screening (BCS)	3,993	9,346	42.72	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	246	411	59.85	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	172	411	41.85	Below Min. Std.
CHL - Chlamydia Screening in Women (21-24) (CHL)	345	775	44.52	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	463	6,054	7.65	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	843	6,054	13.92	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (18-64) (CWP)	493	1,056	46.69	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	5,289	11,336	46.66	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	874	2,617	33.4	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,437	2,617	54.91	Below Min. Std.
FUI - 7-Day Follow-Up After High-Intensity Care for Substance Use Disorder (18-64) (FUI)	41	307	13.36	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUI - 30-Day Follow-Up After High-Intensity Care for Substance Use Disorder (18-64) (FUI)	78	307	25.41	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (18-64) (FUM)	353	1,046	33.75	Meets Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (18-64) (FUM)	492	1,046	47.04	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	220	411	53.53	Above High Std.
HDO - Use of Opioids at High Dosage (HDO)	43	4,053	1.06	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	919	1,419	64.76	Below Min. Std.
PCE - Pharmacotherapy Management for COPD Exacerbation - Systemic Corticosteroids (PCE)	753	1,166	64.58	Below Min. Std.
PCE - Pharmacotherapy Management for COPD Exacerbation - Bronchodilators (PCE)	961	1,166	82.42	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.17	Below Min. Std.
POD - Pharmacotherapy for Opioid Use Disorder (all ages) (POD)	72	239	30.13	Below Min. Std.
PPC - Postpartum Care (overall) (PPC)	185	309	59.87	Meets Min. Std.
PPC - Timeliness of Prenatal Care (overall) (PPC)	205	309	66.34	Below Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,704	703,757	384.22	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	417	703,757	59.25	Meets Min. Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,121	703,757	443.48	Below Min. Std.
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia- 80% Coverage (SAA)	2,826	4,584	61.65	Meets Min. Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	184	233	78.97	Above High Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	1,156	1,608	71.89	Below Min. Std.
SPC - Statin Therapy for Patients with Cardiovascular Disease - Total Statin Therapy (SPC)	1,371	1,724	79.52	Meets Min. Std.
SPC - Statin Therapy for Patients with Cardiovascular Disease - Total Adherence (SPC)	837	1,371	61.05	Below Min. Std.
SPD - Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD)	4,171	5,900	70.69	Above High Std.
SPD - Statin Therapy for Patients with Diabetes - Statin Adherence (SPD)	2,497	4,171	59.87	Below Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	161	895	17.99	Below Min. Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	4,429	5,665	78.18	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	694	5,283	13.14	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	32	5,283	0.61	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	48	5,283	0.91	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (18-64) (URI)	696	2,149	67.61	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.0	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.96	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.98	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.85	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	68.57	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	58.55	Meets Min. Std.
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling (SVY-Adult)	-	-	52.8	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	56.37	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	79.24	Meets Min. Std.
SVY-Adult - % Good Access to Service Coordination (SVY-Adult)	-	-	33.98	Below Min. Std.
SVY-Adult - % Good Access to Special Therapies (SVY-Adult)	-	-	35.06	Below Min. Std.
SVY-Adult - % Good Access to Specialist Appointment (SVY-Adult)	-	-	59.47	Above High Std.
SVY-Adult - % Good Access to Urgent Care (SVY-Adult)	-	-	56.95	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	46.77	Meets Min. Std.

Amerigroup STAR Kids

Performance Indicator Measures by Performance Level

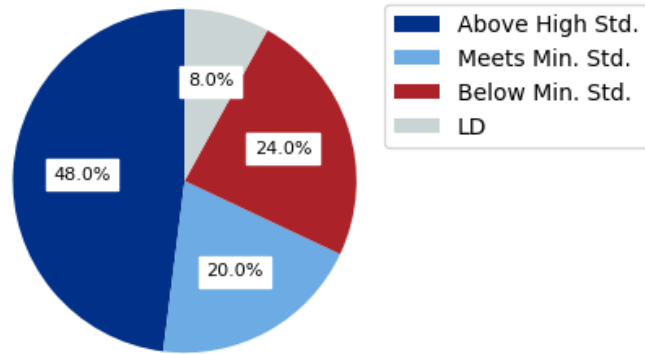


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	188	418	55.02	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	462	1,114	41.47	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	82	152	53.95	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	688	1,000	68.8	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	628	2,040	30.78	Below Min. Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	177	640	27.66	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	534	1,323	40.36	Below Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	44	308	14.29	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	1,536	2,019	76.08	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	357	833	42.86	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	295	759	38.87	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	487	759	64.16	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	30	87	34.48	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	51	87	58.62	Below Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	152	411	36.98	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	45	235,556	19.1	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	16	235,556	6.79	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	512	4,640	88.97	Meets Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	14	91	15.38	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	259	342	75.73	Meets Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	239	342	69.88	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	252	342	73.68	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	13,723	25,827	53.13	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.0	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.93	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.15	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.81	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	81.63	Meets Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	49.51	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	40.69	Below Min. Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	48.55	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	69.6	Meets Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	60.0	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	67.49	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	44.55	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	78.49	Meets Min. Std.
SVY-Child - Customer Service (SVY-Child)	-	-	80.88	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	75.74	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	87.95	Below Min. Std.

Amerigroup CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	102	228	55.26	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	71	171	41.52	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	32	41	78.05	Above High Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	39	100	39.0	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	1,383	1,643	84.18	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	41	72	56.94	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	23	50	46.0	Above High Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	34	50	68.0	Meets Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	193	411	46.96	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	3	106,713	2.81	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	106,713	0.94	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	211	2,509	91.59	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	250	288	86.81	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	231	288	80.21	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	233	288	80.9	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	2,910	4,252	68.44	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.58	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.94	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.81	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	81.5	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	74.4	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	72.4	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	73.0	Meets Min. Std.

Amerigroup 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	100.0%	91.6%	97.1%
STAR	BCN statewide PIP	100.0%	93.9%	98.2%
STAR Kids	BCN statewide PIP	100.0%	91.6%	97.1%
STAR+PLUS	BCN statewide PIP	100.0%	98.9%	99.4%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Early Intervention Wellness Outreach	Member System	Members located within SDAs of high anxiety/depression prevalence and ranked in top decile risk group for a Low Intensity Emergency Room (LIER) visit, will receive a BH outreach. Members will receive a telephonic outreach to prevent ER or inpatient utilization by focusing education on the following: Assistance with locating BH provider/appointment scheduling as needed Education on the importance of PCP/BH provider follow-up Referral to long-term BH Case Management as needed After-Hour resources including Live Health Online (Telehealth tool that will provide members with a convenient way to have live video conversations with a doctor, get a diagnosis, and receive treatment for common urgent care-type health conditions; include video visits with in-network licensed Psychologists, Therapists and board certified Psychiatrists.) Education on available resources and Value Added Benefits (VABs) e.g. transportation, housing, non-traditional services and other SDOH.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	ER diversion text campaign	Member System	<p>Members identified within the top decile risk group for a Low Intensity Emergency Room visit, will receive an ER diversion text message. The text message will include information such as:</p> <ul style="list-style-type: none"> 24hr Nurse Helpline PCP information Live Health Online BH services contact information <p>Members with no identified cellular number or no phone number will receive a “Where to get your care” flier. The flier will provide education about the level of care to seek for different conditions and other resources available aside from ER care.</p>
CHIP	BCN reduce ED visits & IP stays	Prescribing Patterns Education	Provider System	<p>On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as:</p> <ul style="list-style-type: none"> Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Early Intervention Wellness Outreach	Member System	<p>Members located within SDAs of high anxiety/depression prevalence and ranked in top decile risk group for a Low Intensity Emergency Room (LIER) visit, will receive a BH outreach. Members will receive a telephonic outreach to prevent ER or inpatient utilization by focusing education on the following:</p> <ul style="list-style-type: none"> Assistance with locating BH provider/appointment scheduling as needed Education on the importance of PCP/BH provider follow-up Referral to long-term BH Case Management as needed After-Hour resources including Live Health Online (Telehealth tool that will provide members with a convenient way to have live video conversations with a doctor, get a diagnosis, and receive treatment for common urgent care-type health conditions; include video visits with in-network licensed Psychologists, Therapists and board certified Psychiatrists.) Education on available resources and Value Added Benefits (VABs) e.g. transportation, housing, non-traditional services and other SDOH.
STAR	BCN reduce ED visits & IP stays	ER diversion text campaign	Member System	<p>Members identified within the top decile risk group for a Low Intensity Emergency Room visit, will receive an ER diversion text message. The text message will include information such as:</p> <ul style="list-style-type: none"> 24hr Nurse Helpline PCP information Live Health Online BH services contact information <p>Members with no identified cellular number or no phone number will receive a “Where to get your care” flier. The flier will provide education about the level of care to seek for different conditions and other resources available aside from ER care.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Prescribing Patterns Education	Provider System	<p>On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as:</p> <ul style="list-style-type: none"> Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion
STAR+PLUS	BCN reduce ED visits & IP stays	Early Intervention Wellness Outreach	Member System	<p>Members located within SDAs of high anxiety/depression prevalence and ranked in top decile risk group for a Low Intensity Emergency Room (LIER) visit, will receive a BH outreach. Members will receive a telephonic outreach to prevent ER or inpatient utilization by focusing education on the following:</p> <ul style="list-style-type: none"> Assistance with locating BH provider/appointment scheduling as needed Education on the importance of PCP/BH provider follow-up Referral to long-term BH Case Management as needed After-Hour resources including Live Health Online (Telehealth tool that will provide members with a convenient way to have live video conversations with a doctor, get a diagnosis, and receive treatment for common urgent care-type health conditions; include video visits with in-network licensed Psychologists, Therapists and board certified Psychiatrists.) Education on available resources and Value Added Benefits (VABs) e.g. transportation, housing, non-traditional services and other SDOH.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR+PLUS	BCN reduce ED visits & IP stays	ER diversion text campaign	Member System	<p>Members identified within the top decile risk group for a Low Intensity Emergency Room visit, will receive an ER diversion text message. The text message will include information such as:</p> <ul style="list-style-type: none"> 24hr Nurse Helpline PCP information Live Health Online BH services contact information <p>Members with no identified cellular number or no phone number will receive a “Where to get your care” flier. The flier will provide education about the level of care to seek for different conditions and other resources available aside from ER care.</p>
STAR+PLUS	BCN reduce ED visits & IP stays	Prescribing Patterns Education	Provider System	<p>On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as:</p> <ul style="list-style-type: none"> Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	Early Intervention Wellness Outreach	Member System	<p>Members located within SDAs of high anxiety/depression prevalence and ranked in top decile risk group for a Low Intensity Emergency Room (LIER) visit, will receive a BH outreach. Members will receive a telephonic outreach to prevent ER or inpatient utilization by focusing education on the following:</p> <ul style="list-style-type: none"> Assistance with locating BH provider/appointment scheduling as needed Education on the importance of PCP/BH provider follow-up Referral to long-term BH Case Management as needed After-Hour resources including Live Health Online (Telehealth tool that will provide members with a convenient way to have live video conversations with a doctor, get a diagnosis, and receive treatment for common urgent care-type health conditions; include video visits with in-network licensed Psychologists, Therapists and board certified Psychiatrists.) Education on available resources and Value Added Benefits (VABs) e.g. transportation, housing, non-traditional services and other SDOH.
STAR Kids	BCN reduce ED visits & IP stays	ER diversion text campaign	Member System	<p>Members identified within the top decile risk group for a Low Intensity Emergency Room visit, will receive an ER diversion text message. The text message will include information such as:</p> <ul style="list-style-type: none"> 24hr Nurse Helpline PCP information Live Health Online BH services contact information <p>Members with no identified cellular number or no phone number will receive a “Where to get your care” flier. The flier will provide education about the level of care to seek for different conditions and other resources available aside from ER care.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	Prescribing Patterns Education	Provider System	On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as: Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0044	0.0035	No	No
CHIP	Anxiety and/or Depression PPVs	31.85	18.54	Yes	Yes
CHIP	Anxiety and/or Depression PPAs	3.98	3.8	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0157	0.0175	No	No
STAR	Anxiety and/or Depression PPVs	75.93	61.44	Yes	No
STAR	Anxiety and/or Depression PPAs	3.4	3.22	No	No
STAR+PLUS	High Utilization (3+ ED & 2+ IP)	0.0671	0.0618	Yes	No
STAR+PLUS	Anxiety and/or Depression PPVs	126.26	103.13	Yes	Yes
STAR+PLUS	Anxiety and/or Depression PPAs	11.6	10.35	Yes	No
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0264	0.0267	No	No
STAR Kids	Anxiety and/or Depression PPVs	58.39	46.92	Yes	No
STAR Kids	Anxiety and/or Depression PPAs	7.29	6.93	No	No

Amerigroup Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	2.0 / 2	100%
PIP Recommendations (STAR)	2.0 / 2	100%
PIP Recommendations (STAR+PLUS)	2.0 / 2	100%
PIP Recommendations (STAR Kids)	2.0 / 2	100%
AI Recommendations	NA	NA
QAPI Recommendations (MMP)	1.0 / 1	100%
QAPI Recommendations (MCO)	5.5 / 6	91.7%

Amerigroup Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids	STAR+PLUS
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100.0%	-	-	97.1%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	96.6%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-	-	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-	100.0%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%	-
Behavioral Health Care-Adult (Within 14 calendar days)	88.0%	-	-	94.3%
Behavioral Health Care-Child (Within 14 calendar days)	88.0%	88.9%	79.3%	-
High-Risk Prenatal (Within 5 calendar days)	22.2%	-	-	-
Not High-Risk Prenatal (Within 14 calendar days)	80.0%	-	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	0.0%	-	-	-
Vision Care-Adult (No referral)	100.0%	-	-	100.0%
Vision Care-Child (No referral)	100.0%	100.0%	100.0%	-

Amerigroup 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 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 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 2023.

Category	Description
Finding(s)	Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
Recommendation(s)	MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.
Finding(s)	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i> , <i>Clinical Indicator Monitoring</i> , and <i>Service Indicator Monitoring</i>) 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.
Recommendation(s)	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success in Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>In SFY 2023, none of the sampled providers in Amerigroup, BCBSTX, or Driscoll complied with wait time standards for prenatal care in the third trimester.</p>
Recommendation(s)	<p>HHSC should strongly encourage Amerigroup, BCBSTX, and Driscoll to conduct a root cause analysis to identify the drivers for non-compliance with appointment standards. Amerigroup, BCBSTX, and Driscoll should use root cause analysis to identify specific approaches that they can use to encourage providers to make appointments available within five working days.</p>
Finding(s)	<p>In SFY 2023, all five programs improved compliance with preventive and routine care compared to SFY 2022. The MCOs with the lowest compliance with preventive care compliance in SFY 2023 were Aetna and Amerigroup in STAR Kids, TCHP in STAR Adult, El Paso Health in STAR Child, and Amerigroup and Molina in STAR+PLUS. All MCOs across all five programs were 100 percent compliant with routine and urgent care standards in SFY 2023.</p>
Recommendation(s)	<p>HHSC should strongly encourage Aetna, Amerigroup, Molina, and TCHP to conduct a root cause analysis to identify the drivers for lower compliance with preventive care appointment standards and identify specific approaches for improvement.</p>
Finding(s)	<p>In SFY 2023, the percentage of appointments available for primary care decreased in all five programs compared to SFY 2022. CookCHP in STAR Kids, CookCHP and SWHP in STAR, DCHP in CHIP, and Amerigroup in STAR+PLUS had the lowest percentages of available appointments.</p>
Recommendation(s)	<p>HHSC should work with CookCHP to identify the factors contributing to the lowest percentages of available appointments in STAR Kids and STAR programs. HHSC should encourage SWHP, CookCHP, DCHP, and Amerigroup to collaborate with providers to offer more appointments and identify ways to increase the overall percentage of appointments available.</p>

Category	Description
Finding(s)	In the behavioral health care sub-study, the percentage of excluded providers increased in STAR, STAR Kids, STAR+PLUS, and CHIP in SFY 2023 compared to SFY 2022.
Recommendation(s)	HHSC should encourage MCOs to carefully examine the member-facing directory information they provide for the appointment availability study, especially Amerigroup, which had the highest percentage of excluded providers in STAR, STAR Kids, STAR+PLUS, and CHIP programs. Updated provider directories with accurate provider contact information will help reduce the total number of calls needed for each MCO and help increase the sample size for assessing compliance with call wait times.

Blue Cross and Blue Shield of Texas (BCBSTX)

Member Demographics

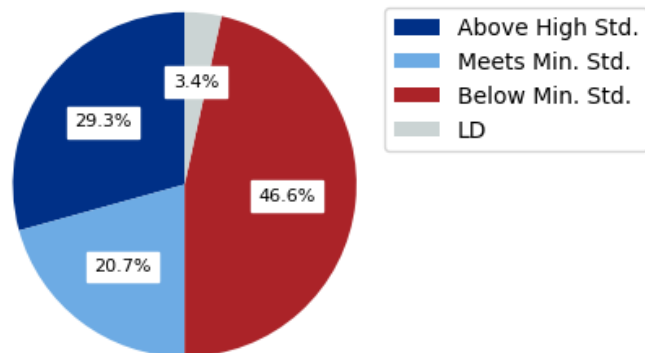
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	2	0.2%	0	0.0%	230	0.4%	12	0.1%	244	0.3%
Race	Asian	24	2.8%	12	1.8%	1,373	2.3%	51	0.6%	1,460	2.1%
Race	Black or African American	66	7.6%	16	2.4%	7,116	11.9%	971	10.9%	8,169	11.7%
Race	Native Hawaiian or Other Pacific Islander	0	0.0%	1	0.1%	106	0.2%	12	0.1%	119	0.2%
Race	White	534	61.4%	419	62.2%	31,565	53.0%	1,751	19.6%	34,269	48.9%
Race	Two or More Races	10	1.2%	1	0.1%	945	1.6%	52	0.6%	1,008	1.4%
Race	Unknown Race	233	26.8%	225	33.4%	18,274	30.7%	6,065	68.0%	24,797	35.4%
Ethnicity	Hispanic or Latino	492	56.6%	554	82.2%	28,958	48.6%	2,742	30.8%	32,746	46.7%
Ethnicity	Not Hispanic or Latino	270	31.1%	55	8.2%	21,528	36.1%	4,718	52.9%	26,571	37.9%
Ethnicity	Unknown Ethnicity	107	12.3%	65	9.6%	9,123	15.3%	1,454	16.3%	10,749	15.3%
Age Group	< 1 year	1	0.1%	5	0.7%	3,087	5.2%	29	0.3%	3,122	4.5%
Age Group	1 - 9 years	380	43.7%	0	0.0%	24,878	41.7%	2,512	28.2%	27,770	39.6%
Age Group	10 - 17 years	446	51.3%	13	1.9%	16,051	26.9%	4,427	49.7%	20,937	29.9%
Age Group	18 - 20 years	42	4.8%	47	7.0%	4,837	8.1%	1,900	21.3%	6,826	9.7%
Age Group	21 - 44 years	0	0.0%	607	90.1%	9,996	16.8%	46	0.5%	10,649	15.2%
Age Group	45 - 64 years	0	0.0%	2	0.3%	760	1.3%	0	0.0%	762	1.1%
Sex	Female	425	48.9%	671	99.6%	33,873	56.8%	3,063	34.4%	38,032	54.3%
Sex	Male	444	51.1%	3	0.4%	25,729	43.2%	5,850	65.6%	32,026	45.7%
Sex	Unknown	0	0.0%	0	0.0%	7	0.0%	1	0.0%	8	0.0%
Overall	Total	869	100.0%	674	100.0%	59,609	100.0%	8,914	100.0%	70,066	100.0%

BCBSTX MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

BCBSTX STAR

Performance Indicator Measures by Performance Level



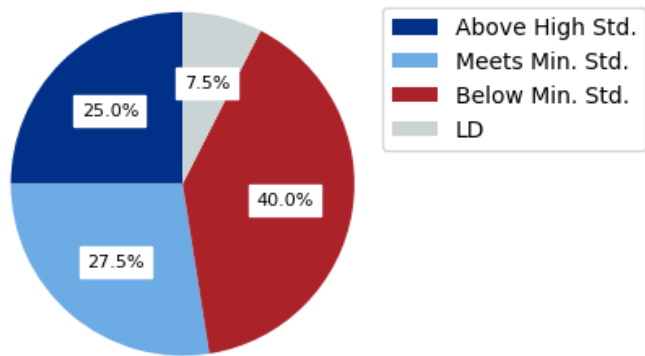
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	203	895	77.32	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	28	58	48.28	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	130	318	40.88	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	140	284	49.3	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	94	284	33.1	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	300	418	71.77	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	60	213	28.17	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	30	100	30.0	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	167	268	62.31	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	3,166	6,079	52.08	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	457	1,598	28.6	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	1,122	2,209	50.79	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	27	1,271	2.12	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	12	1,271	0.94	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	1,759	2,094	84.0	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	1,542	7,572	20.36	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	135	398	33.92	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	214	330	64.85	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	161	330	48.79	Above High Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	19	72	26.39	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	35	72	48.61	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	110	290	37.93	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	0	148	0.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	161	411	39.17	Meets Min. Std.
LBW - Low Birth Weight Rate (LBW)	175	1,934	9.05	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	69	1,810	3.81	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.04	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	16	300,861	5.32	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	4	300,861	1.33	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	6	162,251	3.7	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	36	162,251	22.19	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	107	134	79.85	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	7	163	4.29	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	9	163	5.52	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	49	163	30.06	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	422	8,394	94.97	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	1,417	2,522	56.19	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	349	411	84.91	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	377	411	91.73	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	345	411	83.94	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	18,726	35,813	52.29	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.01	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.82	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.07	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.03	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	71.91	Above High Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	52.0	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	45.16	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	47.73	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	56.81	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	78.42	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	59.05	Below Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	82.13	Meets Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	83.64	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	72.6	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	81.0	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

BCBSTX STAR Kids

Performance Indicator Measures by Performance Level

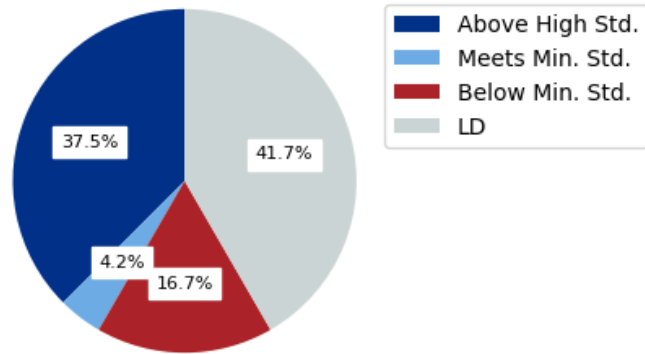


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	30	71	57.75	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	131	328	39.94	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	27	50	54.0	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	168	243	69.14	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	151	526	28.71	Below Min. Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	28	143	19.58	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	117	369	31.71	Below Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	5	73	6.85	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	165	259	63.71	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	61	258	23.64	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	114	270	42.22	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	175	270	64.81	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	20	45	44.44	Meets Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	27	45	60.0	Below Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	156	411	37.96	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	11	72,263	15.22	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	7	72,263	9.69	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	90	1,024	91.21	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	-	-	-	LD
WCC - BMI Percentile Documentation (all ages) (WCC)	317	411	77.13	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	298	411	72.51	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	317	411	77.13	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	3,736	7,685	48.61	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.96	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	0.73	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.78	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	89.13	Above High Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	45.61	Below Min. Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	50.35	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	70.57	Meets Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	74.41	Above High Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	53.43	Meets Min. Std.
SVY-Child - Customer Service (SVY-Child)	-	-	80.97	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	44.24	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	74.12	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	73.95	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	84.19	Above High Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	90.03	Meets Min. Std.

BCBSTX CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	-	-	-	LD
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	-	-	-	LD
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	-	-	-	LD
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	79	88	89.77	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	19	39	48.72	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	11,366	0.0	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	11,366	0.0	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	10	211	95.26	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	230	252	91.27	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	214	252	84.92	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	209	252	82.94	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	253	394	64.21	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.21	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	89.0	Above High Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	67.6	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	72.9	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	70.0	Below Min. Std.

BCBSTX 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	96.2%	83.2%	91.8%
STAR	BCN statewide PIP	96.2%	83.2%	91.8%
STAR Kids	BCN statewide PIP	96.2%	83.2%	91.8%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	BCBSTX Healthcare Management and Magellan Behavioral Health Collaboration for Improved Integration of Physical and Behavioral Health.	Member Provider System	<p>A specific rounding meeting will be created for concurrent physical and behavioral health Grand Rounds to increase collaboration and integration. Additionally, in order to further develop this program to improve integration of BH/PH, HCM and Magellan will conduct meetings to build a tracking database to identify and share members and referrals to ensure improve care coordination, and ultimately, BH/PH Integration with improved health outcomes.</p> <p>The impact and reach numbers are affected by the change as high-risk members (those with a history of high utilization, PPVs, and PPAs) are being targeted for outreach first rather than targeting the whole population of members with anxiety or depression.</p>
CHIP	BCN reduce ED visits & IP stays	Provider Campaign for Behavioral and Physical Health Integration.	Provider	<p>Network and QI partnership to increase integration of physical and behavioral health (BH/PH) while addressing Beneficiaries with Complex Needs.</p> <p>Newsletters focused on BH/PH integration will be available to all providers via Blue Review and in person (site visit) via provider representatives that will be readily available to answer questions and provide appropriate resources.</p> <p>Newsletters will contain resources on the use of Clinical Practice Guidelines (CPGs), Magellan Tool Kit, contact resources for Magellan, Health Care Management (HCM) and Service Coordination specific to the member population.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Pharmacy Based Initiative	Member System	Pharmacy will use reports of members diagnosed with anxiety or depression, first time prescriptions, and new members. Pharmacy will provide a mental health trifold mailer and a medication adherence postcard that contains education on mental health, a reminder to take and continue medications as prescribed, a reminder to keep up with appointments, and physician and pharmacy resources.
CHIP	BCN reduce ED visits & IP stays	Behavioral Health Focused Education to providers	Provider	Magellan Behavioral Health will develop education on various behavioral health topics useful to primary care providers and present the topics and references in a forum created by BCBSTX Staff. Attribution Reports will be provided to determine how the resources given to provider are being used and also what the impact is. This intervention focuses on the importance of provider education with adequate resources and materials given to providers while informing them of the importance of integration for BH/PH. For May through December 2019, 3 “Brown Bag” educational series were scheduled with topics as follows: <ul style="list-style-type: none"> • 6/26/2019: Assessing Childhood Maladaptive Behaviors; Is it ADHD? • 9/11/2019: Managing the Psychotic Patient and When to Refer to Behavioral Health Providers • 12/11/2019: Reducing Poly-Pharmacy in the Child and Adolescent Population
STAR	BCN reduce ED visits & IP stays	BCBSTX Healthcare Management and Magellan Behavioral Health Collaboration for Improved Integration of Physical and Behavioral Health.	Member Provider System	A specific rounding meeting will be created for concurrent physical and behavioral health Grand Rounds to increase collaboration and integration. Additionally, in order to further develop this program to improve integration of BH/PH, HCM and Magellan will conduct meetings to build a tracking database to identify and share members and referrals to ensure improve care coordination, and ultimately, BH/PH Integration with improved health outcomes. The impact and reach numbers are affected by the change as high-risk members (those with a history of high utilization, PPVs, and PPAs) are being targeted for outreach first rather than targeting the whole population of members with anxiety or depression.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Provider Campaign for Behavioral and Physical Health Integration.	Provider	<p>Network and QI partnership to increase integration of physical and behavioral health (BH/PH) while addressing Beneficiaries with Complex Needs.</p> <p>Newsletters focused on BH/PH integration will be available to all providers via Blue Review and in person (site visit) via provider representatives that will be readily available to answer questions and provide appropriate resources.</p> <p>Newsletters will contain resources on the use of Clinical Practice Guidelines (CPGs), Magellan Tool Kit, contact resources for Magellan, Health Care Management (HCM) and Service Coordination specific to the member population.</p>
STAR	BCN reduce ED visits & IP stays	Pharmacy Based Initiative	Member System	<p>Pharmacy will use reports of members diagnosed with anxiety or depression, first time prescriptions, and new members.</p> <p>Pharmacy will provide a mental health trifold mailer and a medication adherence postcard that contains education on mental health, a reminder to take and continue medications as prescribed, a reminder to keep up with appointments, and physician and pharmacy resources.</p>
STAR	BCN reduce ED visits & IP stays	Behavioral Health Focused Education to providers	Provider	<p>Magellan Behavioral Health will develop education on various behavioral health topics useful to primary care providers and present the topics and references in a forum created by BCBSTX Staff.</p> <p>Attribution Reports will be provided to determine how the resources given to provider are being used and also what the impact is.</p> <p>This intervention focuses on the importance of provider education with adequate resources and materials given to providers while informing them of the importance of integration for BH/PH.</p> <p>For May through December 2019, 3 “Brown Bag” educational series were scheduled with topics as follows:</p> <ul style="list-style-type: none"> • 6/26/2019: Assessing Childhood Maladaptive Behaviors; Is it ADHD? • 9/11/2019: Managing the Psychotic Patient and When to Refer to Behavioral Health Providers • 12/11/2019: Reducing Poly-Pharmacy in the Child and Adolescent Population

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	BCBSTX Healthcare Management and Magellan Behavioral Health Collaboration for Improved Integration of Physical and Behavioral Health.	Member Provider System	<p>A specific rounding meeting will be created for concurrent physical and behavioral health Grand Rounds to increase collaboration and integration. Additionally, in order to further develop this program to improve integration of BH/PH, HCM and Magellan will conduct meetings to build a tracking database to identify and share members and referrals to ensure improve care coordination, and ultimately, BH/PH Integration with improved health outcomes.</p> <p>The impact and reach numbers are affected by the change as high-risk members (those with a history of high utilization, PPVs, and PPAs) are being targeted for outreach first rather than targeting the whole population of members with anxiety or depression.</p>
STAR Kids	BCN reduce ED visits & IP stays	Provider Campaign for Behavioral and Physical Health Integration.	Provider	<p>Network and QI partnership to increase integration of physical and behavioral health (BH/PH) while addressing Beneficiaries with Complex Needs.</p> <p>Newsletters focused on BH/PH integration will be available to all providers via Blue Review and in person (site visit) via provider representatives that will be readily available to answer questions and provide appropriate resources.</p> <p>Newsletters will contain resources on the use of Clinical Practice Guidelines (CPGs), Magellan Tool Kit, contact resources for Magellan, Health Care Management (HCM) and Service Coordination specific to the member population.</p>
STAR Kids	BCN reduce ED visits & IP stays	Pharmacy Based Initiative	Member System	<p>Pharmacy will use reports of members diagnosed with anxiety or depression, first time prescriptions, and new members.</p> <p>Pharmacy will provide a mental health trifold mailer and a medication adherence postcard that contains education on mental health, a reminder to take and continue medications as prescribed, a reminder to keep up with appointments, and physician and pharmacy resources.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	Behavioral Health Focused Education to providers	Provider	<p>Magellan Behavioral Health will develop education on various behavioral health topics useful to primary care providers and present the topics and references in a forum created by BCBSTX Staff.</p> <p>Attribution Reports will be provided to determine how the resources given to provider are being used and also what the impact is. This intervention focuses on the importance of provider education with adequate resources and materials given to providers while informing them of the importance of integration for BH/PH.</p> <p>For May through December 2019, 3 “Brown Bag” educational series were scheduled with topics as follows:</p> <ul style="list-style-type: none"> • 6/26/2019: Assessing Childhood Maladaptive Behaviors; Is it ADHD? • 9/11/2019: Managing the Psychotic Patient and When to Refer to Behavioral Health Providers • 12/11/2019: Reducing Poly-Pharmacy in the Child and Adolescent Population

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0	0.0	Yes	No
CHIP	Anxiety and/or Depression PPVs	20.44	21.92	No	No
CHIP	Anxiety and/or Depression PPAs	2.27	2.09	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.017	0.0267	Yes	No
STAR	Anxiety and/or Depression PPVs	71.33	62.94	Yes	No
STAR	Anxiety and/or Depression PPAs	2.37	2.29	No	No
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0348	0.0316	No	No
STAR Kids	Anxiety and/or Depression PPVs	60.37	54.68	Yes	No
STAR Kids	Anxiety and/or Depression PPAs	5.76	3.84	Yes	No

BCBSTX Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these

recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	13.0 / 16	81.3%
PIP Recommendations (STAR)	13.0 / 16	81.3%
PIP Recommendations (STAR Kids)	13.0 / 16	81.3%
AI Recommendations	30.0 / 31	96.8%
QAPI Recommendations (MCO)	3.0 / 5	60%

BCBSTX Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	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-Adult (Within 14 calendar days)	100.0%	-	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	100.0%	-	-
Behavioral Health Care-Child (Within 14 calendar days)	100.0%	88.9%	87.5%
High-Risk Prenatal (Within 5 calendar days)	12.5%	-	-
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%	-	-
Vision Care-Child (No referral)	100.0%	100.0%	100.0%

BCBSTX 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 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 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 2023.

Category	Description
Finding(s)	Data analysis was a common opportunity for improvement in the 2019 PIPs. For example, 10 MCOs (BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP) lost points on the PIP plan in Activity 6, <i>Plan to Collect Reliable Data</i> , because they chose an inappropriate statistical test for the reported measures. Additionally, several MCOs lost points on the final PIP due to incorrectly calculating or interpreting statistical analyses for PIP measures.
Recommendation(s)	BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP should ensure they select the appropriate statistical test for the reported measures. Amerigroup, CMCHP, Cigna Health-Spring, CFHP, CHCT, FirstCare, Molina, Parkland, and Superior should ensure that they perform statistical analyses according to the data analysis plan, and calculate and interpret them correctly.

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>

Category	Description
<p>Finding(s)</p>	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
<p>Recommendation(s)</p>	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year's outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, ElPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>
<p>Finding(s)</p>	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
<p>Recommendation(s)</p>	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success in Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>In SFY 2023, none of the sampled providers in Amerigroup, BCBSTX, or Driscoll complied with wait time standards for prenatal care in the third trimester.</p>
Recommendation(s)	<p>HHSC should strongly encourage Amerigroup, BCBSTX, and Driscoll to conduct a root cause analysis to identify the drivers for non-compliance with appointment standards. Amerigroup, BCBSTX, and Driscoll should use root cause analysis to identify specific approaches that they can use to encourage providers to make appointments available within five working days.</p>

Category	Description
<p>Finding(s)</p>	<p>Three MCOs (BCBSTX, PCHP & UHC) performed below average across all review categories. The primary reason for the lower match rates in 2023 is the same as in 2021 where the encounter data included for the date of service, place of service, primary diagnosis, and procedure data elements were not documented in the medical records. Further analysis identified no commonalities in procedures or diagnoses that could explain the higher incidence of unmatched data for BCBSTX and UHC. Additionally, no common providers accounted for a higher than normal amount of unmatched data for BCBSTX and UHC. However, PCHP had a total of 62 providers, of which three contributed to more than 50 percent (30 out of 51) of the procedures with a validation of “3. In claims data/not in medical record.” The EQRO found a similar pattern for date of service for PCHP. Specifically, one PCHP provider single-handedly accounted for five dates of service with a validation of “3. In claims data/not in medical record.” Similar conclusions can be applied to place of service, which is also analyzed at the date of service level. For all three MCOs, the three procedure codes that were in the encounter data but missing most frequently from the medical records were: 99000 – SPECIMEN HANDLING OFFICE-LAB 99214 – OFFICE O/P EST MOD 30-39 MIN 85025 – COMPLETE CBC W/ AUTO DIFF WBC Other health plans reflected these procedures in the medical records with no issues, indicating that the issue results from the providers or MCOs rather than the procedures themselves. Encounters with no corresponding documentation in the medical record for primary diagnosis showed no obvious underlying patterns.</p>
<p>Recommendation(s)</p>	<p>BCBSTX and UHC should further examine why information in the encounter data is not documented in the medical record. PCHP should work with providers to ensure all dates of service, places of service, primary diagnoses, and procedures are documented in the medical record, especially for the three most frequently missing procedure codes (99000, 99214, and 85025).</p>

Community First Health Plans (CFHP)

Member Demographics

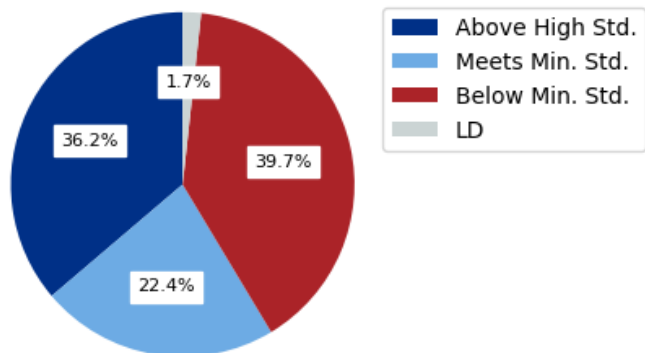
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	9	0.4%	0	0.0%	605	0.3%	7	0.1%	621	0.3%
Race	Asian	38	1.8%	9	2.0%	2,695	1.5%	23	0.3%	2,765	1.5%
Race	Black or African American	116	5.4%	8	1.8%	13,075	7.4%	322	4.2%	13,521	7.2%
Race	Native Hawaiian or Other Pacific Islander	14	0.6%	0	0.0%	418	0.2%	4	0.1%	436	0.2%
Race	White	1,304	60.3%	273	61.8%	99,806	56.6%	1,720	22.2%	103,103	55.2%
Race	Other Race	0	0.0%	0	0.0%	2	0.0%	0	0.0%	2	0.0%
Race	Two or More Races	28	1.3%	1	0.2%	1,744	1.0%	16	0.2%	1,789	1.0%
Race	Unknown Race	652	30.2%	151	34.2%	58,016	32.9%	5,644	73.0%	64,463	34.5%
Ethnicity	Hispanic or Latino	1,508	69.8%	354	80.1%	116,814	66.2%	4,946	63.9%	123,622	66.2%
Ethnicity	Not Hispanic or Latino	470	21.7%	38	8.6%	37,647	21.3%	1,782	23.0%	39,937	21.4%
Ethnicity	Unknown Ethnicity	183	8.5%	50	11.3%	21,900	12.4%	1,008	13.0%	23,141	12.4%
Age Group	< 1 year	0	0.0%	5	1.1%	7,127	4.0%	15	0.2%	7,147	3.8%
Age Group	1 - 9 years	721	33.4%	0	0.0%	67,059	38.0%	1,900	24.6%	69,680	37.3%
Age Group	10 - 17 years	1,293	59.8%	4	0.9%	56,919	32.3%	4,118	53.2%	62,334	33.4%
Age Group	18 - 20 years	147	6.8%	30	6.8%	17,153	9.7%	1,646	21.3%	18,976	10.2%
Age Group	21 - 44 years	0	0.0%	401	90.7%	26,234	14.9%	57	0.7%	26,692	14.3%
Age Group	45 - 64 years	0	0.0%	2	0.5%	1,868	1.1%	0	0.0%	1,870	1.0%
Age Group	65+ years	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%
Sex	Female	1,051	48.6%	440	99.5%	98,402	55.8%	2,540	32.8%	102,433	54.9%
Sex	Male	1,110	51.4%	2	0.5%	77,952	44.2%	5,196	67.2%	84,260	45.1%
Sex	Unknown	0	0.0%	0	0.0%	7	0.0%	0	0.0%	7	0.0%
Overall	Total	2,161	100.0%	442	100.0%	176,361	100.0%	7,736	100.0%	186,700	100.0%

CFHP MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

CFHP STAR

Performance Indicator Measures by Performance Level



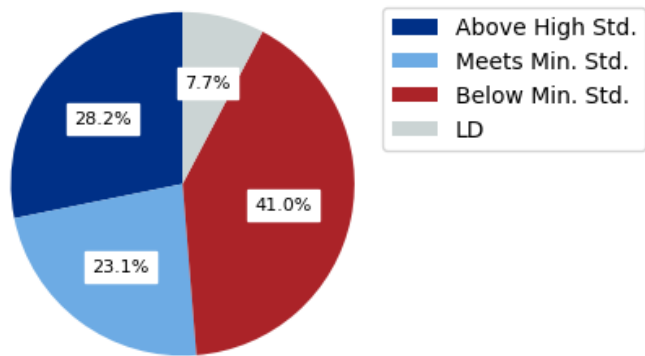
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	914	3,464	73.61	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	126	234	53.85	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	609	1,436	42.41	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	365	1,062	34.37	Meets Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	597	1,062	56.21	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	1,556	2,347	66.3	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	393	944	41.63	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	187	418	44.74	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	237	409	57.95	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	9,177	15,958	57.51	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	1,128	3,855	29.26	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	3,809	7,981	47.73	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	81	3,647	2.22	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	51	3,647	1.4	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	3,802	5,389	70.55	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	9,003	19,180	46.94	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	470	1,449	32.44	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	761	1,396	54.51	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	410	1,396	29.37	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	62	226	27.43	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	89	226	39.38	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	150	411	36.5	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	0	418	0.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	22	46	47.83	Below Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	182	411	44.28	Above High Std.
LBW - Low Birth Weight Rate (LBW)	507	5,202	9.75	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	75	4,572	1.64	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	0.95	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	77	1,009,122	7.63	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	19	1,009,122	1.88	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	17	464,495	3.66	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	124	464,495	26.7	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	286	358	79.89	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	5	464	1.08	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	66	464	14.22	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	10	464	2.16	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	1,563	36,177	95.68	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	3,727	6,115	60.95	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	214	296	72.3	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	230	296	77.7	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	207	296	69.93	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	60,517	117,740	51.4	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.1	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.41	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.16	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.68	Above High Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	50.61	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	60.26	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	71.22	Above High Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	76.95	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	56.07	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	66.28	Above High Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	64.09	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	82.33	Meets Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	82.48	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	79.41	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	79.83	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

CFHP STAR Kids

Performance Indicator Measures by Performance Level

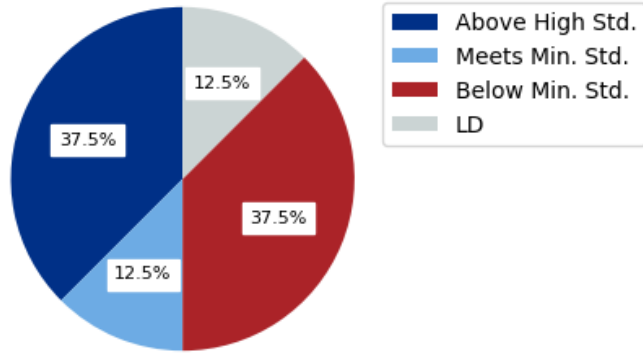


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	40	89	55.06	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	129	285	45.26	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	29	46	63.04	Above High Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	276	408	67.65	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	283	630	44.92	Above High Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	43	117	36.75	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	144	368	39.13	Below Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	12	55	21.82	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	164	227	72.25	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	91	211	43.13	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	109	317	34.38	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	200	317	63.09	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	-	-	-	LD
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	187	411	45.5	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	22	65,442	33.62	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Acute PDI Composite Rate (PDI 91)	13	65,442	19.86	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	75	1,431	94.76	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	18	51	35.29	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	261	305	85.57	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	223	305	73.11	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	235	305	77.05	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	3,864	7,143	54.09	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.09	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	1.26	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.83	Above High Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	45.76	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	83.93	Meets Min. Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	40.99	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	67.03	Meets Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	46.89	Below Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	58.03	Below Min. Std.
SVY-Child - Customer Service (SVY-Child)	-	-	81.0	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	38.48	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	76.57	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	73.31	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	76.44	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	88.17	Below Min. Std.

CFHP CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	23	43	46.51	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	41	98	41.84	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	9	30	30.0	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	119	160	74.38	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	8	32	25.0	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	23	32	71.88	Above High Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	67	139	48.2	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	30,329	0.0	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	30,329	0.0	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	33	918	96.41	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	290	335	86.57	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	271	335	80.9	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	254	335	75.82	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	789	1,240	63.63	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	-	-	1.89	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	2.28	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.17	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	85.1	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	73.4	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	73.9	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	77.4	Above High Std.

CFHP 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	69.2%	69.8%	69.8%
STAR	BCN statewide PIP	69.2%	69.8%	69.8%
STAR Kids	BCN statewide PIP	69.2%	69.8%	69.8%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Targeted BH Member Education Fairs	Member	Tracking of member events
CHIP	BCN reduce ED visits & IP stays	Targeted BH Member Education Fairs	Member Provider	Tracking of member events
CHIP	BCN reduce ED visits & IP stays	Telephonic Outreach for Medication Refills	Member Provider	Intervention ended in April 2020
CHIP	BCN reduce ED visits & IP stays	Telephonic Outreach for ED Visit in the Previous 30 Days	Member Provider	Members with an ED visit are contacted by telephone by CFHP staff and at least two attempts to reach member by phone call will be made. Members were offered assistance to obtain doctor appointment or to refill medication. In addition, for unable to reach members, they were be sent a postcard informing them that CFHP has attempted to outreach and asking for a return phone call.
CHIP	BCN reduce ED visits & IP stays	Telephonic Outreach After an Inpatient Admission	Member Provider	Members with an inpatient admission are contacted by telephone by CFHP staff and at least two attempts to reach member by phone call will be made. The members are offered the option to communicate electronically and receive monthly educational materials electronically via email. Members are also offered assistance to obtain doctor appointment or to refill medication. In addition, for unable to reach members, they are sent a postcard informing them that CFHP has attempted to outreach and asking for a return phone call.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Education Regarding Depression Screening	Member Provider	Members are offered the option to communicate electronically and receive monthly educational materials via email. For those members staff was unable to reach, a postcard was sent to the member, informing them that CFHP has attempted to outreach and asking for a return phone call.
STAR	BCN reduce ED visits & IP stays	Education Regarding Depression Screening	Member	Members are offered the option to communicate electronically and receive monthly educational materials via email. For those members staff was unable to reach, a postcard was sent to the member, informing them that CFHP has attempted to outreach and asking for a return phone call.
STAR	BCN reduce ED visits & IP stays	Education Regarding Depression Screening	Member Provider	Members are offered the option to communicate electronically and receive monthly educational materials via email. For those members staff was unable to reach, a postcard was sent to the member, informing them that CFHP has attempted to outreach and asking for a return phone call.
STAR	BCN reduce ED visits & IP stays	Telephonic Outreach for Medication Refills	Member Provider	Intervention ended in April 2020
STAR	BCN reduce ED visits & IP stays	Telephonic Outreach for ED Visit in the Previous 30 Days	Member Provider	Members with an ED visit are contacted by telephone by CFHP staff and at least two attempts to reach member by phone call will be made. Members were offered assistance to obtain doctor appointment or to refill medication. In addition, for unable to reach members, they were be sent a postcard informing them that CFHP has attempted to outreach and asking for a return phone call.
STAR	BCN reduce ED visits & IP stays	Telephonic Outreach After an Inpatient Admission	Member Provider	Members with an inpatient admission are contacted by telephone by CFHP staff and at least two attempts to reach member by phone call will be made. The members are offered the option to communicate electronically and receive monthly educational materials electronically via email. Members are also offered assistance to obtain doctor appointment or to refill medication. In addition, for unable to reach members, they are sent a postcard informing them that CFHP has attempted to outreach and asking for a return phone call.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Education Regarding Depression Screening	Member Provider	Members are offered the option to communicate electronically and receive monthly educational materials via email. For unable to reach members, they are also sent a postcard informing them that CFHP has attempted to outreach and asking for a return phone call.
STAR	BCN reduce ED visits & IP stays	Education Regarding Opioid Use	Member Provider	CFHP monitors Opioid utilization each month. Opioid triple threat reports are sent to the provider and after three prescriptions for opioids are filled by the member.
STAR Kids	BCN reduce ED visits & IP stays	Education Regarding Opioid Use	Member	CFHP monitors Opioid utilization each month. Opioid triple threat reports are sent to the provider and after three prescriptions for opioids are filled by the member.
STAR Kids	BCN reduce ED visits & IP stays	Education Regarding Opioid Use	Member Provider	CFHP monitors Opioid utilization each month. Opioid triple threat reports are sent to the provider and after three prescriptions for opioids are filled by the member.
STAR Kids	BCN reduce ED visits & IP stays	Telephonic Outreach for Medication Refills	Member Provider	Intervention ended in April 2020
STAR Kids	BCN reduce ED visits & IP stays	Telephonic Outreach for ED Visit in the Previous 30 Days	Member Provider	Members with an ED visit are contacted by telephone by CFHP staff and at least two attempts to reach member by phone call will be made. Members were be offered assistance to obtain doctor appointment or to refill medication. In addition, for unable to reach members, they were be sent a postcard informing them that CFHP has attempted to outreach and asking for a return phone call.
STAR Kids	BCN reduce ED visits & IP stays	Telephonic Outreach After an Inpatient Admission	Member Provider	Members with an inpatient admission are contacted by telephone by CFHP staff and at least two attempts to reach member by phone call will be made. The members are offered the option to communicate electronically and receive monthly educational materials electronically via email. Members are also offered assistance to obtain doctor appointment or to refill medication. In addition, for unable to reach members, they are sent a postcard informing them that CFHP has attempted to outreach and asking for a return phone call.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	Education Regarding Depression Screening	Member Provider	Members are offered the option to communicate electronically and receive monthly educational materials via email. For unable to reach members, they are also sent a postcard informing them that CFHP has attempted to outreach and asking for a return phone call.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement ($p = 0.1$) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0066	0.0	Yes	No
CHIP	Anxiety and/or Depression PPVs	29.38	18.88	Yes	No
CHIP	Anxiety and/or Depression PPAs	3.76	5.17	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0136	0.0175	Yes	No
STAR	Anxiety and/or Depression PPVs	59.37	46.27	Yes	No
STAR	Anxiety and/or Depression PPAs	3.7	4.67	No	No
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0225	0.0257	No	No
STAR Kids	Anxiety and/or Depression PPVs	56.58	39.24	Yes	No
STAR Kids	Anxiety and/or Depression PPAs	5.17	8.06	No	No

CFHP Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	22.0 / 23	95.7%
PIP Recommendations (STAR)	22.0 / 23	95.7%
PIP Recommendations (STAR Kids)	22.0 / 23	95.7%
AI Recommendations	NA	NA
QAPI Recommendations (MCO)	5.5 / 6	91.7%

CFHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	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-Adult (Within 14 calendar days)	100.0%	-	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	94.7%	-	-
Behavioral Health Care-Child (Within 14 calendar days)	93.0%	97.7%	81.6%
High-Risk Prenatal (Within 5 calendar days)	17.4%	-	-
Not High-Risk Prenatal (Within 14 calendar days)	60.0%	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	75.0%	-	-
Vision Care-Adult (No referral)	100.0%	-	-
Vision Care-Child (No referral)	100.0%	100.0%	100.0%

CFHP 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 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 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 2023.

Category	Description
Finding(s)	Data analysis was a common opportunity for improvement in the 2019 PIPs. For example, 10 MCOs (BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP) lost points on the PIP plan in Activity 6, <i>Plan to Collect Reliable Data</i> , because they chose an inappropriate statistical test for the reported measures. Additionally, several MCOs lost points on the final PIP due to incorrectly calculating or interpreting statistical analyses for PIP measures.
Recommendation(s)	BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP should ensure they select the appropriate statistical test for the reported measures. Amerigroup, CMCHP, Cigna Health-Spring, CFHP, CHCT, FirstCare, Molina, Parkland, and Superior should ensure that they perform statistical analyses according to the data analysis plan, and calculate and interpret them correctly.
Finding(s)	Three MCOs (Cigna-HealthSpring, CFHP, and TCHP) lost points on the PIP plan for the components related to the target population for the PIP. These MCOs reported the target population for the PIP as all members with a diagnosis of depression and/or anxiety <i>and</i> three or more ED visits and two or more inpatient stays. However, the purpose of this PIP was to prevent and reduce potentially preventable events and high utilization among <i>all</i> members with anxiety and/or depression rather than just among members who already meet the criteria for high utilization. Therefore, the MCOs should have reported the target population as all members with a diagnosis of anxiety and/or depression.
Recommendation(s)	Cigna-HealthSpring, CMCHP, and TCHP should ensure that they accurately identify and report the target population throughout the PIP so they can prevent the outcome of interest for the PIP.
Finding(s)	Several MCOs received recommendations on the 2019 PIP plan on components related to sampling. MCOs did not accurately or consistently report sampling in two main scenarios: Several MCOs (Aetna, CFHP, CMCHP, and Parkland) did not accurately identify whether or not they were targeting the entire population for the PIP or a sample of the population. For example, Aetna accurately described the entire population of the PIP per the HHSC and EQRO guidance, but indicated on the PIP plan that they were targeting a sample rather than the entire population. MCOs did not consistently report whether they were sampling for specific interventions. Seven MCOs (CMCHP, Cigna-HealthSpring, CFHP, CookCHP, Driscoll, FirstCare, and UHC) lost points in Activity 5B, Sound Sampling Methods – Interventions, because they did not correctly describe the sample of the target population they would be targeting for their intervention(s). Additionally, in Activity 7B.1, Implementation Evaluation: Intervention and Improvement Strategies, these seven MCOs lost points due to inconsistently or incorrectly reporting the number and percent of members targeted for the intervention based on the sample.
Recommendation(s)	Aetna, CFHP, CMCHP, Cigna-HealthSpring, CookCHP, Driscoll, FirstCare, Parkland, Superior, and UHC should familiarize themselves with sampling in order to accurately identify whether they are sampling for the PIP and/or interventions. In addition, if they are sampling, these MCOs should familiarize themselves with the different sampling methodologies and associated biases. HHSC should provide additional guidance and technical assistance to MCOs on what sampling is, how to identify sampling, and how to accurately report sampling for the PIPs.

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>

Category	Description
Finding(s)	<p>Since 2018, the average QAPI scores for MCOs and DMOs have gradually declined, with the 2023 average QAPI score (94.8 percent) being the lowest average score since 2018 (98.8 percent). Further, the lower average QAPI scores do not correlate with the scores for compliance with previous recommendations. For example, one DMO (DentaQuest) had a sustained score of 100 percent for compliance with previous recommendations since 2021; however, in that time its overall QAPI score steadily declined from 99.3 percent to 94.6 percent. Similarly, among all MCOs and DMOs the average MCO/DMO compliance with the previous year’s recommendations increased from 73.7 percent (2018) to 84.7 percent in 2023, while all but one (Molina) MCOs’/DMOs’ overall QAPI scores decreased from 2018. This illustrates that the MCOs and DMOs are implementing EQRO feedback on the previous year’s QAPI; yet, points lost in other activities outweigh the increase in points from correcting previous issues. Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP experienced a decrease in overall QAPI score since 2018, despite increased compliance with the previous year’s recommendations.</p>
Recommendation(s)	<p>Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP should ensure that they strive for continuous quality improvement in their quality improvement programs outside of implementing previous recommendations. All MCOs and DMOs should update and revise all sections of the QAPI submission as needed and ensure continued compliance on activities that previously received full credit.</p>
Finding(s)	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>
Finding(s)	<p>The percentage of primary care providers who offered weekend appointments decreased in CHIP, STAR Kids, and STAR STAR+PLUS in SFY 2023 compared to SFY 2022. 2.9 percent of CFHP providers in the STAR Kids program had an option for weekend appointments.</p>
Recommendation(s)	<p>HHSC should work with CFHP to increase weekend appointments for primary care.</p>

Community Health Choice (CHCT)

Member Demographics

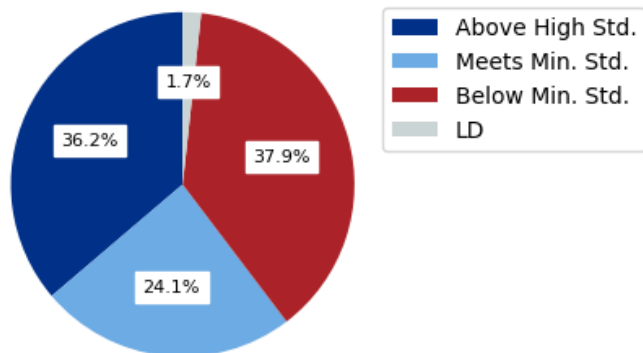
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	19	0.5%	8	0.3%	1,380	0.3%	1,407	0.3%
Race	Asian	234	6.8%	90	3.4%	11,865	2.9%	12,189	3.0%
Race	Black or African American	446	12.9%	136	5.2%	81,893	20.2%	82,475	20.1%
Race	Native Hawaiian or Other Pacific Islander	2	0.1%	4	0.2%	648	0.2%	654	0.2%
Race	White	1,602	46.2%	1,653	62.9%	167,884	41.5%	171,139	41.6%
Race	Other Race	0	0.0%	0	0.0%	1	0.0%	1	0.0%
Race	Two or More Races	22	0.6%	1	0.0%	3,978	1.0%	4,001	1.0%
Race	Unknown Race	1,139	32.9%	736	28.0%	137,364	33.9%	139,239	33.9%
Ethnicity	Hispanic or Latino	1,980	57.2%	2,265	86.2%	189,480	46.8%	193,725	47.1%
Ethnicity	Not Hispanic or Latino	1,160	33.5%	260	9.9%	156,368	38.6%	157,788	38.4%
Ethnicity	Unknown Ethnicity	324	9.4%	103	3.9%	59,165	14.6%	59,592	14.5%
Age Group	< 1 year	3	0.1%	7	0.3%	18,572	4.6%	18,582	4.5%
Age Group	1 - 9 years	1,277	36.9%	0	0.0%	171,200	42.3%	172,477	42.0%
Age Group	10 - 17 years	2,035	58.7%	41	1.6%	115,756	28.6%	117,832	28.7%
Age Group	18 - 20 years	149	4.3%	137	5.2%	31,917	7.9%	32,203	7.8%
Age Group	21 - 44 years	0	0.0%	2,431	92.5%	63,967	15.8%	66,398	16.2%
Age Group	45 - 64 years	0	0.0%	12	0.5%	3,601	0.9%	3,613	0.9%
Sex	Female	1,623	46.9%	2,625	99.9%	229,549	56.7%	233,797	56.9%
Sex	Male	1,840	53.1%	3	0.1%	175,417	43.3%	177,260	43.1%
Sex	Unknown	1	0.0%	0	0.0%	47	0.0%	48	0.0%
Overall	Total	3,464	100.0%	2,628	100.0%	405,013	100.0%	411,105	100.0%

CHCT MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

CHCT STAR

Performance Indicator Measures by Performance Level



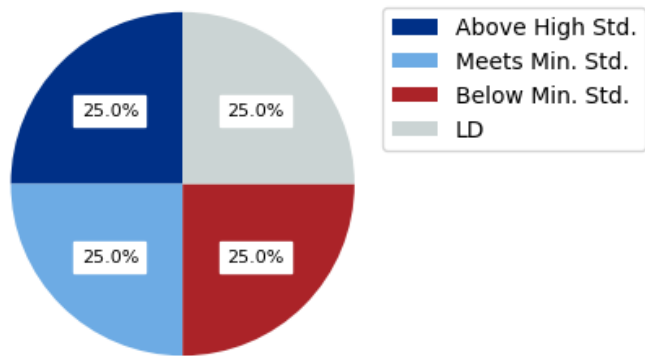
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	4,885	13,892	64.84	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	208	395	52.66	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	1,044	2,596	40.22	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	522	1,722	30.31	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	880	1,722	51.1	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	2,394	3,385	70.72	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	531	1,544	34.39	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	363	788	46.07	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	169	411	41.12	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	25,494	41,831	60.95	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	3,706	11,672	31.75	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	8,673	15,716	55.19	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	173	8,486	2.04	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	62	8,486	0.73	Above High Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	19,561	27,221	71.86	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	29,023	56,113	51.72	Above High Std.
EED - Eye Exam for Patients with Diabetes (EED)	902	2,815	32.04	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,037	1,716	60.43	Meets Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	603	1,716	35.14	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	103	422	24.41	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	165	422	39.1	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	150	411	36.5	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	0	753	0.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	108	168	64.29	Below Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	161	411	39.17	Meets Min. Std.
LBW - Low Birth Weight Rate (LBW)	1,496	14,327	10.44	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	289	13,726	2.11	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.01	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	130	2,153,380	6.04	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	23	2,153,380	1.07	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	52	1,040,202	5.0	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	285	1,040,202	27.4	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	691	859	80.44	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	14	851	1.65	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	146	851	17.16	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	21	851	2.47	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	8,285	93,411	91.13	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	11,687	17,865	65.42	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	314	411	76.4	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	323	411	78.59	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	303	411	73.72	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	157,491	263,755	59.71	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.86	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.83	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.92	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.16	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	42.35	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	60.75	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	51.41	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	72.28	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	60.52	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	81.82	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	62.81	Below Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	86.52	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	86.48	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	76.11	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	84.34	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

CHCT CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	71	143	50.35	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	28	80	35.0	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	25	42	59.52	Above High Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	515	689	74.75	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	99	191	51.83	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	46,277	0.0	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	46,277	2.16	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	121	1,491	91.88	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	310	411	75.43	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	301	411	73.24	Meets Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	282	411	68.61	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	1,404	1,971	71.23	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	-	-	1.02	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.83	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	85.8	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	72.3	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	76.0	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	81.2	Above High Std.

CHCT 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPS, and (d) the second progress reports for 2022 PIPS. This report focuses on the 2019 PIP reports, which concluded with the EQRO’s evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	96.2%	91.6%	94.7%
STAR	BCN statewide PIP	96.2%	90.5%	94.2%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Part 1: Development of Targeted PCP Toolkit Focused on Depression and Anxiety	Provider	Community will create a PCP Toolkit focused on depression and anxiety. The Toolkit will contain educational information and resources to assist PCPs understanding depression and anxiety conditions as well as provide the screening tools, such as PHQ -9, Beck Depression Inventory (BDI – II) and GAD-7. In addition, the Toolkit will include member educational materials. The materials will be utilized by the providers to educate their members on depression and anxiety.
CHIP	BCN reduce ED visits & IP stays	Part 2: Provider Education on Targeted PCP Toolkit Focused on Depression and Anxiety	Provider	Each calendar year, Community will identify 10 PCPs with high volume of Beneficiaries with Complex Needs. Community will conduct provider’s office visits to those identified PCPs and educate them on the PCP Toolkit, member educational materials, depression & anxiety screening tools and making behavioral health referrals to Community’s Behavioral Health team. As stated in Intervention #1, the PCP Toolkit is available on the Community public website and online Provider Portal, and Community encourages all PCPs to utilize the toolkit.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Care Coordination between Community's and Beacon's Care Management Teams	Member	<p>Care Coordination between Community's and Beacon's Care Management Teams (01/01/2019 – 08/31/2019): Community's Care Management (CM) team will identify potential Beneficiaries with Complex Needs: members with diagnosis of anxiety and/or depression who had 2 ED visits and 1 inpatient stay in a rolling 12 months. Community's Care Managers will screen and refer members to the High-Risk Perinatal CM or Beacon's CM. If the members are potential candidates for Beacon's CM program, Community's CM team will make referrals to Beacon. Beacon's case managers will assess the member's behavioral health needs and coordinate behavioral health services for ongoing needs. Collaboration with Beacon to implement this intervention ended on 08/31/2019 with the termination of the Beacon contract.</p> <p>Care Coordination between Community's Behavioral Health and Care Management Teams (09/01/2019 – 12/31/2021): Community's Behavioral Health team will identify potential Beneficiaries with Complex Needs: members with diagnosis of anxiety and/or depression who had 2 ED visits and 1 inpatient stay in a rolling 12 months. The team will assess the member's behavioral health needs and coordinate behavioral health services for ongoing needs. For members eligible for Community's Perinatal High Risk Care Management (CM) program, the team will make referrals to the program.</p>
CHIP	BCN reduce ED visits & IP stays	Provider Education via Quarterly Provider Newsletters	Provider	Community will publish provider newsletter articles focused on Depression and Anxiety in the Community's provider newsletters.
STAR	BCN reduce ED visits & IP stays	Part 1: Development of Targeted PCP Toolkit Focused on Depression and Anxiety	Provider	Community will create a PCP Toolkit focused on depression and anxiety. The Toolkit will contain educational information and resources to assist PCPs understanding depression and anxiety conditions as well as provide the screening tools, such as PHQ-9, Beck Depression Inventory (BDI – II) and GAD-7. In addition, the Toolkit will include member educational materials. The materials will be utilized by the providers to educate their members on depression and anxiety.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Part 2: Provider Education on Targeted PCP Toolkit Focused on Depression and Anxiety	Provider	Each calendar year, Community will identify 10 PCPs with high volume of Beneficiaries with Complex Needs. Community will conduct provider’s office visits to those identified PCPs and educate them on the PCP Toolkit, member educational materials, depression & anxiety screening tools and making behavioral health referrals to Community’s Behavioral Health team. As stated in Intervention #1, the PCP Toolkit is available on the Community public website and online Provider Portal, and Community encourages all PCPs to utilize the toolkit.
STAR	BCN reduce ED visits & IP stays	Care Coordination between Community’s and Beacon’s Care Management Teams	Member	<p>Care Coordination between Community’s and Beacon’s Care Management Teams (01/01/2019 – 08/31/2019): Community’s Care Management (CM) team will identify potential Beneficiaries with Complex Needs: members with diagnosis of anxiety and/or depression who had 2 ED visits and 1 inpatient stay in a rolling 12 months. Community’s Care Managers will screen and refer members to the High-Risk Perinatal CM or Beacon’s CM. If the members are potential candidates for Beacon’s CM program, Community’s CM team will make referrals to Beacon. Beacon’s case managers will assess the member’s behavioral health needs and coordinate behavioral health services for ongoing needs. Collaboration with Beacon to implement this intervention ended on 08/31/2019 with the termination of the Beacon contract.</p> <p>Care Coordination between Community’s Behavioral Health and Care Management Teams (09/01/2019 – 12/31/2021): Community’s Behavioral Health team will identify potential Beneficiaries with Complex Needs: members with diagnosis of anxiety and/or depression who had 2 ED visits and 1 inpatient stay in a rolling 12 months. The team will assess the member’s behavioral health needs and coordinate behavioral health services for ongoing needs. For members eligible for Community’s Perinatal High Risk Care Management (CM) program, the team will make referrals to the program.</p>
STAR	BCN reduce ED visits & IP stays	Provider Education via Quarterly Provider Newsletters	Provider	Community will publish provider newsletter articles focused on Depression and Anxiety in the Community’s provider newsletters.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0034	0.0032	No	No
CHIP	Anxiety and/or Depression PPVs	19.35	11.21	Yes	No
CHIP	Anxiety and/or Depression PPAs	3.07	1.87	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0199	0.0167	Yes	No
STAR	Anxiety and/or Depression PPVs	62.06	45.87	Yes	Yes
STAR	Anxiety and/or Depression PPAs	3.01	2.91	No	No

CHCT Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	8.5 / 9	94.4%
PIP Recommendations (STAR)	8.5 / 9	94.4%
AI Recommendations	21 / 23	91.3%
QAPI Recommendations (MCO)	8.5 / 9	94.4%

CHCT Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100.0%	-

Standard	STAR	CHIP
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	75.0%	-
Behavioral Health Care-Child (Within 14 calendar days)	75.0%	-
High-Risk Prenatal (Within 5 calendar days)	17.9%	-
Not High-Risk Prenatal (Within 14 calendar days)	77.8%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	23.5%	-
Vision Care-Adult (No referral)	100.0%	-
Vison Care-Child (No referral)	100.0%	-

CHCT 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 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 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 2023.

Category	Description
Finding(s)	Data analysis was a common opportunity for improvement in the 2019 PIPs. For example, 10 MCOs (BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP) lost points on the PIP plan in Activity 6, <i>Plan to Collect Reliable Data</i> , because they chose an inappropriate statistical test for the reported measures. Additionally, several MCOs lost points on the final PIP due to incorrectly calculating or interpreting statistical analyses for PIP measures.
Recommendation(s)	BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP should ensure they select the appropriate statistical test for the reported measures. Amerigroup, CMCHP, Cigna Health-Spring, CFHP, CHCT, FirstCare, Molina, Parkland, and Superior should ensure that they perform statistical analyses according to the data analysis plan, and calculate and interpret them correctly.

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Several MCOs and DMOs reported challenges obtaining and incorporating provider URL information into provider directories.</p>
Recommendation(s)	<p>MCOs and DMOs, including CHCT, MCNA, PCHP, SWHP, and TCHP, should establish systems to incorporate complete provider website URL information in their provider directories.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>

Category	Description
<p>Finding(s)</p>	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
<p>Recommendation(s)</p>	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year's outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, ElPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>
<p>Finding(s)</p>	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
<p>Recommendation(s)</p>	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success In Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>In SFY 2023, compliance with behavioral health care appointment wait time standards increased in all programs. The percentage of providers compliant with UMCM standards was 14.3 percentage points higher in CHIP and 13.7 percentage points higher in STAR+PLUS in SFY 2023 compared to SFY 2022. However, some MCOs had greater than 10 percentage point drops in compliance with behavioral health care appointment wait time standards for STAR Adult (CookCHP, CHCT, FirstCare, PCHP) or STAR Child (CHCT, ElPasoHealth, FirstCare, PCHP).</p>
Recommendation(s)	<p>MCOs should identify the driving factors behind improving rates of provider compliance among behavioral health providers and use the findings to develop strategies for continued improvement of provider compliance.</p> <p>HHSC should especially work with CookCHP, CHCT, ElPasoHealth, FirstCare, and PCHP to identify the factors contributing to decreased non-compliance with wait time standards for behavioral care in STAR.</p>

Cook Children's Health Plan (CookCHP)

Member Demographics

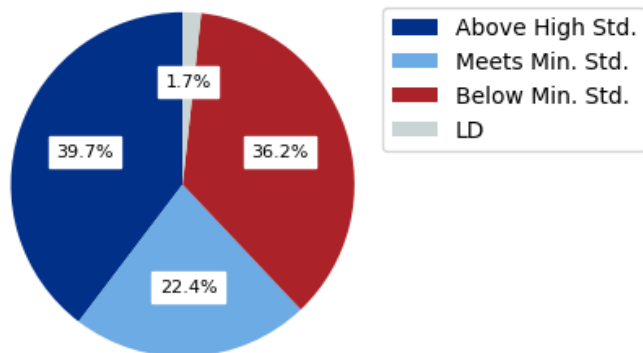
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	9	0.3%	2	0.3%	691	0.4%	18	0.2%	720	0.4%
Race	Asian	107	3.8%	28	4.0%	5,005	3.0%	66	0.7%	5,206	2.8%
Race	Black or African American	328	11.6%	54	7.6%	34,881	20.6%	1,330	13.7%	36,593	20.0%
Race	Native Hawaiian or Other Pacific Islander	15	0.5%	0	0.0%	533	0.3%	9	0.1%	557	0.3%
Race	White	1,498	52.8%	347	49.2%	73,864	43.6%	1,692	17.4%	77,401	42.3%
Race	Other Race	0	0.0%	0	0.0%	2	0.0%	0	0.0%	2	0.0%
Race	Two or More Races	38	1.3%	0	0.0%	2,509	1.5%	51	0.5%	2,598	1.4%
Race	Unknown Race	840	29.6%	275	39.0%	52,100	30.7%	6,535	67.4%	59,750	32.7%
Ethnicity	Hispanic or Latino	1,365	48.1%	527	74.6%	66,284	39.1%	2,568	26.5%	70,744	38.7%
Ethnicity	Not Hispanic or Latino	1,173	41.4%	115	16.3%	80,498	47.5%	5,839	60.2%	87,625	47.9%
Ethnicity	Unknown Ethnicity	297	10.5%	64	9.1%	22,803	13.4%	1,294	13.3%	24,458	13.4%
Age Group	< 1 year	3	0.1%	3	0.4%	6,576	3.9%	25	0.3%	6,607	3.6%
Age Group	1 - 9 years	1,028	36.3%	0	0.0%	70,656	41.7%	2,618	27.0%	74,302	40.6%
Age Group	10 - 17 years	1,668	58.8%	5	0.7%	57,509	33.9%	5,095	52.5%	64,277	35.2%
Age Group	18 - 20 years	136	4.8%	35	5.0%	14,688	8.7%	1,906	19.6%	16,765	9.2%
Age Group	21 - 44 years	0	0.0%	659	93.3%	19,335	11.4%	57	0.6%	20,051	11.0%
Age Group	45 - 64 years	0	0.0%	4	0.6%	821	0.5%	0	0.0%	825	0.5%
Sex	Female	1,333	47.0%	706	100.0%	92,060	54.3%	3,402	35.1%	97,501	53.3%
Sex	Male	1,502	53.0%	0	0.0%	77,510	45.7%	6,299	64.9%	85,311	46.7%
Sex	Unknown	0	0.0%	0	0.0%	15	0.0%	0	0.0%	15	0.0%
Overall	Total	2,835	100.0%	706	100.0%	169,585	100.0%	9,701	100.0%	182,827	100.0%

CookCHP MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

CookCHP STAR

Performance Indicator Measures by Performance Level



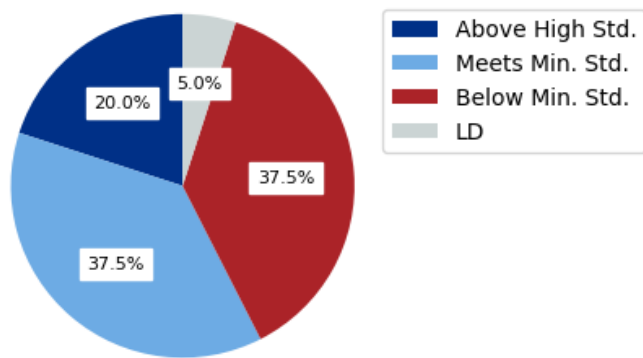
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	632	3,363	81.21	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	114	230	49.57	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	466	1,101	42.33	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	186	581	32.01	Meets Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	319	581	54.91	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	1,120	1,665	67.27	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	389	1,053	36.94	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	209	497	42.05	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	246	398	61.81	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	6,136	11,519	53.27	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	1,103	3,892	28.34	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	3,123	6,370	49.03	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	28	2,962	0.95	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	10	2,962	0.34	Above High Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	8,909	10,162	87.67	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	10,140	19,231	52.73	Above High Std.
EED - Eye Exam for Patients with Diabetes (EED)	203	710	28.59	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	546	950	57.47	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	315	950	33.16	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	419	807	51.92	Above High Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	503	807	62.33	Above High Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	181	411	44.04	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	0	194	0.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	31	40	77.5	Above High Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	153	411	37.23	Meets Min. Std.
LBW - Low Birth Weight Rate (LBW)	466	4,683	9.95	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	93	4,606	2.02	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.0	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	51	1,022,221	4.99	Meets Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	5	1,022,221	0.49	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	28	358,428	7.81	Meets Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	99	358,428	27.62	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	153	201	76.12	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	56	211	26.54	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	4	211	1.9	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	4	211	1.9	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	1,982	24,540	91.92	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	3,440	5,777	59.55	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	246	335	73.43	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	299	335	89.25	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	240	335	71.64	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	56,969	116,962	48.71	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.16	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.61	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.07	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.74	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	72.66	Above High Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	45.81	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	47.22	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	42.33	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	55.1	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	84.2	Above High Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	61.03	Below Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	88.24	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	82.29	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	69.57	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	74.2	Meets Min. Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

CookCHP STAR Kids

Performance Indicator Measures by Performance Level

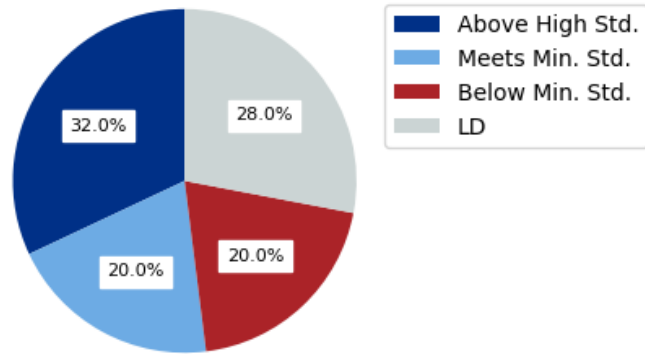


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	26	68	61.76	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	141	345	40.87	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	29	57	50.88	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	230	348	66.09	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	201	635	31.65	Below Min. Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	35	169	20.71	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	183	445	41.12	Meets Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	21	105	20.0	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	424	488	86.89	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	166	272	61.03	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	110	276	39.86	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	185	276	67.03	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	72	121	59.5	Above High Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	85	121	70.25	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	153	411	37.23	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	9	82,032	10.97	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	17	82,032	20.72	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	101	1,017	90.07	Meets Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	6	35	17.14	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	302	348	86.78	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	245	348	70.4	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	255	348	73.28	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	4,140	8,765	47.23	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.04	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	0.83	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.02	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	83.93	Meets Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	43.5	Below Min. Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	49.15	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	68.71	Meets Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	66.12	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	49.15	Below Min. Std.
SVY-Child - Customer Service (SVY-Child)	-	-	77.04	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	38.72	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	74.29	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	79.51	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	74.13	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	89.42	Meets Min. Std.

CookCHP CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	14	50	72.0	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	35	84	41.67	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	-	-	-	LD
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	422	481	87.73	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	63	161	39.13	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	2	37,626	5.32	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	37,626	0.0	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	64	742	91.37	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	285	313	91.05	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	229	313	73.16	Meets Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	229	313	73.16	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	906	1,545	58.64	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.52	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.47	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.23	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	82.8	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	68.6	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	71.6	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	77.2	Above High Std.

CookCHIP 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPS, and (d) the second progress reports for 2022 PIPS. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	90.7%	93.9%	92.2%
STAR	BCN statewide PIP	90.7%	92.7%	91.7%
STAR Kids	BCN statewide PIP	90.7%	93.9%	92.2%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Anxiety and Depression Dashboard	System	CCHP Quality will work with Information Systems and/or Data Analytics personnel to create an Anxiety and Depression dashboard that will provide an overall view of this population and allow us to drill down on key factors related to each member including but not limited to ED visits, inpatient stays, medical comorbidities and assigned PCP.
CHIP	BCN reduce ED visits & IP stays	Focused PCP Toolkit and Provider Education	Provider	Beacon and CCHP will collaborate to create a PCP Toolkit that focuses specifically on Anxiety and Depression screening tools, scoring of the tools, treatment options for these 2 conditions, appropriate follow-up intervals, how/when to send referrals to Beacon and how to locate other behavioral health resources available to providers. CCHP will post this PCP toolkit to its provider website and send an email blast to all PCPs announcing its availability. CCHP will discuss the toolkit at its quarterly PCP meetings. Beacon will also work with CCHP to create quarterly newsletter articles on these topics that will be posted on the Provider Portal. CCHP and Beacon will work together to identify the top 10 providers that care for this population and schedule onsite visits with these providers.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Proactive Member Outreach	Member Provider	CCHP will take a tiered approach to member education. We will send a member mailing to all members identified with anxiety and/or depression educating them on avenues treatment (besides the ED). We will proactively monitor this population and work with Beacon to begin telephonic outreach efforts to these members once they reach 2 ED visits and 1 inpatient (IP) stay. We will also send a communication to the member's PCP advising them of the member's status. Members that continue to escalate will be brought to the Complex Care Management group (meets every 2 weeks) for discussion of additional outreach efforts and strategies for behavior modification.
CHIP	BCN reduce ED visits & IP stays	High Volume Providers	Provider	CCHP and Beacon will work together to identify the top 10 providers that care for this population and schedule onsite visits with these providers. We will verify they have seen the PCP toolkit and provide a copy if needed. We will also bring Anxiety/Depression brochures and place them in the office if permitted.
STAR	BCN reduce ED visits & IP stays	Anxiety and Depression Dashboard	System	CCHP Quality will work with Information Systems and/or Data Analytics personnel to create an Anxiety and Depression dashboard that will provide an overall view of this population and allow us to drill down on key factors related to each member including but not limited to ED visits, inpatient stays, medical comorbidities and assigned PCP.
STAR	BCN reduce ED visits & IP stays	Focused PCP Toolkit and Provider Education	Provider	Beacon and CCHP will collaborate to create a PCP Toolkit that focuses specifically on Anxiety and Depression screening tools, scoring of the tools, treatment options for these 2 conditions, appropriate follow-up intervals, how/when to send referrals to Beacon and how to locate other behavioral health resources available to providers. CCHP will post this PCP toolkit to its provider website and send an email blast to all PCPs announcing its availability. CCHP will discuss the toolkit at its quarterly PCP meetings. Beacon will also work with CCHP to create quarterly newsletter articles on these topics that will be posted on the Provider Portal. CCHP and Beacon will work together to identify the top 10 providers that care for this population and schedule onsite visits with these providers.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Proactive Member Outreach	Member Provider	CCHP will take a tiered approach to member education. We will send a member mailing to all members identified with anxiety and/or depression educating them on avenues treatment (besides the ED). We will proactively monitor this population and work with Beacon to begin telephonic outreach efforts to these members once they reach 2 ED visits and 1 inpatient (IP) stay. We will also send a communication to the member's PCP advising them of the member's status. Members that continue to escalate will be brought to the Complex Care Management group (meets every 2 weeks) for discussion of additional outreach efforts and strategies for behavior modification.
STAR	BCN reduce ED visits & IP stays	High Volume Providers	Provider	CCHP and Beacon will work together to identify the top 10 providers that care for this population and schedule onsite visits with these providers. We will verify they have seen the PCP toolkit and provide a copy if needed. We will also bring Anxiety/Depression brochures and place them in the office if permitted.
STAR Kids	BCN reduce ED visits & IP stays	Anxiety and Depression Dashboard	System	CCHP Quality will work with Information Systems and/or Data Analytics personnel to create an Anxiety and Depression dashboard that will provide an overall view of this population and allow us to drill down on key factors related to each member including but not limited to ED visits, inpatient stays, medical comorbidities and assigned PCP.
STAR Kids	BCN reduce ED visits & IP stays	Focused PCP Toolkit and Provider Education	Provider	Beacon and CCHP will collaborate to create a PCP Toolkit that focuses specifically on Anxiety and Depression screening tools, scoring of the tools, treatment options for these 2 conditions, appropriate follow-up intervals, how/when to send referrals to Beacon and how to locate other behavioral health resources available to providers. CCHP will post this PCP toolkit to its provider website and send an email blast to all PCPs announcing its availability. CCHP will discuss the toolkit at its quarterly PCP meetings. Beacon will also work with CCHP to create quarterly newsletter articles on these topics that will be posted on the Provider Portal. CCHP and Beacon will work together to identify the top 10 providers that care for this population and schedule onsite visits with these providers.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	Proactive Member Outreach	Member Provider	CCHP will take a tiered approach to member education. We will send a member mailing to all members identified with anxiety and/or depression educating them on avenues treatment (besides the ED). We will proactively monitor this population and work with Beacon to begin telephonic outreach efforts to these members once they reach 2 ED visits and 1 inpatient (IP) stay. We will also send a communication to the member’s PCP advising them of the member’s status. Members that continue to escalate will be brought to the Complex Care Management group (meets every 2 weeks) for discussion of additional outreach efforts and strategies for behavior modification.
STAR Kids	BCN reduce ED visits & IP stays	High Volume Providers	Provider	CCHP and Beacon will work together to identify the top 10 providers that care for this population and schedule onsite visits with these providers. We will verify they have seen the PCP toolkit and provide a copy if needed. We will also bring Anxiety/Depression brochures and place them in the office if permitted.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0037	0.0099	No	No
CHIP	Anxiety and/or Depression PPVs	23.73	22.16	No	No
CHIP	Anxiety and/or Depression PPAs	1.2	0.0	Yes	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0181	0.0287	No	No
STAR	Anxiety and/or Depression PPVs	60.78	53.48	No	Yes
STAR	Anxiety and/or Depression PPAs	1.5	1.08	Yes	No
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0388	0.0313	No	No
STAR Kids	Anxiety and/or Depression PPVs	68.12	49.21	Yes	Yes
STAR Kids	Anxiety and/or Depression PPAs	3.84	1.35	Yes	No

CookCHP Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP,

AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	9.0 / 9	100%
PIP Recommendations (STAR)	9.0 / 9	100%
PIP Recommendations (STAR Kids)	9.0 / 9	100%
AI Recommendations	NA	NA
QAPI Recommendations (MCO)	2.5 / 3	83.3%

CookCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	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-Adult (Within 14 calendar days)	100.0%	-	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	66.7%	-	-
Behavioral Health Care-Child (Within 14 calendar days)	73.1%	93.3%	83.3%
High-Risk Prenatal (Within 5 calendar days)	10.8%	-	-
Not High-Risk Prenatal (Within 14 calendar days)	70.0%	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	25.0%	-	-
Vision Care-Adult (No referral)	100.0%	-	-
Vison Care-Child (No referral)	100.0%	100.0%	100.0%

CookCHP 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 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 2023.

Category	Description
Finding(s)	<p>Several MCOs received recommendations on the 2019 PIP plan on components related to sampling. MCOs did not accurately or consistently report sampling in two main scenarios: Several MCOs (Aetna, CFHP, CMCHP, and Parkland) did not accurately identify whether or not they were targeting the entire population for the PIP or a sample of the population. For example, Aetna accurately described the entire population of the PIP per the HHSC and EQRO guidance, but indicated on the PIP plan that they were targeting a sample rather than the entire population.</p> <p>MCOs did not consistently report whether they were sampling for specific interventions. Seven MCOs (CMCHP, Cigna-HealthSpring, CFHP, CookCHP, Driscoll, FirstCare, and UHC) lost points in Activity 5B, Sound Sampling Methods – Interventions, because they did not correctly describe the sample of the target population they would be targeting for their intervention(s). Additionally, in Activity 7B.1, Implementation Evaluation: Intervention and Improvement Strategies, these seven MCOs lost points due to inconsistently or incorrectly reporting the number and percent of members targeted for the intervention based on the sample.</p>
Recommendation(s)	<p>Aetna, CFHP, CMCHP, Cigna-HealthSpring, CookCHP, Driscoll, FirstCare, Parkland, Superior, and UHC should familiarize themselves with sampling in order to accurately identify whether they are sampling for the PIP and/or interventions. In addition, if they are sampling, these MCOs should familiarize themselves with the different sampling methodologies and associated biases.</p> <p>HHSC should provide additional guidance and technical assistance to MCOs on what sampling is, how to identify sampling, and how to accurately report sampling for the PIPs.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>

Category	Description
Finding(s)	<p>Since 2018, the average QAPI scores for MCOs and DMOs have gradually declined, with the 2023 average QAPI score (94.8 percent) being the lowest average score since 2018 (98.8 percent). Further, the lower average QAPI scores do not correlate with the scores for compliance with previous recommendations. For example, one DMO (DentaQuest) had a sustained score of 100 percent for compliance with previous recommendations since 2021; however, in that time its overall QAPI score steadily declined from 99.3 percent to 94.6 percent. Similarly, among all MCOs and DMOs the average MCO/DMO compliance with the previous year’s recommendations increased from 73.7 percent (2018) to 84.7 percent in 2023, while all but one (Molina) MCOs’/DMOs’ overall QAPI scores decreased from 2018. This illustrates that the MCOs and DMOs are implementing EQRO feedback on the previous year’s QAPI; yet, points lost in other activities outweigh the increase in points from correcting previous issues. Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP experienced a decrease in overall QAPI score since 2018, despite increased compliance with the previous year’s recommendations.</p>
Recommendation(s)	<p>Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP should ensure that they strive for continuous quality improvement in their quality improvement programs outside of implementing previous recommendations. All MCOs and DMOs should update and revise all sections of the QAPI submission as needed and ensure continued compliance on activities that previously received full credit.</p>
Finding(s)	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year’s outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, EIPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>

Category	Description
Finding(s)	In SFY 2023, the percentage of appointments available for primary care decreased in all five programs compared to SFY 2022. CookCHP in STAR Kids, CookCHP and SWHP in STAR, DCHP in CHIP, and Amerigroup in STAR+PLUS had the lowest percentages of available appointments.
Recommendation(s)	HHSC should work with CookCHP to identify the factors contributing to the lowest percentages of available appointments in STAR Kids and STAR programs. HHSC should encourage SWHP, CookCHP, DCHP, and Amerigroup to collaborate with providers to offer more appointments and identify ways to increase the overall percentage of appointments available.
Finding(s)	In SFY 2023, compliance with behavioral health care appointment wait time standards increased in all programs. The percentage of providers compliant with UMCM standards was 14.3 percentage points higher in CHIP and 13.7 percentage points higher in STAR+PLUS in SFY 2023 compared to SFY 2022. However, some MCOs had greater than 10 percentage point drops in compliance with behavioral health care appointment wait time standards for STAR Adult (CookCHP, CHCT, FirstCare, PCHP) or STAR Child (CHCT, ElPasoHealth, FirstCare, PCHP).
Recommendation(s)	MCOs should identify the driving factors behind improving rates of provider compliance among behavioral health providers and use the findings to develop strategies for continued improvement of provider compliance. HHSC should especially work with CookCHP, CHCT, ElPasoHealth, FirstCare, and PCHP to identify the factors contributing to decreased non-compliance with wait time standards for behavioral care in STAR.

Dell Children's Health Plan (DCHP)

Member Demographics

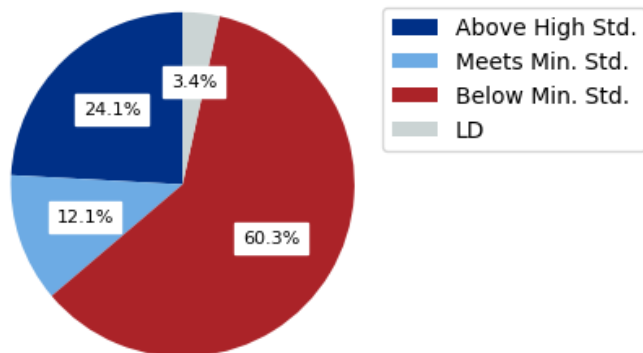
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	6	0.4%	2	0.3%	163	0.4%	171	0.4%
Race	Asian	45	3.3%	6	1.0%	1,312	2.9%	1,363	2.9%
Race	Black or African American	115	8.4%	9	1.5%	5,391	11.8%	5,515	11.6%
Race	Native Hawaiian or Other Pacific Islander	0	0.0%	0	0.0%	67	0.1%	67	0.1%
Race	White	839	61.5%	386	66.1%	24,528	53.7%	25,753	54.1%
Race	Two or More Races	22	1.6%	1	0.2%	778	1.7%	801	1.7%
Race	Unknown Race	338	24.8%	180	30.8%	13,456	29.4%	13,974	29.3%
Ethnicity	Hispanic or Latino	700	51.3%	493	84.4%	22,023	48.2%	23,216	48.7%
Ethnicity	Not Hispanic or Latino	494	36.2%	46	7.9%	16,967	37.1%	17,507	36.7%
Ethnicity	Unknown Ethnicity	171	12.5%	45	7.7%	6,705	14.7%	6,921	14.5%
Age Group	< 1 year	2	0.1%	1	0.2%	1,887	4.1%	1,890	4.0%
Age Group	1 - 9 years	512	37.5%	0	0.0%	19,553	42.8%	20,065	42.1%
Age Group	10 - 17 years	788	57.7%	8	1.4%	14,977	32.8%	15,773	33.1%
Age Group	18 - 20 years	63	4.6%	50	8.6%	4,054	8.9%	4,167	8.7%
Age Group	21 - 44 years	0	0.0%	524	89.7%	4,778	10.5%	5,302	11.1%
Age Group	45 - 64 years	0	0.0%	1	0.2%	446	1.0%	447	0.9%
Sex	Female	692	50.7%	583	99.8%	24,390	53.4%	25,665	53.9%
Sex	Male	672	49.2%	1	0.2%	21,297	46.6%	21,970	46.1%
Sex	Unknown	1	0.1%	0	0.0%	8	0.0%	9	0.0%
Overall	Total	1,365	100.0%	584	100.0%	45,695	100.0%	47,644	100.0%

DCHP MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

DCHP STAR

Performance Indicator Measures by Performance Level



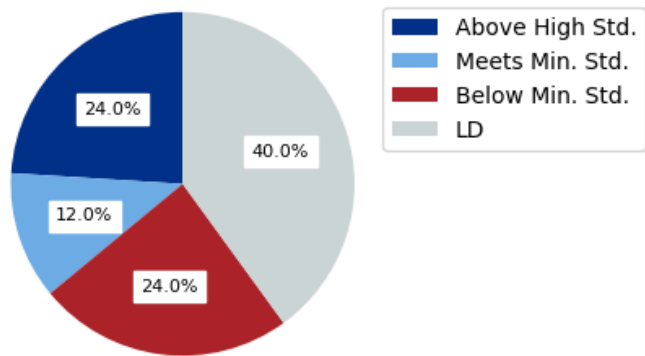
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	81	529	84.69	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	25	54	46.3	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	130	320	40.63	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	60	144	41.67	Above High Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	84	144	58.33	Above High Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	246	357	68.91	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	41	170	24.12	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	34	85	40.0	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	59	124	47.58	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	1,063	2,385	44.57	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	169	664	25.45	Above High Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	647	1,387	46.65	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	17	527	3.23	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	7	527	1.33	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	873	971	89.91	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	1,434	4,413	32.49	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	56	178	31.46	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	129	244	52.87	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	90	244	36.89	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	19	64	29.69	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	30	64	46.88	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	43	172	25.0	Below Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	0	54	0.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	147	411	35.77	Below Min. Std.
LBW - Low Birth Weight Rate (LBW)	82	878	9.34	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	18	762	2.36	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.02	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	15	272,059	5.51	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	6	272,059	2.21	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	3	92,465	3.24	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	21	92,465	22.71	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	37	57	64.91	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	7	58	12.07	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	2	58	3.45	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	2	58	3.45	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	172	6,852	97.49	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	755	1,304	57.9	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	250	411	60.83	Below Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	287	411	69.83	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	251	411	61.07	Below Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	15,468	30,603	50.54	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.99	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.87	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.13	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.91	Above High Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	38.34	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	44.48	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	44.2	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	67.8	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	82.21	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	52.86	Below Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	71.53	Below Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	66.62	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	81.56	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	76.71	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	78.04	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

DCHP CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	-	-	-	LD
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	12	37	32.43	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	-	-	-	LD
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	67	71	94.37	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	31	64	48.44	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	17,366	0.0	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	17,366	0.0	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	5	335	98.51	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	236	332	71.08	Below Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	217	332	65.36	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	216	332	65.06	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	414	660	62.73	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.56	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	78.9	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	51.8	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	79.3	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	74.5	Meets Min. Std.

DCHP 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	100.0%	91.6%	97.1%
STAR	BCN statewide PIP	100.0%	93.9%	98.2%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Early Intervention Wellness Outreach	Member System	Members located within SDAs of high anxiety/depression prevalence and ranked in top decile risk group for a Low Intensity Emergency Room (LIER) visit, will receive a BH outreach. Members will receive a telephonic outreach to prevent ER or inpatient utilization by focusing education on the following: Assistance with locating BH provider/appointment scheduling as needed Education on the importance of PCP/BH provider follow-up Referral to long-term BH Case Management as needed After-Hour resources Education on available resources and Value Added Benefits (VABs) e.g. transportation, housing, non-traditional services and other SDOH
CHIP	BCN reduce ED visits & IP stays	ER diversion text campaign	Member System	Members identified within the top decile risk group for a Low Intensity Emergency Room visit, will receive an ER diversion text message. The text message will include information such as: 24hr Nurse Helpline PCP information BH services contact information Members with no identified cellular number or no phone number will receive a "Where to get your care" flier. The flier will provide education about the level of care to seek for different conditions and other resources available aside from ER care

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Prescribing Patterns Education	Provider System	<p>On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as:</p> <ul style="list-style-type: none"> Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion
STAR	BCN reduce ED visits & IP stays	Early Intervention Wellness Outreach	Member System	<p>Members located within SDAs of high anxiety/depression prevalence and ranked in top decile risk group for a Low Intensity Emergency Room (LIER) visit, will receive a BH outreach. Members will receive a telephonic outreach to prevent ER or inpatient utilization by focusing education on the following:</p> <ul style="list-style-type: none"> Assistance with locating BH provider/appointment scheduling as needed Education on the importance of PCP/BH provider follow-up Referral to long-term BH Case Management as needed After-Hour resources Education on available resources and Value Added Benefits (VABs) e.g. transportation, housing, non-traditional services and other SDOH
STAR	BCN reduce ED visits & IP stays	ER diversion text campaign	Member System	<p>Members identified within the top decile risk group for a Low Intensity Emergency Room visit, will receive an ER diversion text message. The text message will include information such as:</p> <ul style="list-style-type: none"> 24hr Nurse Helpline PCP information BH services contact information <p>Members with no identified cellular number or no phone number will receive a “Where to get your care” flier. The flier will provide education about the level of care to seek for different conditions and other resources available aside from ER care</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Prescribing Patterns Education	Provider System	On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as: Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement ($p = 0.1$) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0026	0.0	Yes	No
CHIP	Anxiety and/or Depression PPVs	26.24	11.44	Yes	No
CHIP	Anxiety and/or Depression PPAs	2.7	3.81	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.012	0.0151	No	No
STAR	Anxiety and/or Depression PPVs	60.39	40.6	Yes	No
STAR	Anxiety and/or Depression PPAs	2.87	3.63	No	No

DCHIP Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP) ^a	1.0 / 1	100%
PIP Recommendations (STAR) ^a	1.0 / 1	100%
AI Recommendations	3.0 / 3	100%
QAPI Recommendations (MCO)	4.0 / 7	57.1%

DCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	84.6%	-
Behavioral Health Care-Child (Within 14 calendar days)	84.6%	100.0%
High-Risk Prenatal (Within 5 calendar days)	27.8%	-
Not High-Risk Prenatal (Within 14 calendar days)	25.0%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	-
Vision Care-Adult (No referral)	100.0%	-
Vision Care-Child (No referral)	100.0%	100.0%

DCHP 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 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 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 2023.

Category	Description
Finding(s)	Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
Recommendation(s)	MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.
Finding(s)	Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.
Recommendation(s)	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year's outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, ElPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>
Finding(s)	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i> , <i>Clinical Indicator Monitoring</i> , and <i>Service Indicator Monitoring</i>) 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.
Recommendation(s)	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success in Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>Overall, in SFY 2023, the percentage of excluded providers increased in low-risk and third-trimester pregnancy, and total appointments available decreased in all prenatal sub-studies compared with SFY 2022.</p>
Recommendation(s)	<p>HHSC should consult with MCOs to better understand the key factors contributing to errors in the provider taxonomy for prenatal directories and why so many providers in the prenatal sample did not offer prenatal appointments. No provider in FirstCare offered an appointment for third-trimester and low-risk pregnancy. No providers in Aetna, DCHP, and El Paso offered an appointment for third-trimester pregnancy.</p> <p>HHSC should encourage the MCOs to carefully examine the member-facing directory information they provided for the appointment availability study, especially CookCHP, and Molina, which had the highest percentage of excluded providers in prenatal sub-studies. Updated provider directories with accurate provider contact information will help reduce the total number of calls needed for each MCO and help increase the sample size for assessing compliance with call wait times.</p> <p>Aetna, DCHP, El Paso Health, and FirstCare should use root cause analysis to identify specific approaches that they can use to encourage providers to offer appointments to Medicaid enrollees.</p>
Finding(s)	<p>In SFY 2023, the percentage of appointments available for primary care decreased in all five programs compared to SFY 2022. CookCHP in STAR Kids, CookCHP and SWHP in STAR, DCHP in CHIP, and Amerigroup in STAR+PLUS had the lowest percentages of available appointments.</p>
Recommendation(s)	<p>HHSC should work with CookCHP to identify the factors contributing to the lowest percentages of available appointments in STAR Kids and STAR programs.</p> <p>HHSC should encourage SWHP, CookCHP, DCHP, and Amerigroup to collaborate with providers to offer more appointments and identify ways to increase the overall percentage of appointments available.</p>

Driscoll Health Plan (Driscoll)

Member Demographics

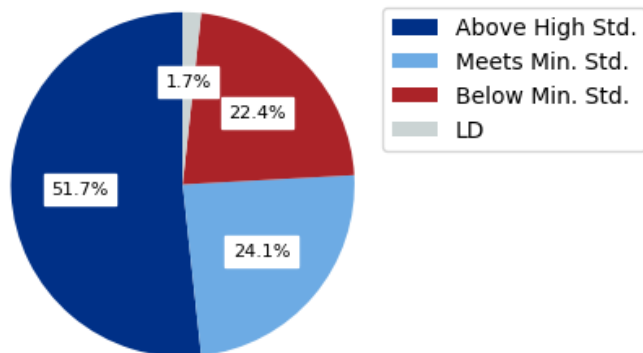
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	3	0.3%	0	0.0%	546	0.2%	12	0.1%	561	0.2%
Race	Asian	20	2.0%	4	4.6%	817	0.3%	8	0.1%	849	0.3%
Race	Black or African American	32	3.2%	2	2.3%	4,588	1.8%	115	1.1%	4,737	1.8%
Race	Native Hawaiian or Other Pacific Islander	1	0.1%	0	0.0%	176	0.1%	2	0.0%	179	0.1%
Race	White	689	68.0%	56	64.4%	165,041	64.3%	2,698	25.2%	168,484	62.7%
Race	Two or More Races	9	0.9%	0	0.0%	860	0.3%	20	0.2%	889	0.3%
Race	Unknown Race	259	25.6%	25	28.7%	84,709	33.0%	7,842	73.3%	92,835	34.6%
Ethnicity	Hispanic or Latino	745	73.5%	69	79.3%	199,657	77.8%	8,838	82.6%	209,309	77.9%
Ethnicity	Not Hispanic or Latino	209	20.6%	14	16.1%	23,450	9.1%	855	8.0%	24,528	9.1%
Ethnicity	Unknown Ethnicity	59	5.8%	4	4.6%	33,630	13.1%	1,004	9.4%	34,697	12.9%
Age Group	< 1 year	0	0.0%	0	0.0%	12,019	4.7%	39	0.4%	12,058	4.5%
Age Group	1 - 9 years	378	37.3%	0	0.0%	105,441	41.1%	2,704	25.3%	108,523	40.4%
Age Group	10 - 17 years	588	58.0%	0	0.0%	75,930	29.6%	5,480	51.2%	81,998	30.5%
Age Group	18 - 20 years	47	4.6%	4	4.6%	22,808	8.9%	2,412	22.5%	25,271	9.4%
Age Group	21 - 44 years	0	0.0%	81	93.1%	38,905	15.2%	62	0.6%	39,048	14.5%
Age Group	45 - 64 years	0	0.0%	2	2.3%	1,634	0.6%	0	0.0%	1,636	0.6%
Sex	Female	485	47.9%	87	100.0%	144,993	56.5%	3,405	31.8%	148,970	55.5%
Sex	Male	528	52.1%	0	0.0%	111,740	43.5%	7,292	68.2%	119,560	44.5%
Sex	Unknown	0	0.0%	0	0.0%	4	0.0%	0	0.0%	4	0.0%
Overall	Total	1,013	100.0%	87	100.0%	256,737	100.0%	10,697	100.0%	268,534	100.0%

Driscoll MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

Driscoll STAR

Performance Indicator Measures by Performance Level



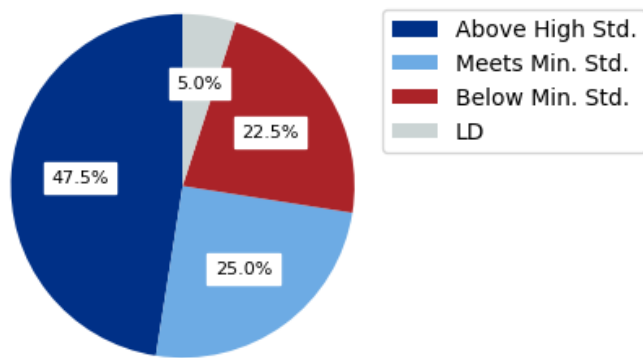
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	6,590	17,524	62.39	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	171	293	58.36	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	1,227	2,672	45.92	Meets Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	296	1,135	26.08	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	558	1,135	49.16	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	1,511	2,467	61.25	Below Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	307	882	34.81	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	201	387	51.94	Meets Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	257	411	62.53	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	16,107	23,814	67.64	Above High Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	2,658	7,928	33.53	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	6,528	11,549	56.52	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	83	4,212	1.97	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	39	4,212	0.93	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	27,797	39,214	70.89	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	17,065	32,778	52.06	Above High Std.
EED - Eye Exam for Patients with Diabetes (EED)	838	2,250	37.24	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	823	1,176	69.98	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	585	1,176	49.74	Above High Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	81	232	34.91	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	114	232	49.14	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	163	411	39.66	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	0	389	0.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	23	32	71.88	Meets Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	224	411	54.5	Above High Std.
LBW - Low Birth Weight Rate (LBW)	962	9,889	9.73	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	138	9,297	1.48	Meets Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	0.94	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	59	1,411,407	4.18	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	32	1,411,407	2.27	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	31	647,118	4.79	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	138	647,118	21.33	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	250	318	78.62	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	56	419	13.37	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	1	419	0.24	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	3	419	0.72	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	13,518	111,190	87.84	Below Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	6,741	10,638	63.37	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	345	411	83.94	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	361	411	87.83	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	337	411	82.0	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	115,476	169,292	68.21	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.96	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.79	Above High Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.87	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.0	Meets Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	65.83	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	50.02	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	59.92	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	60.04	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	72.57	Above High Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	82.68	Above High Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	87.55	Above High Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	68.73	Meets Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	85.37	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	80.18	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	89.94	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

Driscoll STAR Kids

Performance Indicator Measures by Performance Level

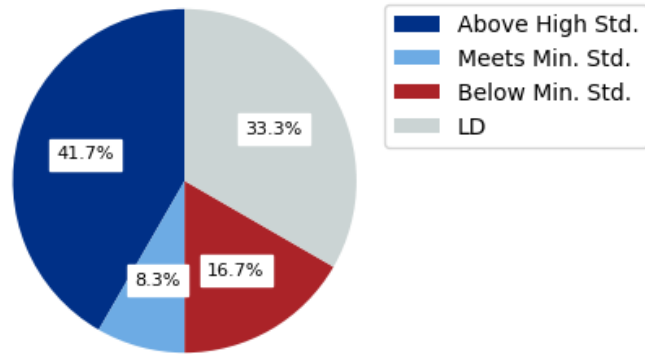


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	248	462	46.32	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	255	569	44.82	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	36	57	63.16	Above High Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	236	376	62.77	Below Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	327	792	41.29	Above High Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	65	181	35.91	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	233	505	46.14	Meets Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	21	99	21.21	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	1,317	1,928	68.31	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	209	355	58.87	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	177	322	54.97	Above High Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	270	322	83.85	Above High Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	16	31	51.61	Above High Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	21	31	67.74	Meets Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	239	411	58.15	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	1	87,502	1.14	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	8	87,502	9.14	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	545	4,356	87.49	Below Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	26	75	34.67	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	365	411	88.81	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	343	411	83.45	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	353	411	85.89	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	7,231	9,917	72.92	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.97	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	1.05	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.15	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	54.45	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	83.8	Meets Min. Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	50.15	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	72.55	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	82.07	Above High Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	82.37	Above High Std.
SVY-Child - Customer Service (SVY-Child)	-	-	87.54	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	36.57	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	78.16	Meets Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	54.73	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	83.24	Above High Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	92.72	Above High Std.

Driscoll CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	68	91	25.27	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	17	56	30.36	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	-	-	-	LD
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	109	180	60.56	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	17	37	45.95	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	12,997	0.0	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	12,997	0.0	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	67	666	89.94	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	381	411	92.7	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	343	411	83.45	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	346	411	84.18	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	448	574	78.05	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.26	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	91.1	Above High Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	83.0	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	87.3	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	92.6	Above High Std.

Driscoll 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPS, and (d) the second progress reports for 2022 PIPS. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
STAR	BCN statewide PIP	91.7%	93.9%	89.3%
CHIP	BCN statewide PIP	85.7%	85.5%	90.1%
STAR Kids	BCN statewide PIP	91.7%	92.7%	92.6%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Prescribing Patterns Education	Member	On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as: Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion
CHIP	BCN reduce ED visits & IP stays	Implement Pharmacy delivery program	System	On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as: Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Mail to members a behavioral health toolkit	System	A behavioral health toolkit is mailed to each new member with a diagnosis of anxiety or depression on a claim. The toolkit includes: <ul style="list-style-type: none"> • a letter providing statistics on anxiety and depression • a behavioral health self-assessment “stoplight” tool • a behavioral health services educational sheet • a National Alliance on Mental Illness (NAMI) family support group flyer
CHIP	BCN reduce ED visits & IP stays	Develop and promote website about mental health resources	System	Developed and promote website with mental health resources for members. Text all members who have a diagnosis of anxiety and/or depression on a claim a link to a DHP website with a series of resource links and information that are available to members to address their mental health.
STAR	BCN reduce ED visits & IP stays	Develop and promote website about mental health resources	Member	Developed and promote website with mental health resources for members. Text all members who have a diagnosis of anxiety and/or depression on a claim a link to a DHP website with a series of resource links and information that are available to members to address their mental health.
STAR	BCN reduce ED visits & IP stays	Implement Pharmacy delivery program	System	Developed and promote website with mental health resources for members. Text all members who have a diagnosis of anxiety and/or depression on a claim a link to a DHP website with a series of resource links and information that are available to members to address their mental health.
STAR	BCN reduce ED visits & IP stays	Mail to members a behavioral health toolkit	System	Intervention Description: A behavioral health toolkit is mailed to each new member with a diagnosis of anxiety or depression on a claim. The toolkit includes: <ul style="list-style-type: none"> • a letter providing statistics on anxiety and depression • a behavioral health self-assessment “stoplight” tool • a behavioral health services educational sheet • a National Alliance on Mental Illness (NAMI) family support group flyer
STAR	BCN reduce ED visits & IP stays	Develop and promote website about mental health resources	System	Developed and promote website with mental health resources for members. Text all members who have a diagnosis of anxiety and/or depression on a claim a link to a DHP website with a series of resource links and information that are available to members to address their mental health.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	Implement Pharmacy delivery program	System	Developed and promote website with mental health resources for members. Text all members who have a diagnosis of anxiety and/or depression on a claim a link to a DHP website with a series of resource links and information that are available to members to address their mental health.
STAR Kids	BCN reduce ED visits & IP stays	Mail to members a behavioral health toolkit	System	Intervention Description: A behavioral health toolkit is mailed to each new member with a diagnosis of anxiety or depression on a claim. The toolkit includes: <ul style="list-style-type: none"> • a letter providing statistics on anxiety and depression • a behavioral health self-assessment “stoplight” tool • a behavioral health services educational sheet • a National Alliance on Mental Illness (NAMI) family support group flyer
STAR Kids	BCN reduce ED visits & IP stays	Develop and promote website about mental health resources	System	Developed and promote website with mental health resources for members. Text all members who have a diagnosis of anxiety and/or depression on a claim a link to a DHP website with a series of resource links and information that are available to members to address their mental health.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement ($p = 0.1$) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0066	0.0075	No	No
CHIP	Anxiety and/or Depression PPVs	34.16	27.18	No	No
CHIP	Anxiety and/or Depression PPAs	3.76	4.85	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0121	0.0111	No	No
STAR	Anxiety and/or Depression PPVs	51.88	40.94	Yes	No
STAR	Anxiety and/or Depression PPAs	3.05	2.55	Yes	Yes
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0145	0.0177	No	No
STAR Kids	Anxiety and/or Depression PPVs	44.98	35.35	Yes	No
STAR Kids	Anxiety and/or Depression PPAs	4.22	3.6	No	No

Driscoll Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	17.5 / 22	79.5%
PIP Recommendations (STAR)	20.5 / 31	66.1%
PIP Recommendations (STAR Kids)	17.5 / 23	76.1%
AI Recommendations	4.0 / 5	80.0%
QAPI Recommendations (MCO)	2.5 / 6	41.7%

Driscoll Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	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-Adult (Within 14 calendar days)	100.0%	-	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	65.5%	-	-
Behavioral Health Care-Child (Within 14 calendar days)	59.3%	-	74.2%
High-Risk Prenatal (Within 5 calendar days)	25.0%	-	-
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%

Driscoll 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 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 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 2023.

Category	Description
Finding(s)	Data analysis was a common opportunity for improvement in the 2019 PIPs. For example, 10 MCOs (BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP) lost points on the PIP plan in Activity 6, <i>Plan to Collect Reliable Data</i> , because they chose an inappropriate statistical test for the reported measures. Additionally, several MCOs lost points on the final PIP due to incorrectly calculating or interpreting statistical analyses for PIP measures.
Recommendation(s)	BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP should ensure they select the appropriate statistical test for the reported measures. Amerigroup, CMCHP, Cigna Health-Spring, CFHP, CHCT, FirstCare, Molina, Parkland, and Superior should ensure that they perform statistical analyses according to the data analysis plan, and calculate and interpret them correctly.
Finding(s)	Several MCOs received recommendations on the 2019 PIP plan on components related to sampling. MCOs did not accurately or consistently report sampling in two main scenarios: Several MCOs (Aetna, CFHP, CMCHP, and Parkland) did not accurately identify whether or not they were targeting the entire population for the PIP or a sample of the population. For example, Aetna accurately described the entire population of the PIP per the HHSC and EQRO guidance, but indicated on the PIP plan that they were targeting a sample rather than the entire population. MCOs did not consistently report whether they were sampling for specific interventions. Seven MCOs (CMCHP, Cigna-HealthSpring, CFHP, CookCHP, Driscoll, FirstCare, and UHC) lost points in Activity 5B, Sound Sampling Methods – Interventions, because they did not correctly describe the sample of the target population they would be targeting for their intervention(s). Additionally, in Activity 7B.1, Implementation Evaluation: Intervention and Improvement Strategies, these seven MCOs lost points due to inconsistently or incorrectly reporting the number and percent of members targeted for the intervention based on the sample.
Recommendation(s)	Aetna, CFHP, CMCHP, Cigna-HealthSpring, CookCHP, Driscoll, FirstCare, Parkland, Superior, and UHC should familiarize themselves with sampling in order to accurately identify whether they are sampling for the PIP and/or interventions. In addition, if they are sampling, these MCOs should familiarize themselves with the different sampling methodologies and associated biases. HHSC should provide additional guidance and technical assistance to MCOs on what sampling is, how to identify sampling, and how to accurately report sampling for the PIPs.

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>

Category	Description
Finding(s)	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year's outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, ElPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>
Finding(s)	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success in Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>In SFY 2023, none of the sampled providers in Amerigroup, BCBSTX, or Driscoll complied with wait time standards for prenatal care in the third trimester.</p>
Recommendation(s)	<p>HHSC should strongly encourage Amerigroup, BCBSTX, and Driscoll to conduct a root cause analysis to identify the drivers for non-compliance with appointment standards. Amerigroup, BCBSTX, and Driscoll should use root cause analysis to identify specific approaches that they can use to encourage providers to make appointments available within five working days.</p>

El Paso Health

Member Demographics

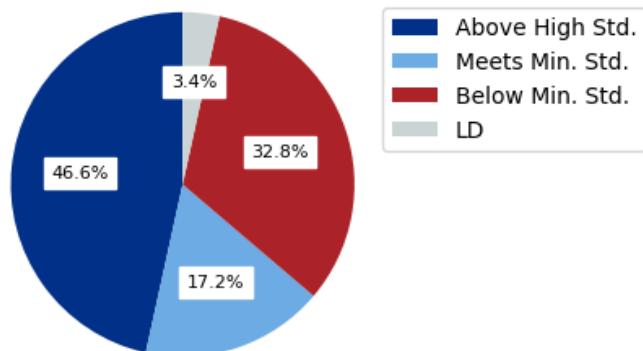
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	9	0.6%	0	0.0%	447	0.4%	456	0.4%
Race	Asian	4	0.3%	2	0.7%	366	0.4%	372	0.4%
Race	Black or African American	23	1.5%	3	1.1%	2,364	2.3%	2,390	2.3%
Race	Native Hawaiian or Other Pacific Islander	1	0.1%	1	0.4%	181	0.2%	183	0.2%
Race	White	1,012	67.2%	204	75.8%	68,222	66.8%	69,438	66.8%
Race	Two or More Races	4	0.3%	1	0.4%	492	0.5%	497	0.5%
Race	Unknown Race	452	30.0%	58	21.6%	30,034	29.4%	30,544	29.4%
Ethnicity	Hispanic or Latino	1,293	85.9%	234	87.0%	85,660	83.9%	87,187	83.9%
Ethnicity	Not Hispanic or Latino	121	8.0%	19	7.1%	7,039	6.9%	7,179	6.9%
Ethnicity	Unknown Ethnicity	91	6.0%	16	5.9%	9,407	9.2%	9,514	9.2%
Age Group	< 1 year	0	0.0%	2	0.7%	4,286	4.2%	4,288	4.1%
Age Group	1 - 9 years	492	32.7%	0	0.0%	38,837	38.0%	39,329	37.9%
Age Group	10 - 17 years	917	60.9%	4	1.5%	32,421	31.8%	33,342	32.1%
Age Group	18 - 20 years	96	6.4%	15	5.6%	10,562	10.3%	10,673	10.3%
Age Group	21 - 44 years	0	0.0%	247	91.8%	15,222	14.9%	15,469	14.9%
Age Group	45 - 64 years	0	0.0%	1	0.4%	778	0.8%	779	0.7%
Sex	Female	744	49.4%	268	99.6%	56,948	55.8%	57,960	55.8%
Sex	Male	761	50.6%	1	0.4%	45,151	44.2%	45,913	44.2%
Sex	Unknown	0	0.0%	0	0.0%	7	0.0%	7	0.0%
Overall	Total	1,505	100.0%	269	100.0%	102,106	100.0%	103,880	100.0%

EIPasoHealth MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

EIPasoHealth STAR

Performance Indicator Measures by Performance Level



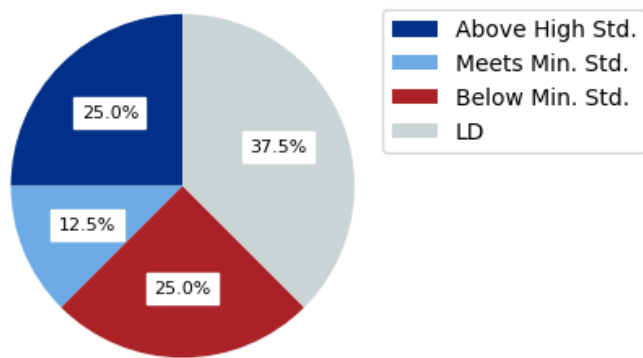
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	1,544	3,639	57.57	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	50	93	53.76	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	328	829	39.57	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	166	524	31.68	Meets Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	280	524	53.44	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	917	1,150	79.74	Above High Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	201	619	32.47	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	114	247	46.15	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	174	411	42.34	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	6,115	9,308	65.7	Above High Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	810	2,707	29.92	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	2,172	4,504	48.22	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	27	1,663	1.62	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	18	1,663	1.08	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	9,985	11,987	83.3	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	6,572	11,443	57.43	Above High Std.
EED - Eye Exam for Patients with Diabetes (EED)	260	734	35.42	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	494	703	70.27	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	290	703	41.25	Meets Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	20	78	25.64	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	29	78	37.18	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	115	411	27.98	Below Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	0	150	0.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	250	411	60.83	Above High Std.
LBW - Low Birth Weight Rate (LBW)	312	3,204	9.74	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	55	3,093	1.78	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	0.88	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	18	578,245	3.11	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	26	578,245	4.5	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	18	271,647	6.63	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	64	271,647	23.56	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	167	231	72.29	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	26	166	15.66	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	1	166	0.6	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	2	166	1.2	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	2,041	27,394	92.55	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	2,579	3,687	69.95	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	321	411	78.1	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	335	411	81.51	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	313	411	76.16	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	44,923	68,852	65.25	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.23	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.36	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.74	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.0	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	53.34	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	57.9	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	43.68	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	69.82	Above High Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	79.97	Meets Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	73.72	Above High Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	76.11	Below Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	60.38	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	85.51	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	80.95	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	88.08	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

ElPasoHealth CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	43	61	29.51	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	-	-	-	LD
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	-	-	-	LD
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	362	430	84.19	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	55	98	56.12	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	1	19,315	5.18	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	19,315	5.18	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	59	677	91.29	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	324	411	78.83	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	320	411	77.86	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	321	411	78.1	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	708	922	76.79	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.27	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	84.8	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	72.3	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	76.9	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	82.3	Above High Std.

EIPasoHealth 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPS, and (d) the second progress reports for 2022 PIPS. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	100.0%	93.9%	98.2%
STAR	BCN statewide PIP	100.0%	92.7%	97.6%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Case Management	Member System	<p>Our general process for initiating case management is that members are identified with some criteria to be considered candidates for case management. As candidates, they receive an assessment to determine if full case management is warranted. If the assessment indicates that case management is warranted the member is assigned a case and a case manager, and receives the interventions of case management. Once a member is assigned to case management, additional coordination of services is provided to include screening, assessments, service plan development, education, referrals for community agencies, and monitoring of members medication, condition, and progress.</p> <p>Though Case Management has been an on-going initiative for qualified members, including members with behavioral health conditions, we will implement a new way of identifying and prioritizing the members specific to the target population of this PIP. Results from our root cause analysis showed that the target population for this PIP is being missed for case management due to current identification methods. Our goal is to place more focus on the population of this PIP and increase the number of members from this population who receive case management, or at least get considered for case management.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Case Management	Member System <i>Continued</i>	<p>The CMS algorithm provided will be used to identify members diagnosed with depression and/or anxiety during the measurement year. At the beginning of 2019, a list of members identified for 2018, who are still active to date, and have a history of PPAs, PPVs, and/or opioid use in 2018 will be stratified into two different tiers. As 2019 progresses, members will be identified based on their diagnosis for depression and/or anxiety in 2019 and their PPA, PPV, and opioid history in the past rolling year. Members identified for this intervention who have had behavioral health case management in the previous 3 months will be excluded from consideration for this intervention. The following tiers will be used to categorize the members identified for this intervention:</p> <p>Tier 1 – members with depression and/or anxiety that have 4 or more PPVs or at least 1 PPA. These members will automatically be placed on case management, bypassing the candidate assessment phase, and will receive a face-to-face home visit. 2017 data showed that less than 20% of the members that would have landed in this tier actually received full case management.</p> <p>Tier 2 – members with depression and/or anxiety that have between 1 and 3 PPVs and/or a history of opioid use. These members will receive a call from the QI Nurses to conduct a basic assessment that will determine if the member could benefit from case management or a social needs assessment. If the QI Nurses identify a member that doesn't necessarily need case management but sounds like they could benefit from other social resources, the member will be referred to our CARE (Outreach) Department who can conduct up to 20 home visits a month to assess basic needs, beliefs/attitudes, and determine other social determinants of health. If a member is identified to need case management, they will be referred to the case management team. Based on 2017 data, only 9% of STAR and about 11% of CHIP members who would have landed in Tier 2 actually received full case management while approximately 20% across both programs were even considered as</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Case Management	Member System <i>Continued</i>	candidates for case management. The QI Nurses will aim to reach out to half of the members identified in this tier with intent of identifying more members as possible case management candidates.
CHIP	BCN reduce ED visits & IP stays	Medical Record Review - Depression Screening/Monitoring	Provider System	<p>Members diagnosed with depression and/or anxiety, according to the CMS algorithm, which are between the ages 12 and 18 years will be identified as the denominator for a hybrid assessment for depression screening/monitoring. Members from 2018 will be targeted first. Once identified, claims data will be used to determine if depression screening took place using the following codes:</p> <p>CPT G8431, CPT G8510, CPT 96127, CPT 3725F, HCPCS G0444, HCPCS G8433, HCPCS G8940, ICD10 Z13.89, HCPCS G8511, ICD10 Z13.8, CPT* 96160, CPT* 96161</p> <p>*Added after initial implementation of intervention</p> <p>If screening is identified through claims, monitoring will then be assessed by looking for visits with a behavioral health specialist during the year.</p> <p>If the member does not have claims history for screening/monitoring, we will determine if these members completed a well-care visit during 2018. If they did not have a well-care visit, the member will be contacted to schedule a well-care visit for 2019. If they did have a well-care visit, we will request the medical records for that visit from their PCP to audit for documentation of depression screening/monitoring. If the screening/monitoring is documented, the providers will be educated on the codes they may use to facilitate the administrative capture of this data. If there is no evidence documented that screening/monitoring took place, the provider will be educated to ensure all members, particularly those diagnosed with depression and/or anxiety, receive regular screenings for depression and that follow up and coordination with the behavioral health providers is conducted and documented appropriately by the PCP.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Case Management	Member System	<p>Our general process for initiating case management is that members are identified with some criteria to be considered candidates for case management. As candidates, they receive an assessment to determine if full case management is warranted. If the assessment indicates that case management is warranted the member is assigned a case and a case manager, and receives the interventions of case management. Once a member is assigned to case management, additional coordination of services is provided to include screening, assessments, service plan development, education, referrals for community agencies, and monitoring of members medication, condition, and progress.</p> <p>Though Case Management has been an on-going initiative for qualified members, including members with behavioral health conditions, we will implement a new way of identifying and prioritizing the members specific to the target population of this PIP. Results from our root cause analysis showed that the target population for this PIP is being missed for case management due to current identification methods. Our goal is to place more focus on the population of this PIP and increase the number of members from this population who receive case management, or at least get considered for case management.</p> <p>The CMS algorithm provided will be used to identify members diagnosed with depression and/or anxiety during the measurement year. At the beginning of 2019, a list of members identified for 2018, who are still active to date, and have a history of PPAs, PPVs, and/or opioid use in 2018 will be stratified into two different tiers. As 2019 progresses, members will be identified based on their diagnosis for depression and/or anxiety in 2019 and their PPA, PPV, and opioid history in the past rolling year. Members identified for this intervention who have had behavioral health case management in the previous 3 months will be excluded from consideration for this intervention. The following tiers will be used to categorize the members identified for this intervention:</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Case Management	Member System <i>Continued</i>	<p>Tier 1 – members with depression and/or anxiety that have 4 or more PPVs or at least 1 PPA. These members will automatically be placed on case management, bypassing the candidate assessment phase, and will receive a face-to-face home visit. 2017 data showed that less than 20% of the members that would have landed in this tier actually received full case management.</p> <p>Tier 2 – members with depression and/or anxiety that have between 1 and 3 PPVs and/or a history of opioid use. These members will receive a call from the QI Nurses to conduct a basic assessment that will determine if the member could benefit from case management or a social needs assessment. If the QI Nurses identify a member that doesn't necessarily need case management but sounds like they could benefit from other social resources, the member will be referred to our CARE (Outreach) Department who can conduct up to 20 home visits a month to assess basic needs, beliefs/attitudes, and determine other social determinants of health. If a member is identified to need case management, they will be referred to the case management team. Based on 2017 data, only 9% of STAR and about 11% of CHIP members who would have landed in Tier 2 actually received full case management while approximately 20% across both programs were even considered as candidates for case management. The QI Nurses will aim to reach out to half of the members identified in this tier with intent of identifying more members as possible case management candidates.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Medical Record Review - Depression Screening/Monitoring	Provider System	<p>Members diagnosed with depression and/or anxiety, according to the CMS algorithm, which are between the ages 12 and 18 years will be identified as the denominator for a hybrid assessment for depression screening/monitoring. Members from 2018 will be targeted first. Once identified, claims data will be used to determine if depression screening took place using the following codes: CPT G8431, CPT G8510, CPT 96127, CPT 3725F, HCPCS G0444, HCPCS G8433, HCPCS G8940, ICD10 Z13.89, HCPCS G8511, ICD10 Z13.8, CPT* 96160, CPT* 96161</p> <p>*Added after initial implementation of intervention</p> <p>If screening is identified through claims, monitoring will then be assessed by looking for visits with a behavioral health specialist during the year.</p> <p>If the member does not have claims history for screening/monitoring, we will determine if these members completed a well-care visit during 2018. If they did not have a well-care visit, the member will be contacted to schedule a well-care visit for 2019. If they did have a well-care visit, we will request the medical records for that visit from their PCP to audit for documentation of depression screening/monitoring. If the screening/monitoring is documented, the providers will be educated on the codes they may use to facilitate the administrative capture of this data. If there is no evidence documented that screening/monitoring took place, the provider will be educated to ensure all members, particularly those diagnosed with depression and/or anxiety, receive regular screenings for depression and that follow up and coordination with the behavioral health providers is conducted and documented appropriately by the PCP.</p>

2019 PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.007	0.0	Yes	No
CHIP	Anxiety and/or Depression PPVs	21.0	13.66	Yes	No
CHIP	Anxiety and/or Depression PPAs	2.69	0.41	Yes	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0134	0.0192	Yes	No
STAR	Anxiety and/or Depression PPVs	64.53	50.26	Yes	Yes
STAR	Anxiety and/or Depression PPAs	3.25	3.12	No	No

EIPasoHealth Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	2.0 / 2	100%
PIP Recommendations (STAR)	2.0 / 2	100%
AI Recommendations	NA	NA
QAPI Recommendations (MCO)	4.0 / 4	100%

EIPasoHealth Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	95.5%	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%

Standard	STAR	CHIP
Behavioral Health Care-Adult (Within 14 calendar days)	63.6%	-
Behavioral Health Care-Child (Within 14 calendar days)	63.6%	75.0%
High-Risk Prenatal (Within 5 calendar days)	23.1%	-
Not High-Risk Prenatal (Within 14 calendar days)	28.6%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	-	-
Vision Care-Adult (No referral)	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%

EIPasoHealth 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 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 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 2023.

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>
Finding(s)	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success In Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>Overall, in SFY 2023, the percentage of excluded providers increased in low-risk and third-trimester pregnancy, and total appointments available decreased in all prenatal sub-studies compared with SFY 2022.</p>
Recommendation(s)	<p>HHSC should consult with MCOs to better understand the key factors contributing to errors in the provider taxonomy for prenatal directories and why so many providers in the prenatal sample did not offer prenatal appointments. No provider in FirstCare offered an appointment for third-trimester and low-risk pregnancy. No providers in Aetna, DCHP, and El Paso offered an appointment for third-trimester pregnancy.</p> <p>HHSC should encourage the MCOs to carefully examine the member-facing directory information they provided for the appointment availability study, especially CookCHP, and Molina, which had the highest percentage of excluded providers in prenatal sub-studies. Updated provider directories with accurate provider contact information will help reduce the total number of calls needed for each MCO and help increase the sample size for assessing compliance with call wait times.</p> <p>Aetna, DCHP, El Paso Health, and FirstCare should use root cause analysis to identify specific approaches that they can use to encourage providers to offer appointments to Medicaid enrollees.</p>

Category	Description
Finding(s)	<p>In SFY 2023, compliance with behavioral health care appointment wait time standards increased in all programs. The percentage of providers compliant with UMCM standards was 14.3 percentage points higher in CHIP and 13.7 percentage points higher in STAR+PLUS in SFY 2023 compared to SFY 2022. However, some MCOs had greater than 10 percentage point drops in compliance with behavioral health care appointment wait time standards for STAR Adult (CookCHP, CHCT, FirstCare, PCHP) or STAR Child (CHCT, EIPasoHealth, FirstCare, PCHP).</p>
Recommendation(s)	<p>MCOs should identify the driving factors behind improving rates of provider compliance among behavioral health providers and use the findings to develop strategies for continued improvement of provider compliance.</p> <p>HHSC should especially work with CookCHP, CHCT, EIPasoHealth, FirstCare, and PCHP to identify the factors contributing to decreased non-compliance with wait time standards for behavioral care in STAR.</p>

FirstCare Health Plans (FirstCare)

Member Demographics

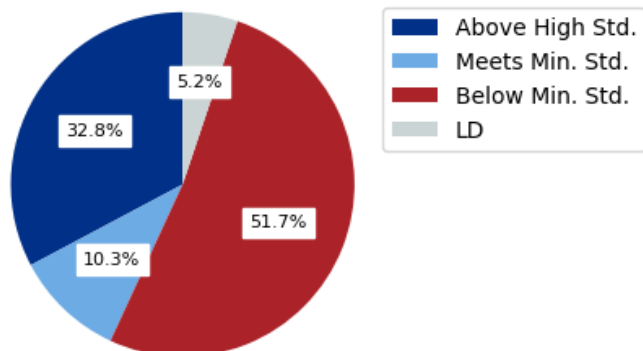
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	2	0.4%	0	0.0%	492	0.4%	494	0.4%
Race	Asian	10	2.0%	7	4.9%	1,184	1.0%	1,201	1.0%
Race	Black or African American	34	6.7%	5	3.5%	9,383	7.7%	9,422	7.6%
Race	Native Hawaiian or Other Pacific Islander	0	0.0%	2	1.4%	172	0.1%	174	0.1%
Race	White	308	60.3%	54	37.8%	69,191	56.4%	69,553	56.4%
Race	Two or More Races	8	1.6%	0	0.0%	1,481	1.2%	1,489	1.2%
Race	Unknown Race	149	29.2%	75	52.4%	40,685	33.2%	40,909	33.2%
Ethnicity	Hispanic or Latino	266	52.1%	103	72.0%	63,320	51.7%	63,689	51.7%
Ethnicity	Not Hispanic or Latino	184	36.0%	18	12.6%	40,109	32.7%	40,311	32.7%
Ethnicity	Unknown Ethnicity	61	11.9%	22	15.4%	19,159	15.6%	19,242	15.6%
Age Group	< 1 year	1	0.2%	0	0.0%	6,366	5.2%	6,367	5.2%
Age Group	1 - 9 years	179	35.0%	0	0.0%	47,480	38.7%	47,659	38.7%
Age Group	10 - 17 years	305	59.7%	1	0.7%	36,190	29.5%	36,496	29.6%
Age Group	18 - 20 years	26	5.1%	10	7.0%	10,754	8.8%	10,790	8.8%
Age Group	21 - 44 years	0	0.0%	132	92.3%	20,757	16.9%	20,889	16.9%
Age Group	45 - 64 years	0	0.0%	0	0.0%	1,041	0.8%	1,041	0.8%
Sex	Female	248	48.5%	143	100.0%	70,294	57.3%	70,685	57.4%
Sex	Male	263	51.5%	0	0.0%	52,289	42.7%	52,552	42.6%
Sex	Unknown	0	0.0%	0	0.0%	5	0.0%	5	0.0%
Overall	Total	511	100.0%	143	100.0%	122,588	100.0%	123,242	100.0%

FirstCare MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

FirstCare STAR

Performance Indicator Measures by Performance Level



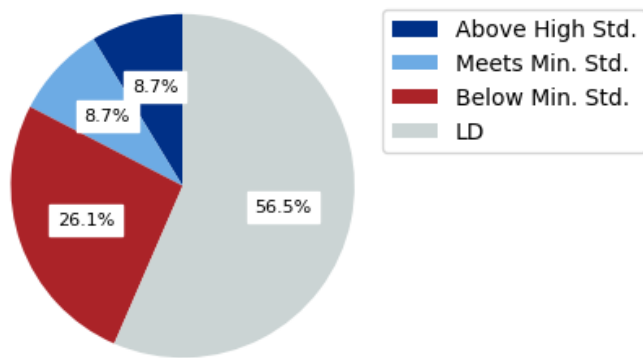
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	1,484	3,786	60.8	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	93	202	46.04	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	423	1,037	40.79	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	202	691	29.23	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	351	691	50.8	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	958	1,535	62.41	Below Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	150	632	23.73	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	121	292	41.44	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	114	411	27.74	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	6,580	11,830	55.62	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	1,160	4,334	26.77	Above High Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	3,154	6,748	46.74	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	77	2,820	2.73	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	34	2,820	1.21	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	11,115	14,920	74.5	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	4,295	14,366	29.9	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	305	906	33.66	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	175	576	30.38	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	311	576	53.99	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	67	153	43.79	Above High Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	86	153	56.21	Above High Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	61	411	14.84	Below Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	1	363	0.28	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	-	-	-	LD
LBW - Low Birth Weight Rate (LBW)	513	5,274	9.73	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	55	4,922	1.12	Above High Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	0.82	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	73	657,964	11.09	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	23	657,964	3.5	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	26	329,424	7.89	Meets Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	87	329,424	26.41	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	178	249	71.49	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	42	393	10.69	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	1	393	0.25	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	3	393	0.76	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	3,545	22,780	84.44	Below Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	2,561	4,710	54.37	Below Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	150	411	36.5	Below Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	201	411	48.91	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	135	411	32.85	Below Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	33,932	76,579	44.31	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.05	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.1	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.85	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.95	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	55.03	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	51.95	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	87.2	Above High Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	66.32	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	73.35	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	67.39	Above High Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	82.5	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	67.87	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	85.36	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	80.12	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	80.53	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

FirstCare CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	-	-	-	LD
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	-	-	-	LD
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	-	-	-	LD
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	203	250	81.2	Meets Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	-	-	-	LD
PDI - Chronic PDI Composite Rate (PDI 92)	0	7,227	0.0	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	7,227	0.0	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	39	241	83.82	Below Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	106	245	43.27	Below Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	81	245	33.06	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	89	245	36.33	Below Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	184	302	60.93	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.24	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	-	LD
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	-	LD
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	-	LD
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	55.27	Below Min. Std.

FirstCare 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
STAR	BCN statewide PIP	77.5%	77.0%	78.9%
CHIP	BCN statewide PIP	77.5%	74.8%	77.8%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP & STAR	BCN reduce ED visits & IP stays	Reducing PPV's and PPAs in members with Anxiety and/or Depression	Member, provider, system	<p>FirstCare will contact Members telephonically who are identified with depression and/or anxiety who had either a PPV, PPA or identified as a BCN.</p> <ul style="list-style-type: none"> • There will be three telephonic attempts. The staff calling Members will be bilingual in English/Spanish. • Members will be mailed educational materials after the phone contact. • Members who FirstCare is not able to reach will be mailed educational material as well after the third phone call attempt. • Members with Anxiety or Depression who FirstCare reaches telephonically will be educated telephonically: <ul style="list-style-type: none"> - On Emergent versus Urgent Care health issues. - Importance of establishing care with a PCP. - FirstCare Transportation Assistance Program - Use of telemedicine as an option to ED visits, and encouraged to sign up for Telehealth access through MDLive.
CHIP & STAR	BCN reduce ED visits & IP stays	Educate Members About TeleHealth Access/Use to Reduce BCNs and reduce PPV's For Anxiety and Depression	Member, provider	<p>FirstCare will encourage all Members as of January 1st, 2019 through mailed out written communication informing all Members of Telehealth as an alternative option to ED visits through our Telehealth provider, MDLive. A Bilingual Flyer in Spanish and English will address potential language barriers for Spanish speaking Members. In outreach efforts, FirstCare will notify Members with a PPV of the telehealth option in their outreach calls</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP & STAR	BCN reduce ED visits & IP stays	Incentive Program for Establishing Care with a PCP To Reduce Future PPV and PPA	Member, provider, system	CHIP and STAR Members without a PCP claim, and diagnosed with Anxiety or Depression, who had a PPV or PPA visit will be contacted telephonically to educate them on the importance of establishing a medical home. Members who do so will be incentivized with a \$25 gift card
CHIP & STAR	BCN reduce ED visits & IP stays	Target Monthly Case Management Referrals of BCN members and members with Co-morbidities	Member, provider, system	Members with PPAs related to behavioral health diagnoses are automatically referred to Behavioral Health case managers. Referral of Members who also met BCN criteria will allow for increased assessment and identification of co-morbidities.
CHIP & STAR	BCN reduce ED visits & IP stays	Community Navigator Program	Member, provider, system	FirstCare Outreach Team members serve as Community Navigators for members in their local area. Members or families of Members for whom social health needs are identified (e.g., transportation, housing, utilities) will be invited to connect with a FirstCare Community Navigator who will evaluate needs and actively support the Member/family to engage with available local community supports. Navigators will be available to help coach Members/families on how to communicate their needs and access available resources. Navigators will follow-up with Members/Families to make sure they were able to get needs met initially and be available for follow-up ongoing, approximately once a quarter. Ongoing follow-up is designed for relationship-building; navigators will also be available if new needs arise and Members need additional support.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0036	0.0078	No	No
CHIP	Anxiety and/or Depression PPVs	40.16	13.84	Yes	Yes
CHIP	Anxiety and/or Depression PPAs	1.12	1.06	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0154	0.0188	No	No

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
STAR	Anxiety and/or Depression PPVs	74.55	60.19	Yes	No
STAR	Anxiety and/or Depression PPAs	1.27	1.84	No	Yes

FirstCare Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	22.0 / 29	75.9%
PIP Recommendations (STAR)	24.0 / 27	88.9%
AI Recommendations	NA	NA
QAPI Recommendations (MCO)	9.5 / 10	95%

FirstCare Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	63.2%	-
Behavioral Health Care-Child (Within 14 calendar days)	63.2%	76.2%
High-Risk Prenatal (Within 5 calendar days)	10.5%	-
Not High-Risk Prenatal (Within 14 calendar days)	-	-

Standard	STAR	CHIP
New Member Third Trimester Prenatal (Within 5 calendar days)	-	-
Vision Care-Adult (No referral)	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%

FirstCare 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 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 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 2023.

Category	Description
Finding(s)	Data analysis was a common opportunity for improvement in the 2019 PIPs. For example, 10 MCOs (BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP) lost points on the PIP plan in Activity 6, <i>Plan to Collect Reliable Data</i> , because they chose an inappropriate statistical test for the reported measures. Additionally, several MCOs lost points on the final PIP due to incorrectly calculating or interpreting statistical analyses for PIP measures.
Recommendation(s)	BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP should ensure they select the appropriate statistical test for the reported measures. Amerigroup, CMCHP, Cigna Health-Spring, CFHP, CHCT, FirstCare, Molina, Parkland, and Superior should ensure that they perform statistical analyses according to the data analysis plan, and calculate and interpret them correctly.

Category	Description
Finding(s)	<p>Several MCOs received recommendations on the 2019 PIP plan on components related to sampling. MCOs did not accurately or consistently report sampling in two main scenarios: Several MCOs (Aetna, CFHP, CMCHP, and Parkland) did not accurately identify whether or not they were targeting the entire population for the PIP or a sample of the population. For example, Aetna accurately described the entire population of the PIP per the HHSC and EQRO guidance, but indicated on the PIP plan that they were targeting a sample rather than the entire population.</p> <p>MCOs did not consistently report whether they were sampling for specific interventions. Seven MCOs (CMCHP, Cigna-HealthSpring, CFHP, CookCHP, Driscoll, FirstCare, and UHC) lost points in Activity 5B, Sound Sampling Methods – Interventions, because they did not correctly describe the sample of the target population they would be targeting for their intervention(s). Additionally, in Activity 7B.1, Implementation Evaluation: Intervention and Improvement Strategies, these seven MCOs lost points due to inconsistently or incorrectly reporting the number and percent of members targeted for the intervention based on the sample.</p>
Recommendation(s)	<p>Aetna, CFHP, CMCHP, Cigna-HealthSpring, CookCHP, Driscoll, FirstCare, Parkland, Superior, and UHC should familiarize themselves with sampling in order to accurately identify whether they are sampling for the PIP and/or interventions. In addition, if they are sampling, these MCOs should familiarize themselves with the different sampling methodologies and associated biases.</p> <p>HHSC should provide additional guidance and technical assistance to MCOs on what sampling is, how to identify sampling, and how to accurately report sampling for the PIPs.</p>
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>

Category	Description
Finding(s)	Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
Recommendation(s)	MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.
Finding(s)	Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.
Recommendation(s)	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year's outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, ElPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>
Finding(s)	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i> , <i>Clinical Indicator Monitoring</i> , and <i>Service Indicator Monitoring</i>) 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.
Recommendation(s)	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success In Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>Overall, in SFY 2023, the percentage of excluded providers increased in low-risk and third-trimester pregnancy, and total appointments available decreased in all prenatal sub-studies compared with SFY 2022.</p>
Recommendation(s)	<p>HHSC should consult with MCOs to better understand the key factors contributing to errors in the provider taxonomy for prenatal directories and why so many providers in the prenatal sample did not offer prenatal appointments. No provider in FirstCare offered an appointment for third-trimester and low-risk pregnancy. No providers in Aetna, DCHP, and El Paso offered an appointment for third-trimester pregnancy.</p> <p>HHSC should encourage the MCOs to carefully examine the member-facing directory information they provided for the appointment availability study, especially CookCHP, and Molina, which had the highest percentage of excluded providers in prenatal sub-studies. Updated provider directories with accurate provider contact information will help reduce the total number of calls needed for each MCO and help increase the sample size for assessing compliance with call wait times.</p> <p>Aetna, DCHP, El Paso Health, and FirstCare should use root cause analysis to identify specific approaches that they can use to encourage providers to offer appointments to Medicaid enrollees.</p>

Category	Description
Finding(s)	<p>In SFY 2023, compliance with behavioral health care appointment wait time standards increased in all programs. The percentage of providers compliant with UMCM standards was 14.3 percentage points higher in CHIP and 13.7 percentage points higher in STAR+PLUS in SFY 2023 compared to SFY 2022. However, some MCOs had greater than 10 percentage point drops in compliance with behavioral health care appointment wait time standards for STAR Adult (CookCHP, CHCT, FirstCare, PCHP) or STAR Child (CHCT, EIPasoHealth, FirstCare, PCHP).</p>
Recommendation(s)	<p>MCOs should identify the driving factors behind improving rates of provider compliance among behavioral health providers and use the findings to develop strategies for continued improvement of provider compliance.</p> <p>HHSC should especially work with CookCHP, CHCT, EIPasoHealth, FirstCare, and PCHP to identify the factors contributing to decreased non-compliance with wait time standards for behavioral care in STAR.</p>
Finding(s)	<p>The EQRO revised the record collection process in that the EQRO provided the CHIP MCOs with a list of members included in the study and details of the time period for which records were needed. The MCOs then requested the medical records from their providers and submitted them to the EQRO via TXMedCentral. The EQRO provided three submission deadlines at the start of the study and required MCOs to submit a minimum of 20 records per submission. Only two MCOs (PCHP and FirstCare) did not reach the required number of records to meet the sample size by the third deadline. After meeting with these MCOs, the EQRO and HHSC granted a two-week extension, after which all MCOs submitted a sufficient number of records to meet the required sample size for the study. This approach yielded an 11.3 percentage point increase in the record return rate from the 2021 EDV study.</p>
Recommendation(s)	<p>HHSC should require MCOs to request and electronically submit the required records for all EDVMRR studies moving forward to yield a higher record return rate.</p> <p>HHSC should work with all MCOs, especially PCHP and FirstCare, to ensure they submit the required number of records by each of the three deadlines.</p>

Molina Healthcare of Texas (Molina)

Member Demographics

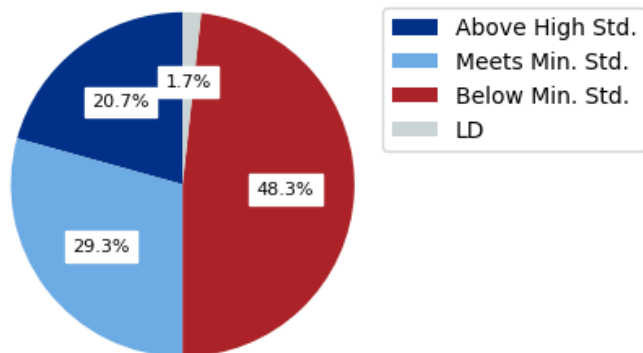
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR+PLUS (n)	STAR+PLUS (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	13	0.3%	11	0.2%	417	0.3%	76	0.1%	517	0.3%
Race	Asian	64	1.6%	57	1.3%	2,198	1.6%	587	1.1%	2,906	1.4%
Race	Black or African American	316	7.8%	108	2.4%	20,603	14.6%	11,736	22.7%	32,763	16.2%
Race	Native Hawaiian or Other Pacific Islander	2	0.0%	5	0.1%	205	0.1%	118	0.2%	330	0.2%
Race	White	2,529	62.1%	2,858	64.1%	70,915	50.1%	15,235	29.5%	91,537	45.4%
Race	Two or More Races	44	1.1%	5	0.1%	1,044	0.7%	97	0.2%	1,190	0.6%
Race	Unknown Race	1,104	27.1%	1,418	31.8%	46,041	32.6%	23,867	46.2%	72,430	35.9%
Ethnicity	Hispanic or Latino	2,369	58.2%	3,901	87.4%	84,413	59.7%	15,754	30.5%	106,437	52.8%
Ethnicity	Not Hispanic or Latino	1,382	33.9%	272	6.1%	39,091	27.6%	31,075	60.1%	71,820	35.6%
Ethnicity	Unknown Ethnicity	321	7.9%	289	6.5%	17,919	12.7%	4,887	9.4%	23,416	11.6%
Age Group	< 1 year	2	0.0%	6	0.1%	6,850	4.8%	0	0.0%	6,858	3.4%
Age Group	1 - 9 years	1,405	34.5%	0	0.0%	52,278	37.0%	0	0.0%	53,683	26.6%
Age Group	10 - 17 years	2,400	58.9%	64	1.4%	44,223	31.3%	0	0.0%	46,687	23.1%
Age Group	18 - 20 years	265	6.5%	285	6.4%	15,517	11.0%	0	0.0%	16,067	8.0%
Age Group	21 - 44 years	0	0.0%	4,089	91.6%	20,384	14.4%	24,022	46.4%	48,495	24.0%
Age Group	45 - 64 years	0	0.0%	18	0.4%	2,170	1.5%	26,728	51.7%	28,916	14.3%
Age Group	65+ years	0	0.0%	0	0.0%	1	0.0%	966	1.9%	967	0.5%
Sex	Female	2,010	49.4%	4,459	99.9%	79,301	56.1%	24,400	47.2%	110,170	54.6%
Sex	Male	2,062	50.6%	3	0.1%	62,115	43.9%	27,316	52.8%	91,496	45.4%
Sex	Unknown	0	0.0%	0	0.0%	7	0.0%	0	0.0%	7	0.0%
Overall	Total	4,072	100.0%	4,462	100.0%	141,423	100.0%	51,716	100.0%	201,673	100.0%

Molina MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

Molina STAR

Performance Indicator Measures by Performance Level



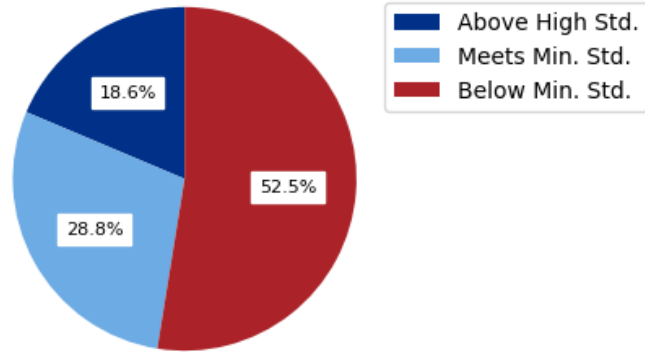
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	1,873	5,806	67.74	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	58	95	61.05	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	374	811	46.12	Meets Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	180	680	26.47	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	326	680	47.94	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	568	898	63.25	Below Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	143	433	33.03	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	124	264	46.97	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	193	411	46.96	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	6,549	11,394	57.48	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	1,070	3,336	32.07	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	2,926	5,822	50.26	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	64	2,017	3.17	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	35	2,017	1.74	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	13,575	17,848	76.06	Meets Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	7,125	15,483	46.02	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	594	1,311	45.31	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	515	751	68.58	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	331	751	44.07	Meets Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	41	197	20.81	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	72	197	36.55	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	140	411	34.06	Below Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	3	304	0.99	Meets Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	48	75	64.0	Below Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	167	411	40.63	Meets Min. Std.
LBW - Low Birth Weight Rate (LBW)	446	4,184	10.66	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	66	3,951	1.67	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.12	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	28	770,676	3.63	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	12	770,676	1.56	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	14	385,221	3.63	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	112	385,221	29.07	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	256	320	80.0	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	58	346	16.76	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	5	346	1.45	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	7	346	2.02	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	4,416	36,917	88.04	Below Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	2,658	4,862	54.67	Below Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	305	411	74.21	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	296	411	72.02	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	281	411	68.37	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	50,768	90,769	55.93	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.95	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.81	Above High Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.42	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.87	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	68.75	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	57.71	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	48.5	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	58.96	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	78.27	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	57.1	Meets Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	73.68	Below Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	66.69	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	79.94	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	73.68	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	78.79	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

Molina STAR+PLUS

Performance Indicator Measures by Performance Level



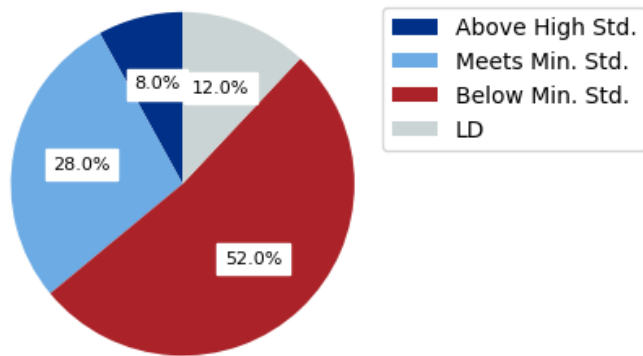
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (18-64) (AAB)	317	516	38.57	Meets Min. Std.
AAP - Adults' Access to Preventive/Ambulatory Health Services (20-44) (AAP)	14,865	21,229	70.02	Below Min. Std.
AAP - Adults' Access to Preventive/Ambulatory Health Services (45-64) (AAP)	20,095	23,909	84.05	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	508	1,495	33.98	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	752	1,495	50.3	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	376	721	52.15	Below Min. Std.
BCS - Breast Cancer Screening (BCS)	2,825	5,695	49.6	Meets Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	203	411	49.39	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	176	411	42.82	Below Min. Std.
CHL - Chlamydia Screening in Women (21-24) (CHL)	228	520	43.85	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	281	4,218	6.66	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	487	4,218	11.55	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (18-64) (CWP)	434	902	48.12	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	5,314	10,616	50.06	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	824	2,234	36.88	Meets Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,261	2,234	56.45	Meets Min. Std.
FUI - 30-Day Follow-Up After High-Intensity Care for Substance Use Disorder (18-64) (FUI)	133	419	31.74	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUI - 7-Day Follow-Up After High-Intensity Care for Substance Use Disorder (18-64) (FUI)	71	419	16.95	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (18-64) (FUM)	297	928	32.0	Meets Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (18-64) (FUM)	460	928	49.57	Above High Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	202	411	49.15	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	26	3,972	0.65	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	888	1,273	69.76	Below Min. Std.
PCE - Pharmacotherapy Management for COPD Exacerbation - Systemic Corticosteroids (PCE)	773	1,116	69.27	Below Min. Std.
PCE - Pharmacotherapy Management for COPD Exacerbation - Bronchodilators (PCE)	956	1,116	85.66	Above High Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.2	Below Min. Std.
POD - Pharmacotherapy for Opioid Use Disorder (all ages) (POD)	44	134	32.84	Meets Min. Std.
PPC - Timeliness of Prenatal Care (overall) (PPC)	163	229	71.18	Meets Min. Std.
PPC - Postpartum Care (overall) (PPC)	126	229	55.02	Below Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,342	626,726	373.69	Below Min. Std.
PQI - Overall PQI Composite Rate (PQI 90)	2,697	626,726	430.33	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	355	626,726	56.64	Above High Std.
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia- 80% Coverage (SAA)	2,335	4,214	55.41	Below Min. Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	121	146	82.88	Above High Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	1,100	1,473	74.68	Above High Std.
SPC - Statin Therapy for Patients with Cardiovascular Disease - Total Statin Therapy (SPC)	987	1,225	80.57	Above High Std.
SPC - Statin Therapy for Patients with Cardiovascular Disease - Total Adherence (SPC)	533	987	54.0	Below Min. Std.
SPD - Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD)	2,767	3,931	70.39	Above High Std.
SPD - Statin Therapy for Patients with Diabetes - Statin Adherence (SPD)	1,503	2,767	54.32	Below Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	142	635	22.36	Below Min. Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	4,240	5,285	80.23	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	627	4,842	12.95	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	57	4,842	1.18	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	100	4,842	2.07	Meets Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (18-64) (URI)	644	1,677	61.6	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.07	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.05	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.95	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.96	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	60.25	Above High Std.
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling (SVY-Adult)	-	-	34.57	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	65.75	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	74.18	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	52.86	Below Min. Std.
SVY-Adult - % Good Access to Service Coordination (SVY-Adult)	-	-	41.92	Below Min. Std.
SVY-Adult - % Good Access to Special Therapies (SVY-Adult)	-	-	40.58	Above High Std.
SVY-Adult - % Good Access to Specialist Appointment (SVY-Adult)	-	-	51.46	Below Min. Std.
SVY-Adult - % Good Access to Urgent Care (SVY-Adult)	-	-	63.26	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	47.09	Meets Min. Std.

Molina CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	66	143	53.85	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	35	83	42.17	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	17	57	29.82	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	903	1,175	76.85	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	14	32	43.75	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	19	33	57.58	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	11	33	33.33	Below Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	71	176	40.34	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	1	50,643	1.97	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	50,643	1.97	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	198	1,438	86.23	Below Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	295	411	71.78	Below Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	278	411	67.64	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	271	411	65.94	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	1,281	2,091	61.26	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.3	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.81	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.95	Meets Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	84.3	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	67.4	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	74.7	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	74.3	Meets Min. Std.

Molina 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	92.3%	84.3%	90.0%
STAR	BCN statewide PIP	92.3%	85.5%	90.6%
STAR+PLUS	BCN statewide PIP	92.3%	85.5%	90.6%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Case Management for Members with Anxiety or Depression	Member	Provide complex case management to members whom are high ER utilizers, whom suffer from anxiety and depression.
CHIP	BCN reduce ED visits & IP stays	Member Incentive for Follow-up for Mental Illness (7 day)	Member	Provide incentive opportunities to members who complete a 7-day follow-up after hospitalization.
CHIP	BCN reduce ED visits & IP stays	Provider Incentive for Follow-up after Hospitalization for Mental Illness (7 day)	Provider	Provide provider incentives for providers whom complete a 7-day follow-up with members whom have been discharged from the hospital and been diagnosed with anxiety and depression.
CHIP	BCN reduce ED visits & IP stays	Common Care Plan Sharing	Provider	Molina has implemented a common care plan that targets mental health providers, PCP's and Members. The common care plan coordinates goals and objectives in the members individual care plan.
CHIP	BCN reduce ED visits & IP stays	Educational Member Mailers – Getting Care Quickly Flyer	Member	Molina has implemented a common care plan that targets mental health providers, PCP's and Members. The common care plan coordinates goals and objectives in the members individual care plan.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Peer Support Specialist Intervention	Member	This intervention was not included with the original PIP submitted. A revised PIP noting this intervention is included with the submission of this Mid-Year Report. Peer Support with individuals with super-utilization from specialists that have personal life experiences with mental health issues. This peer support program will engage with a select set of members to aid, and help them connect with community, recovery and medical resources.
STAR	BCN reduce ED visits & IP stays	Case Management for Members with Anxiety or Depression	Member	Provide complex case management to members whom are high ER utilizers, whom suffer from anxiety and depression.
STAR	BCN reduce ED visits & IP stays	Member Incentive for Follow-up for Mental Illness (7 day)	Member	Provide incentive opportunities to members who complete a 7-day follow-up after hospitalization.
STAR	BCN reduce ED visits & IP stays	Provider Incentive for Follow-up after Hospitalization for Mental Illness (7 day)	Provider	Provide provider incentives for providers whom complete a 7-day follow-up with members whom have been discharged from the hospital and been diagnosed with anxiety and depression.
STAR	BCN reduce ED visits & IP stays	Common Care Plan Sharing	Provider	Molina has implemented a common care plan that targets mental health providers, PCP's and Members. The common care plan coordinates goals and objectives in the members individual care plan.
STAR	BCN reduce ED visits & IP stays	Educational Member Mailers – Getting Care Quickly Flyer	Member	Molina has implemented a common care plan that targets mental health providers, PCP's and Members. The common care plan coordinates goals and objectives in the members individual care plan.
STAR	BCN reduce ED visits & IP stays	Peer Support Specialist Intervention	Member	This intervention was not included with the original PIP submitted. A revised PIP noting this intervention is included with the submission of this Mid-Year Report. Peer Support with individuals with super-utilization from specialists that have personal life experiences with mental health issues. This peer support program will engage with a select set of members to aid, and help them connect with community, recovery and medical resources.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR+PLUS	BCN reduce ED visits & IP stays	Case Management for Members with Anxiety or Depression	Member	Provide complex case management to members whom are high ER utilizers, whom suffer from anxiety and depression.
STAR+PLUS	BCN reduce ED visits & IP stays	Member Incentive for Follow-up for Mental Illness (7 day)	Member	Provide incentive opportunities to members who complete a 7-day follow-up after hospitalization.
STAR+PLUS	BCN reduce ED visits & IP stays	Provider Incentive for Follow-up after Hospitalization for Mental Illness (7 day)	Provider	Provide provider incentives for providers whom complete a 7-day follow-up with members whom have been discharged from the hospital and been diagnosed with anxiety and depression.
STAR+PLUS	BCN reduce ED visits & IP stays	Common Care Plan Sharing	Provider	Molina has implemented a common care plan that targets mental health providers, PCP's and Members. The common care plan coordinates goals and objectives in the members individual care plan.
STAR+PLUS	BCN reduce ED visits & IP stays	Educational Member Mailers – Getting Care Quickly Flyer	Member	Molina has implemented a common care plan that targets mental health providers, PCP's and Members. The common care plan coordinates goals and objectives in the members individual care plan.
STAR+PLUS	BCN reduce ED visits & IP stays	Peer Support Specialist Intervention	Member	This intervention was not included with the original PIP submitted. A revised PIP noting this intervention is included with the submission of this Mid-Year Report. Peer Support with individuals with super-utilization from specialists that have personal life experiences with mental health issues. This peer support program will engage with a select set of members to aid, and help them connect with community, recovery and medical resources.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0033	0.0032	No	No

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	Anxiety and/or Depression PPVs	35.32	20.37	Yes	Yes
CHIP	Anxiety and/or Depression PPAs	3.48	3.01	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0107	0.0142	No	No
STAR	Anxiety and/or Depression PPVs	65.24	50.41	Yes	No
STAR	Anxiety and/or Depression PPAs	3.19	2.82	No	No
STAR+PLUS	High Utilization (3+ ED & 2+ IP)	0.0629	0.059	No	No
STAR+PLUS	Anxiety and/or Depression PPVs	127.34	97.67	Yes	No
STAR+PLUS	Anxiety and/or Depression PPAs	11.73	9.93	Yes	No

Molina Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	23.5 / 32	73.4%
PIP Recommendations (STAR)	23.5 / 32	73.4%
PIP Recommendations (STAR+PLUS)	23.5 / 32	73.4%
AI Recommendations	NA	NA
QAPI Recommendations (MMP)	4.5 / 5	90.0%
QAPI Recommendations (MCO)	5.5 / 6	91.7%

Molina Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR+PLUS
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100.0%	-	98.5%

Standard	STAR	CHIP	STAR+PLUS
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	100.0%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	-
Behavioral Health Care-Adult (Within 14 calendar days)	87.5%	-	94.3%
Behavioral Health Care-Child (Within 14 calendar days)	89.3%	84.6%	-
High-Risk Prenatal (Within 5 calendar days)	31.2%	-	-
Not High-Risk Prenatal (Within 14 calendar days)	33.3%	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	66.7%	-	-
Vision Care-Adult (No referral)	100.0%	-	100.0%
Vison Care-Child (No referral)	100.0%	100.0%	-

Molina 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 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 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 2023.

Category	Description
Finding(s)	Data analysis was a common opportunity for improvement in the 2019 PIPs. For example, 10 MCOs (BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP) lost points on the PIP plan in Activity 6, <i>Plan to Collect Reliable Data</i> , because they chose an inappropriate statistical test for the reported measures. Additionally, several MCOs lost points on the final PIP due to incorrectly calculating or interpreting statistical analyses for PIP measures.
Recommendation(s)	BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP should ensure they select the appropriate statistical test for the reported measures. Amerigroup, CMCHP, Cigna Health-Spring, CFHP, CHCT, FirstCare, Molina, Parkland, and Superior should ensure that they perform statistical analyses according to the data analysis plan, and calculate and interpret them correctly.

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>

Category	Description
Finding(s)	<p>Since 2018, the average QAPI scores for MCOs and DMOs have gradually declined, with the 2023 average QAPI score (94.8 percent) being the lowest average score since 2018 (98.8 percent). Further, the lower average QAPI scores do not correlate with the scores for compliance with previous recommendations. For example, one DMO (DentaQuest) had a sustained score of 100 percent for compliance with previous recommendations since 2021; however, in that time its overall QAPI score steadily declined from 99.3 percent to 94.6 percent. Similarly, among all MCOs and DMOs the average MCO/DMO compliance with the previous year's recommendations increased from 73.7 percent (2018) to 84.7 percent in 2023, while all but one (Molina) MCOs'/DMOs' overall QAPI scores decreased from 2018. This illustrates that the MCOs and DMOs are implementing EQRO feedback on the previous year's QAPI; yet, points lost in other activities outweigh the increase in points from correcting previous issues. Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP experienced a decrease in overall QAPI score since 2018, despite increased compliance with the previous year's recommendations.</p>
Recommendation(s)	<p>Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP should ensure that they strive for continuous quality improvement in their quality improvement programs outside of implementing previous recommendations. All MCOs and DMOs should update and revise all sections of the QAPI submission as needed and ensure continued compliance on activities that previously received full credit.</p>
Finding(s)	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>
Finding(s)	<p>In SFY 2023, all five programs improved compliance with preventive and routine care compared to SFY 2022. The MCOs with the lowest compliance with preventive care compliance in SFY 2023 were Aetna and Amerigroup in STAR Kids, TCHP in STAR Adult, El Paso Health in STAR Child, and Amerigroup and Molina in STAR+PLUS. All MCOs across all five programs were 100 percent compliant with routine and urgent care standards in SFY 2023.</p>
Recommendation(s)	<p>HHSC should strongly encourage Aetna, Amerigroup, Molina, and TCHP to conduct a root cause analysis to identify the drivers for lower compliance with preventive care appointment standards and identify specific approaches for improvement.</p>

Parkland Community Health Plan (PCHP)

Member Demographics

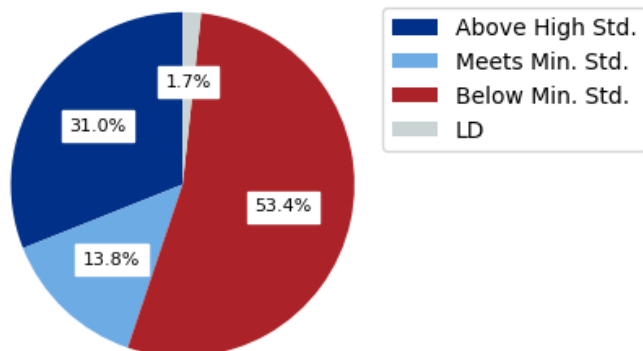
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	12	0.4%	5	0.2%	828	0.3%	845	0.3%
Race	Asian	79	2.6%	34	1.7%	5,569	2.3%	5,682	2.3%
Race	Black or African American	366	12.1%	87	4.3%	55,212	22.8%	55,665	22.5%
Race	Native Hawaiian or Other Pacific Islander	2	0.1%	0	0.0%	272	0.1%	274	0.1%
Race	Other Race	712	23.6%	545	26.9%	44,282	18.3%	45,539	18.4%
Race	Two or More Races	23	0.8%	1	0.0%	2,279	0.9%	2,303	0.9%
Race	Unknown Race	403	13.3%	196	9.7%	43,814	18.1%	44,413	18.0%
Race	White	1,425	47.2%	1,160	57.2%	89,594	37.0%	92,179	37.3%
Ethnicity	Hispanic or Latino	1,858	61.5%	1,681	82.9%	113,426	46.9%	116,965	47.4%
Ethnicity	Not Hispanic or Latino	863	28.6%	172	8.5%	92,583	38.3%	93,618	37.9%
Ethnicity	Unknown Ethnicity	301	10.0%	175	8.6%	35,841	14.8%	36,317	14.7%
Age Group	< 1 year	2	0.1%	7	0.3%	11,748	4.9%	11,757	4.8%
Age Group	1 - 9 years	1,087	36.0%	0	0.0%	97,755	40.4%	98,842	40.0%
Age Group	10 - 17 years	1,763	58.3%	30	1.5%	75,200	31.1%	76,993	31.2%
Age Group	18 - 20 years	170	5.6%	134	6.6%	21,381	8.8%	21,685	8.8%
Age Group	21 - 44 years	0	0.0%	1,848	91.1%	34,390	14.2%	36,238	14.7%
Age Group	45 - 64 years	0	0.0%	9	0.4%	1,376	0.6%	1,385	0.6%
Sex	Female	1,496	49.5%	2,027	100.0%	135,036	55.8%	138,559	56.1%
Sex	Male	1,526	50.5%	1	0.0%	106,792	44.2%	108,319	43.9%
Sex	Unknown	0	0.0%	0	0.0%	22	0.0%	22	0.0%
Overall	Total	3,022	100.0%	2,028	100.0%	241,850	100.0%	246,900	100.0%

PCHP MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

PCHP STAR

Performance Indicator Measures by Performance Level



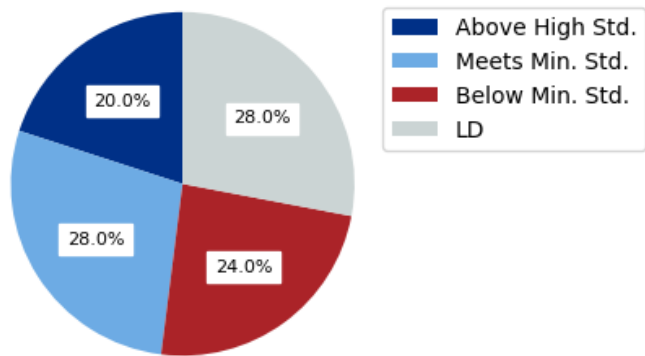
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	1,687	6,605	74.46	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	135	209	64.59	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	594	1,210	49.09	Above High Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	163	742	21.97	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	326	742	43.94	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	1,753	2,545	68.88	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	244	1,048	23.28	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	192	640	30.0	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	187	411	45.5	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	11,245	20,347	55.27	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	1,977	7,319	27.01	Above High Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	3,798	9,542	39.8	Below Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	15	3,888	0.39	Above High Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	48	3,888	1.23	Above High Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	14,127	17,327	81.53	Above High Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	16,393	31,340	52.31	Above High Std.
EED - Eye Exam for Patients with Diabetes (EED)	351	1,326	26.47	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	314	878	35.76	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	476	878	54.21	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	72	344	20.93	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	126	344	36.63	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	87	411	21.17	Below Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	1	172	0.58	Meets Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	78	113	69.03	Below Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	159	411	38.69	Meets Min. Std.
LBW - Low Birth Weight Rate (LBW)	859	8,882	9.67	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	162	8,453	1.92	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	0.81	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	117	1,332,892	8.78	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	8	1,332,892	0.6	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	125	589,045	21.22	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	29	589,045	4.92	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	239	340	70.29	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	45	193	23.32	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	5	193	2.59	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	7	193	3.63	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	3,762	44,319	91.51	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	5,924	10,282	57.62	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	306	411	74.45	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	326	411	79.32	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	301	411	73.24	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	92,425	159,784	57.84	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.81	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.07	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.15	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.01	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	64.58	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	46.65	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	48.96	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	79.36	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	51.91	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	53.84	Below Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	75.56	Below Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	69.05	Meets Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	82.65	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	77.4	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	78.38	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

PCHP CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	27	61	55.74	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	21	52	40.38	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	6	30	20.0	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	580	712	81.46	Meets Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	98	201	48.76	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	1	40,555	2.47	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	40,555	2.47	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	98	1,060	90.75	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	331	411	80.54	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	321	411	78.1	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	308	411	74.94	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	1,110	1,600	69.38	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	1.72	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.82	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	81.7	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	57.0	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	70.4	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	74.1	Meets Min. Std.

PCHP 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	100.0%	82.0%	93.6%
STAR	BCN statewide PIP	100.0%	77.0%	92.4%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Toolkit for Collaborative Visits to High Volume Provider Groups	Provider	The Toolkit contains screening materials and information for the provider, including educational handouts to be given to the members pertaining to anxiety and/or depression. Handouts for members will be in English and Spanish and at or below the 6th grade reading level.
CHIP	BCN reduce ED visits & IP stays	Member Educational Materials	Member	The Anxiety and Depression Member Education brochure will contain information to educate members on behavioral health and how to access behavioral health service. This intervention occurred in phases: Phase 1: Top High-Volume provider offices given brochures to distribute to members; Phase 2: Brochures mailed to members meeting target criteria. (*due to the COVID- crisis business functions were critically limited causing all mail outs to cease, and a delay in executing the member intervention. Member education materials will be sent out once functionality returns.)
CHIP	BCN reduce ED visits & IP stays	Outreach and Education to Members with history of PPVs and PPAs	Member	Members with or more ED visits and inpatient stay will be referred to case management for care management.
CHIP	BCN reduce ED visits & IP stays	Intensive Visit	Member Provider	Member profile letters are sent to providers to inform them to contact the member and schedule an Intensive Visit, which includes a medication adherence assessment, review of social determinants of health, driving utilization, review of other unmet care needs, and care management referrals as necessary.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Toolkit for Collaborative Visits to High Volume Provider Groups	Provider	The Toolkit contains screening materials and information for the provider, including educational handouts to be given to the members pertaining to anxiety and/or depression Handouts for members will be in English and Spanish and at or below the 6th grade reading level.
STAR	BCN reduce ED visits & IP stays	Member Educational Materials	Member	The Anxiety and Depression Member Education brochure will contain information to educate members on behavioral health and how to access behavioral health service This intervention occurred in phases Phase 1: Top High-Volume provider offices given brochures to distribute to member Phase 2: Brochures mailed to members meeting target criteria. (*due to the COVID- crisis business functions were critically limited causing all mail outs to cease, and a delay in executing the member intervention Member education materials will be sent out once functionality returns.)
STAR	BCN reduce ED visits & IP stays	Outreach and Education to Members with history of PPVs and PPAs	Member	Members with or more ED visits and inpatient stay will be referred to case management for care management.
STAR	BCN reduce ED visits & IP stays	Intensive Visit	Member Provider	Member profile letters are sent to providers to inform them to contact the member and schedule an Intensive Visit, which includes a medication adherence assessment, review of social determinants of health driving utilization, review of other unmet care needs, and care management referrals as necessary.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement ($p = 0.1$) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0013	0.004	No	No
CHIP	Anxiety and/or Depression PPVs	31.39	18.45	Yes	No
CHIP	Anxiety and/or Depression PPAs	0.6	0.8	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0127	0.0242	Yes	No
STAR	Anxiety and/or Depression PPVs	67.6	51.22	Yes	No
STAR	Anxiety and/or Depression PPAs	2.95	1.81	Yes	No

PCHP Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP) ^a	15.5 / 20	77.5%
PIP Recommendations (STAR) ^a	16.5 / 20	82.5%
AI Recommendations	10.0 / 11	90.9%
QAPI Recommendations (MCO)	9.0 / 15	60.0%

PCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100.0%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	78.6%	-
Behavioral Health Care-Child (Within 14 calendar days)	79.3%	95.2%
High-Risk Prenatal (Within 5 calendar days)	42.3%	-
Not High-Risk Prenatal (Within 14 calendar days)	80.0%	-
New Member Third Trimester Prenatal (Within 5 calendar days)	75.0%	-
Vision Care-Adult (No referral)	100.0%	-
Vison Care-Child (No referral)	100.0%	100.0%

PCHP 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 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 2023.

Category	Description
Finding(s)	<p>Several MCOs received recommendations on the 2019 PIP plan on components related to sampling. MCOs did not accurately or consistently report sampling in two main scenarios: Several MCOs (Aetna, CFHP, CMCHP, and Parkland) did not accurately identify whether or not they were targeting the entire population for the PIP or a sample of the population. For example, Aetna accurately described the entire population of the PIP per the HHSC and EQRO guidance, but indicated on the PIP plan that they were targeting a sample rather than the entire population.</p> <p>MCOs did not consistently report whether they were sampling for specific interventions. Seven MCOs (CMCHP, Cigna-HealthSpring, CFHP, CookCHP, Driscoll, FirstCare, and UHC) lost points in Activity 5B, Sound Sampling Methods – Interventions, because they did not correctly describe the sample of the target population they would be targeting for their intervention(s). Additionally, in Activity 7B.1, Implementation Evaluation: Intervention and Improvement Strategies, these seven MCOs lost points due to inconsistently or incorrectly reporting the number and percent of members targeted for the intervention based on the sample.</p>
Recommendation(s)	<p>Aetna, CFHP, CMCHP, Cigna-HealthSpring, CookCHP, Driscoll, FirstCare, Parkland, Superior, and UHC should familiarize themselves with sampling in order to accurately identify whether they are sampling for the PIP and/or interventions. In addition, if they are sampling, these MCOs should familiarize themselves with the different sampling methodologies and associated biases.</p> <p>HHSC should provide additional guidance and technical assistance to MCOs on what sampling is, how to identify sampling, and how to accurately report sampling for the PIPs.</p>

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Several MCOs and DMOs reported challenges obtaining and incorporating provider URL information into provider directories.</p>
Recommendation(s)	<p>MCOs and DMOs, including CHCT, MCNA, PCHP, SWHP, and TCHP, should establish systems to incorporate complete provider website URL information in their provider directories.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>

Category	Description
Finding(s)	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year's outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, EIPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>
Finding(s)	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, EIPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>
Finding(s)	<p>In SFY 2023, compliance with behavioral health care appointment wait time standards increased in all programs. The percentage of providers compliant with UMCM standards was 14.3 percentage points higher in CHIP and 13.7 percentage points higher in STAR+PLUS in SFY 2023 compared to SFY 2022. However, some MCOs had greater than 10 percentage point drops in compliance with behavioral health care appointment wait time standards for STAR Adult (CookCHP, CHCT, FirstCare, PCHP) or STAR Child (CHCT, EIPasoHealth, FirstCare, PCHP).</p>
Recommendation(s)	<p>MCOs should identify the driving factors behind improving rates of provider compliance among behavioral health providers and use the findings to develop strategies for continued improvement of provider compliance.</p> <p>HHSC should especially work with CookCHP, CHCT, EIPasoHealth, FirstCare, and PCHP to identify the factors contributing to decreased non-compliance with wait time standards for behavioral care in STAR.</p>

Category	Description
Finding(s)	<p>Three MCOs (BCBSTX, PCHP & UHC) performed below average across all review categories. The primary reason for the lower match rates in 2023 is the same as in 2021 where the encounter data included for the date of service, place of service, primary diagnosis, and procedure data elements were not documented in the medical records. Further analysis identified no commonalities in procedures or diagnoses that could explain the higher incidence of unmatched data for BCBSTX and UHC. Additionally, no common providers accounted for a higher than normal amount of unmatched data for BCBSTX and UHC. However, PCHP had a total of 62 providers, of which three contributed to more than 50 percent (30 out of 51) of the procedures with a validation of “3. In claims data/not in medical record.” The EQRO found a similar pattern for date of service for PCHP. Specifically, one PCHP provider single-handedly accounted for five dates of service with a validation of “3. In claims data/not in medical record.” Similar conclusions can be applied to place of service, which is also analyzed at the date of service level. For all three MCOs, the three procedure codes that were in the encounter data but missing most frequently from the medical records were:</p> <p>99000 – SPECIMEN HANDLING OFFICE-LAB 99214 – OFFICE O/P EST MOD 30-39 MIN 85025 – COMPLETE CBC W/ AUTO DIFF WBC</p> <p>Other health plans reflected these procedures in the medical records with no issues, indicating that the issue results from the providers or MCOs rather than the procedures themselves.</p> <p>Encounters with no corresponding documentation in the medical record for primary diagnosis showed no obvious underlying patterns.</p>
Recommendation(s)	<p>BCBSTX and UHC should further examine why information in the encounter data is not documented in the medical record.</p> <p>PCHP should work with providers to ensure all dates of service, places of service, primary diagnoses, and procedures are documented in the medical record, especially for the three most frequently missing procedure codes (99000, 99214, and 85025).</p>
Finding(s)	<p>The EQRO revised the record collection process in that the EQRO provided the CHIP MCOs with a list of members included in the study and details of the time period for which records were needed. The MCOs then requested the medical records from their providers and submitted them to the EQRO via TXMedCentral. The EQRO provided three submission deadlines at the start of the study and required MCOs to submit a minimum of 20 records per submission. Only two MCOs (PCHP and FirstCare) did not reach the required number of records to meet the sample size by the third deadline. After meeting with these MCOs, the EQRO and HHSC granted a two-week extension, after which all MCOs submitted a sufficient number of records to meet the required sample size for the study. This approach yielded an 11.3 percentage point increase in the record return rate from the 2021 EDV study.</p>
Recommendation(s)	<p>HHSC should require MCOs to request and electronically submit the required records for all EDVMRR studies moving forward to yield a higher record return rate.</p> <p>HHSC should work with all MCOs, especially PCHP and FirstCare, to ensure they submit the required number of records by each of the three deadlines.</p>

RightCare from Scott & White Health Plan (SWHP)

Member Demographics

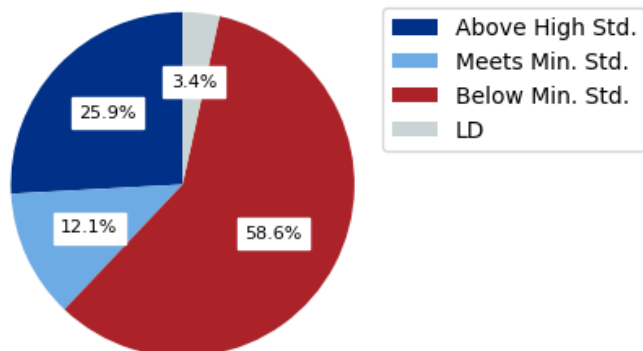
Demographic	All	STAR (n)	STAR (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	274	0.4%	274	0.4%
Race	Asian	681	1.0%	681	1.0%
Race	Black or African American	15,655	22.5%	15,655	22.5%
Race	Native Hawaiian or Other Pacific Islander	448	0.6%	448	0.6%
Race	White	31,207	44.8%	31,207	44.8%
Race	Two or More Races	1,788	2.6%	1,788	2.6%
Race	Unknown Race	19,553	28.1%	19,553	28.1%
Ethnicity	Hispanic or Latino	20,976	30.1%	20,976	30.1%
Ethnicity	Not Hispanic or Latino	38,021	54.6%	38,021	54.6%
Ethnicity	Unknown Ethnicity	10,609	15.2%	10,609	15.2%
Age Group	< 1 year	2,924	4.2%	2,924	4.2%
Age Group	1 - 9 years	27,139	39.0%	27,139	39.0%
Age Group	10 - 17 years	20,473	29.4%	20,473	29.4%
Age Group	18 - 20 years	5,829	8.4%	5,829	8.4%
Age Group	21 - 44 years	12,377	17.8%	12,377	17.8%
Age Group	45 - 64 years	864	1.2%	864	1.2%
Sex	Female	40,159	57.7%	40,159	57.7%
Sex	Male	29,439	42.3%	29,439	42.3%
Sex	Unknown	8	0.0%	8	0.0%
Overall	Total	69,606	100.0%	69,606	100.0%

SWHP MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

SWHP STAR

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	251	1,114	77.47	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	61	125	48.8	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	274	781	35.08	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	175	511	34.25	Meets Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	264	511	51.66	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	441	733	60.16	Below Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	72	243	29.63	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	43	92	46.74	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	192	411	46.72	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	4,086	7,435	54.96	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	527	1,946	27.08	Above High Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	1,397	3,200	43.66	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	51	1,852	2.75	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	21	1,852	1.13	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	1,870	2,597	72.01	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	1,973	7,638	25.83	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	262	624	41.99	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	129	444	29.05	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	249	444	56.08	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	31	119	26.05	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	55	119	46.22	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	154	411	37.47	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	0	244	0.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	138	411	33.58	Below Min. Std.
LBW - Low Birth Weight Rate (LBW)	246	2,335	10.54	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	39	2,257	1.73	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.04	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	39	374,679	10.41	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	3	374,679	0.8	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	55	196,172	28.04	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	16	196,172	8.16	Below Min. Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	141	188	75.0	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	71	262	27.1	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	3	262	1.15	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	3	262	1.15	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	734	10,728	93.16	Above High Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	1,473	2,398	61.43	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	216	411	52.55	Below Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	216	411	52.55	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	171	411	41.61	Below Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	20,677	42,562	48.58	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.31	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.42	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.09	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.04	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	50.9	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	56.24	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	49.23	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	82.95	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	61.68	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	69.63	Above High Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	83.32	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	64.71	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	88.51	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	86.12	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	82.54	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

SWHP 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
STAR	BCN statewide PIP	96.3%	85.5%	93.4%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Community Resource Hub	Member Provider	Scott and White Health Plan (SWHP) will enter an agreement with United Way of Central Texas for these community-resource navigation services. The agreement will include funding to support the activities and the possibility of a bonus payment for meeting agreed-upon performance target(s). SWHP Case Managers and Disease Managers along with Providers will actively refer Members with anxiety or depression and identified social needs to the United Way navigators. Navigators will act as an additional support to the established care teams and will assist families to access multiple community resources as needed. Navigators will conduct ongoing check-ins to help Members actively engage available community resources and identify additional available resources as needed. Navigators will also be available as content experts for primary care, social work, case management and other teams with direct responsibility for the care of the Member. Navigators will communicate with appropriate members of that established care team. Navigators will also track activities/impact. The program processes will be co-designed by SWHP and the United Way of Central Texas with input from Provider representatives.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	MakeltOk.org education	Member	Scott and White Health Plan (SWHP) will enter an agreement with United Way of Central Texas for these community-resource navigation services. The agreement will include funding to support the activities and the possibility of a bonus payment for meeting agreed-upon performance target(s). SWHP Case Managers and Disease Managers along with Providers will actively refer Members with anxiety or depression and identified social needs to the United Way navigators. Navigators will act as an additional support to the established care teams and will assist families to access multiple community resources as needed. Navigators will conduct ongoing check-ins to help Members actively engage available community resources and identify additional available resources as needed. Navigators will also be available as content experts for primary care, social work, case management and other teams with direct responsibility for the care of the Member. Navigators will communicate with appropriate members of that established care team. Navigators will also track activities/impact. The program processes will be co-designed by SWHP and the United Way of Central Texas with input from Provider representatives.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
STAR	High Utilization (3+ ED & 2+ IP)	0.0196	0.0153	No	No
STAR	Anxiety and/or Depression PPVs	69.38	54.97	Yes	No
STAR	Anxiety and/or Depression PPAs	3.98	2.96	Yes	No

SWHP Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (STAR)	10.5 / 11	95.5%
AI Recommendations	11.0 / 14	78.6%
QAPI Recommendations (MCO)	3.5 / 4	87.5%

SWHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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 Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	92.3%
Behavioral Health Care-Child (Within 14 calendar days)	85.7%
High-Risk Prenatal (Within 5 calendar days)	20.0%
Not High-Risk Prenatal (Within 14 calendar days)	100.0%
New Member Third Trimester Prenatal (Within 5 calendar days)	100.0%
Vision Care-Adult (No referral)	100.0%
Vision Care-Child (No referral)	100.0%

SWHP 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 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 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 2023.

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Several MCOs and DMOs reported challenges obtaining and incorporating provider URL information into provider directories.</p>
Recommendation(s)	<p>MCOs and DMOs, including CHCT, MCNA, PCHP, SWHP, and TCHP, should establish systems to incorporate complete provider website URL information in their provider directories.</p>
Finding(s)	<p>Several MCOs did not have compliant procedures for the associated timeframes and notification protocols for standard and expedited service authorization decisions, including extension protocols.</p>
Recommendation(s)	<p>MCOs, including SWHP and TCHP should ensure their representatives make standard and expedited service authorization decisions, extensions, and notifications within the federally required timeframes.</p>

Category	Description
<p>Finding(s)</p>	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
<p>Recommendation(s)</p>	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year's outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, EIPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success In Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>In SFY 2023, the percentage of appointments available for primary care decreased in all five programs compared to SFY 2022. CookCHP in STAR Kids, CookCHP and SWHP in STAR, DCHP in CHIP, and Amerigroup in STAR+PLUS had the lowest percentages of available appointments.</p>
Recommendation(s)	<p>HHSC should work with CookCHP to identify the factors contributing to the lowest percentages of available appointments in STAR Kids and STAR programs.</p> <p>HHSC should encourage SWHP, CookCHP, DCHP, and Amerigroup to collaborate with providers to offer more appointments and identify ways to increase the overall percentage of appointments available.</p>

Superior HealthPlan (Superior)

Member Demographics

Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR Health (n)	STAR Health (%)
Race	American Indian or Alaska Native	52	0.4%	8	0.2%	139	0.3%
Race	Asian	134	1.1%	57	1.3%	248	0.5%
Race	Black or African American	687	5.6%	57	1.3%	13,265	27.91%
Race	Native Hawaiian or Other Pacific Islander	17	0.1%	5	0.1%	17	0.04%
Race	White	7,778	62.9%	2,873	64.1%	31,928	67.2%
Race	Other Race	0	0.0%	0	0.0%	583	1.2%
Race	Two or More Races	149	1.2%	3	0.1%	255	0.5%
Race	Unknown Race	3,550	28.7%	1,481	33.0%	1094	2.3%
Ethnicity	Hispanic or Latino	7,472	60.4%	3,846	85.8%	20,483	43.1%
Ethnicity	Not Hispanic or Latino	3,772	30.5%	270	6.0%	26,423	55.6%
Ethnicity	Unknown Ethnicity	1,123	9.1%	368	8.2%	623	1.3%
Age Group	< 1 year	4	0.0%	14	0.3%	2,356	5.0%
Age Group	1 - 9 years	4,414	35.7%	0	0.0%	27,252	57.3%
Age Group	10 - 17 years	7,264	58.7%	52	1.2%	13,933	29.3%
Age Group	18 - 20 years	685	5.5%	312	7.0%	3,820	8.0%
Age Group	21 - 44 years	0	0.0%	4,094	91.3%	168	0.4%
Age Group	45 - 64 years	0	0.0%	12	0.3%	0	0.0%
Age Group	65+ years	0	0.0%	0	0.0%	0	0.0%
Sex	Female	5,941	48.0%	4,473	99.8%	23,468	49.4%
Sex	Male	6,426	52.0%	11	0.2%	24,061	50.6%
Sex	Unknown	0	0.0%	0	0.0%	0.0	0.0%
Overall	Total	12,367	100.0%	4,484	100.0%	47,529	100.0%

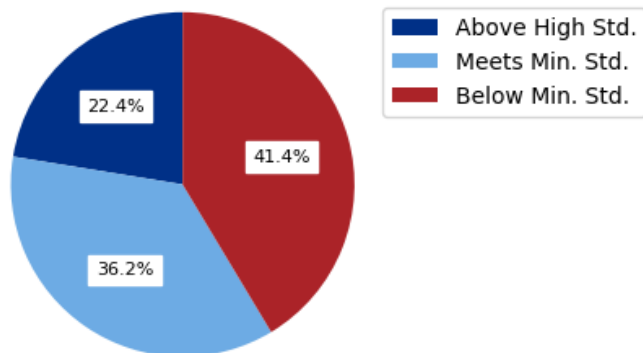
Demographic	All	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	STAR+PLUS (n)	STAR+PLUS (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	3,965	0.4%	34	0.1%	143	0.2%	4,202	0.3%
Race	Asian	8,882	0.8%	65	0.2%	466	0.7%	9,604	0.8%
Race	Black or African American	97,572	8.6%	1,113	3.5%	9,301	13.1%	108,730	8.7%
Race	Native Hawaiian or Other Pacific Islander	1,891	0.2%	17	0.1%	230	0.3%	2,160	0.2%
Race	White	646,245	57.1%	7,290	23.1%	24,108	34.0%	688,294	55.0%
Race	Other Race	3	0.0%	0	0.0%	0	0.0%	3	0.0%
Race	Two or More Races	11,835	1.0%	85	0.3%	149	0.2%	12,221	1.0%
Race	Unknown Race	360,713	31.9%	22,891	72.7%	36,489	51.5%	425,124	34.0%
Ethnicity	Hispanic or Latino	654,418	57.9%	21,708	68.9%	31,149	43.9%	718,593	57.5%
Ethnicity	Not Hispanic or Latino	320,706	28.4%	6,131	19.5%	32,850	46.3%	363,729	29.1%
Ethnicity	Unknown Ethnicity	155,982	13.8%	3,656	11.6%	6,887	9.7%	168,016	13.4%
Age Group	< 1 year	49,599	4.4%	85	0.3%	0	0.0%	49,702	4.0%
Age Group	1 - 9 years	442,364	39.1%	8,473	26.9%	0	0.0%	455,251	36.4%
Age Group	10 - 17 years	346,846	30.7%	15,923	50.6%	0	0.0%	370,085	29.6%
Age Group	18 - 20 years	105,713	9.3%	6,827	21.7%	2	0.0%	113,539	9.1%
Age Group	21 - 44 years	175,483	15.5%	187	0.6%	35,240	49.7%	215,004	17.2%
Age Group	45 - 64 years	11,095	1.0%	0	0.0%	34,632	48.9%	45,739	3.7%
Age Group	65+ years	6	0.0%	0	0.0%	1,012	1.4%	1,018	0.1%
Sex	Female	637,907	56.4%	10,788	34.3%	35,384	49.9%	694,493	55.5%
Sex	Male	493,107	43.6%	20,707	65.7%	35,501	50.1%	555,752	44.4%
Sex	Unknown	92	0.0%	0	0.0%	1	0.0%	93	0.0%
Overall	Total	1,131,106	100.0%	31,495	100.0%	70,886	100.0%	1,250,338	100.0%

Superior MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

Superior STAR

Performance Indicator Measures by Performance Level



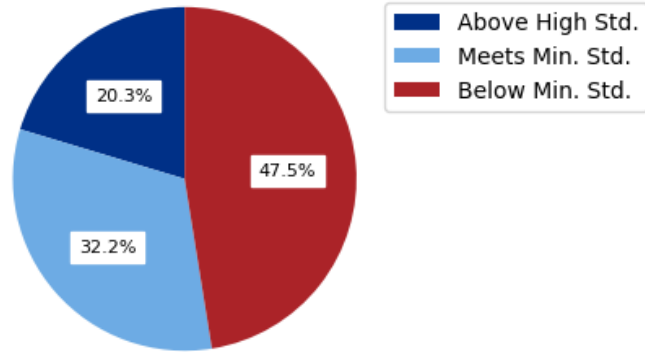
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	13,530	40,585	66.66	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	831	1,584	52.46	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	3,956	9,740	40.62	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	1,991	6,838	29.12	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	3,406	6,838	49.81	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	6,927	10,333	67.04	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	2,340	5,705	41.02	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	1,161	2,352	49.36	Meets Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	227	411	55.23	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	65,857	109,461	60.16	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	9,905	32,992	30.02	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	28,369	55,447	51.16	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	275	24,315	1.13	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	627	24,315	2.58	Above High Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	83,194	114,877	72.42	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	53,427	139,790	38.22	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	3,951	10,311	38.32	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	2,461	6,645	37.04	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	3,954	6,645	59.5	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	409	1,508	27.12	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	639	1,508	42.37	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	160	411	38.93	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	6	2,672	0.22	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	161	225	71.56	Meets Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	184	411	44.77	Above High Std.
LBW - Low Birth Weight Rate (LBW)	3,743	40,078	9.34	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	550	38,206	1.44	Meets Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.02	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	363	6,201,484	5.85	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	99	6,201,484	1.6	Below Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	845	3,018,927	27.99	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	189	3,018,927	6.26	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	2,137	2,728	78.34	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	528	2,925	18.05	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	22	2,925	0.75	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	34	2,925	1.16	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	31,243	266,718	88.29	Below Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	26,342	44,820	58.77	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	311	411	75.67	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	293	411	71.29	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	284	411	69.1	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	417,836	749,022	55.78	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.13	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.9	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.12	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.02	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	48.3	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	56.1	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	65.2	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	81.7	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	59.3	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	65.5	Meets Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	81.29	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	68.53	Meets Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	84.38	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	78.33	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	82.22	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	36.4	Meets Min. Std.

Superior STAR+PLUS

Performance Indicator Measures by Performance Level



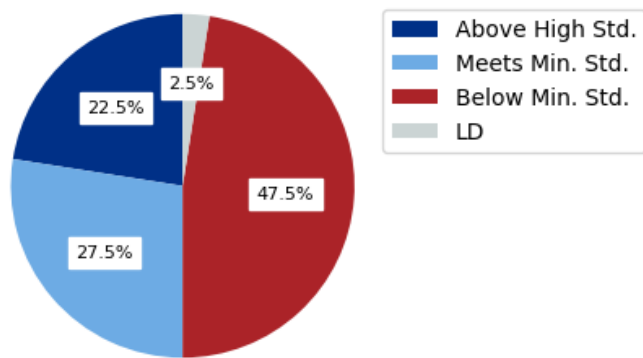
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (18-64) (AAB)	770	1,105	30.32	Below Min. Std.
AAP - Adults' Access to Preventive/Ambulatory Health Services (20-44) (AAP)	23,763	31,166	76.25	Below Min. Std.
AAP - Adults' Access to Preventive/Ambulatory Health Services (45-64) (AAP)	27,112	30,879	87.8	Meets Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	1,768	3,051	57.95	Above High Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	1,253	3,051	41.07	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	1,108	1,729	64.08	Meets Min. Std.
BCS - Breast Cancer Screening (BCS)	5,325	11,199	47.55	Meets Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	241	411	58.64	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	193	411	46.96	Meets Min. Std.
CHL - Chlamydia Screening in Women (21-24) (CHL)	504	1,186	42.5	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	510	7,036	7.25	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	824	7,036	11.71	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (18-64) (CWP)	988	2,098	47.09	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	7,399	15,015	49.28	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	873	2,680	32.57	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,417	2,680	52.87	Below Min. Std.
FUI - 7-Day Follow-Up After High-Intensity Care for Substance Use Disorder (18-64) (FUI)	95	395	24.05	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUI - 30-Day Follow-Up After High-Intensity Care for Substance Use Disorder (18-64) (FUI)	146	395	36.96	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (18-64) (FUM)	286	965	29.64	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (18-64) (FUM)	435	965	45.08	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	185	411	45.01	Below Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	42	5,273	0.8	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	714	1,064	67.11	Below Min. Std.
PCE - Pharmacotherapy Management for COPD Exacerbation - Bronchodilators (PCE)	885	1,067	82.94	Below Min. Std.
PCE - Pharmacotherapy Management for COPD Exacerbation - Systemic Corticosteroids (PCE)	716	1,067	67.1	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.14	Below Min. Std.
POD - Pharmacotherapy for Opioid Use Disorder (all ages) (POD)	84	183	45.9	Above High Std.
PPC - Postpartum Care (overall) (PPC)	247	432	57.18	Below Min. Std.
PPC - Timeliness of Prenatal Care (overall) (PPC)	318	432	73.61	Meets Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,682	834,803	321.27	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,144	834,803	376.62	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	462	834,803	55.34	Above High Std.
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia- 80% Coverage (SAA)	3,020	5,046	59.85	Below Min. Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	208	247	84.21	Above High Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	1,422	1,871	76.0	Above High Std.
SPC - Statin Therapy for Patients with Cardiovascular Disease - Total Statin Therapy (SPC)	1,744	2,212	78.84	Meets Min. Std.
SPC - Statin Therapy for Patients with Cardiovascular Disease - Total Adherence (SPC)	1,182	1,744	67.78	Meets Min. Std.
SPD - Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD)	5,269	7,639	68.98	Meets Min. Std.
SPD - Statin Therapy for Patients with Diabetes - Statin Adherence (SPD)	3,504	5,269	66.5	Meets Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	203	1,027	19.77	Below Min. Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	5,255	6,233	84.31	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	956	6,710	14.25	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	70	6,710	1.04	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	101	6,710	1.51	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (18-64) (URI)	1,388	3,535	60.74	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.99	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.99	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.01	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.03	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	60.69	Above High Std.
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling (SVY-Adult)	-	-	47.9	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	61.69	Meets Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	79.34	Meets Min. Std.
SVY-Adult - % Good Access to Service Coordination (SVY-Adult)	-	-	49.64	Below Min. Std.
SVY-Adult - % Good Access to Special Therapies (SVY-Adult)	-	-	35.25	Below Min. Std.
SVY-Adult - % Good Access to Specialist Appointment (SVY-Adult)	-	-	52.06	Below Min. Std.
SVY-Adult - % Good Access to Urgent Care (SVY-Adult)	-	-	60.68	Below Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	66.1	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	32.83	Below Min. Std.

Superior STAR Kids

Performance Indicator Measures by Performance Level

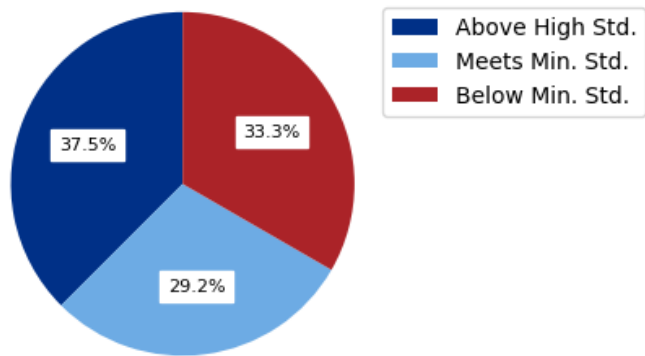


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	384	780	50.77	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	663	1,396	47.49	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	89	174	51.15	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	714	1,028	69.46	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	1,068	2,503	42.67	Above High Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	189	500	37.8	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	630	1,520	41.45	Meets Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	77	382	20.16	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	2,905	3,955	73.45	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	481	1,059	45.42	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	597	1,163	51.33	Above High Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	873	1,163	75.06	Above High Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	48	120	40.0	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	69	120	57.5	Below Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	196	411	47.69	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	45	253,875	17.73	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	27	253,875	10.64	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	1,115	8,530	86.93	Below Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	33	171	19.3	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	300	411	72.99	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	288	411	70.07	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	302	411	73.48	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	18,075	28,818	62.72	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.08	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.27	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.18	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.13	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	50.83	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	83.03	Meets Min. Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	51.12	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	69.53	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	74.97	Meets Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	49.19	Below Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	73.32	Above High Std.
SVY-Child - Customer Service (SVY-Child)	-	-	82.87	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	42.5	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	70.96	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	80.11	Above High Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	89.46	Meets Min. Std.

Superior STAR Health

Performance Indicator Measures by Performance Level

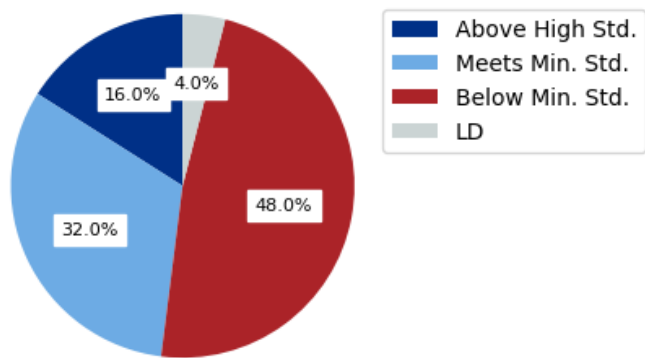


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	651	2,517	74.14	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	267	375	71.2	Above High Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	683	1,094	62.43	Above High Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	2,197	3,511	62.57	Above High Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	671	871	77.04	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	2,586	3,499	73.91	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	3,927	8,218	47.79	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,582	2,937	53.86	Meets Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	2,361	2,937	80.39	Above High Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	163	293	55.63	Meets Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	235	293	80.2	Meets Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	586	1,431	40.95	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	27	275,218	9.81	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	4	275,218	1.45	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (3 months-17 years) (URI)	1,357	13,724	90.11	Meets Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	1,666	2,276	73.2	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	20,194	33,257	60.72	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	75.56	Above High Std.
SVY-Child - % Good Access to Specialist Appointment (SVY-Child)	-	-	50.84	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	43.35	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	81.61	Below Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	90.5	Above High Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	77.38	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	65.7	Below Min. Std.

Superior CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	219	492	55.49	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	186	458	40.61	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	55	67	82.09	Above High Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	15	53	28.3	Below Min. Std.
CHL - Chlamydia Screening in Women (16-20) (CHL)	44	181	24.31	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	2,813	3,857	72.93	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	46	128	35.94	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	55	80	68.75	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	33	80	41.25	Meets Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	168	411	40.88	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	10	169,324	5.91	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	3	169,324	1.77	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	731	5,303	86.22	Below Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	288	411	70.07	Below Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	286	411	69.59	Below Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	276	411	67.15	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	4,577	7,038	65.03	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.61	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.08	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	1.18	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	86.5	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	72.7	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	77.4	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	75.8	Meets Min. Std.

Superior 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP	BCN statewide PIP	94.0%	88.9%	93.0%
STAR	BCN statewide PIP	94.0%	87.7%	92.4%
STAR Kids	BCN statewide PIP	94.0%	92.7%	93.7%
STAR+PLUS	BCN statewide PIP	94.0%	92.7%	93.7%
STAR Health	BCN statewide PIP	94.0%	80.5%	89.9%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Member Education	Member	<p>Superior HealthPlan developed education materials that were distributed to all members who fell in the denominator during the 2017 look back period. Educational materials are being mailed on a bi-annual basis to new members who received a diagnoses of anxiety and/or depression throughout the remainder of this PIP.</p> <p>All members eligible for contact received a packet that included an ED Diversion Letter, a brochure about Superior HealthPlan's Nurse Wise program, and local urgent care information.</p> <p>Education materials were provided to members flagged as having a potentially preventable visit related to anxiety and/or depression.</p>
CHIP	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Care Coordination	Member	<p>Superior HealthPlan developed a new outreach program for case management and care coordination. All members with a diagnosis of anxiety and/or depression were flagged for outreach following a PPV or PPA episode.</p> <p>The count and percentage of targeted and reached members is based on completion of onboarding for the Wellframe application and/or Case Management enrollment/contact. The Wellframe app was offered as a support tool for care coordination.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Member Education	Member	<p>Superior HealthPlan developed education materials that were distributed to all members who fell in the denominator during the 2017 look back period. Educational materials are being mailed on a bi-annual basis to new members who received a diagnoses of anxiety and/or depression throughout the remainder of this PIP.</p> <p>All members eligible for contact received a packet that included an ED Diversion Letter, a brochure about Superior HealthPlan’s Nurse Wise program, and local urgent care information.</p> <p>Education materials were provided to members flagged as having a potentially preventable visit related to anxiety and/or depression.</p>
STAR	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Care Coordination	Member	<p>Superior HealthPlan developed a new outreach program for case management and care coordination. All members with a diagnosis of anxiety and/or depression were flagged for outreach following a PPV or PPA episode. The count and percentage of targeted and reached members is based on completion of onboarding for the Wellframe application and/or Case Management enrollment/contact. The Wellframe app was offered as a support tool for care coordination.</p>
STAR+PLUS	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Member Education	Member	<p>Superior HealthPlan developed education materials that were distributed to all members who fell in the denominator during the 2017 look back period. Educational materials are being mailed on a bi-annual basis to new members who received a diagnoses of anxiety and/or depression throughout the remainder of this PIP.</p> <p>All members eligible for contact received a packet that included an ED Diversion Letter, a brochure about Superior HealthPlan’s Nurse Wise program, and local urgent care information.</p> <p>Education materials were provided to members flagged as having a potentially preventable visit related to anxiety and/or depression.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR+PLUS	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Care Coordination	Member	Superior HealthPlan developed a new outreach program for case management and care coordination. All members with a diagnosis of anxiety and/or depression were flagged for outreach following a PPV or PPA episode. The count and percentage of targeted and reached members is based on completion of onboarding for the Wellframe application and/or Case Management enrollment/contact. The Wellframe app was offered as a support tool for care coordination.
STAR Health	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Member Education	Member	Superior HealthPlan developed education materials that were distributed to all members who fell in the denominator during the 2017 look back period. Educational materials are being mailed on a bi-annual basis to new members who received a diagnoses of anxiety and/or depression throughout the remainder of this PIP. All members eligible for contact received a packet that included an ED Diversion Letter, a brochure about Superior HealthPlan's Nurse Wise program, and local urgent care information. Education materials were provided to members flagged as having a potentially preventable visit related to anxiety and/or depression.
STAR Health	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Care Coordination	Member	Superior HealthPlan developed a new outreach program for case management and care coordination. All members with a diagnosis of anxiety and/or depression were flagged for outreach following a PPV or PPA episode. The count and percentage of targeted and reached members is based on completion of onboarding for the Wellframe application and/or Case Management enrollment/contact. The Wellframe app was offered as a support tool for care coordination.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Member Education	Member	Superior HealthPlan developed education materials that were distributed to all members who fell in the denominator during the 2017 look back period. Educational materials are being mailed on a bi-annual basis to new members who received a diagnoses of anxiety and/or depression throughout the remainder of this PIP. All members eligible for contact received a packet that included an ED Diversion Letter, a brochure about Superior HealthPlan’s Nurse Wise program, and local urgent care information. Education materials were provided to members flagged as having a potentially preventable visit related to anxiety and/or depression.
STAR Kids	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Care Coordination	Member	Superior HealthPlan developed a new outreach program for case management and care coordination. All members with a diagnosis of anxiety and/or depression were flagged for outreach following a PPV or PPA episode. The count and percentage of targeted and reached members is based on completion of onboarding for the Wellframe application and/or Case Management enrollment/contact. The Wellframe app was offered as a support tool for care coordination.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0039	0.0052	No	No
CHIP	Anxiety and/or Depression PPVs	31.75	20.32	Yes	No
CHIP	Anxiety and/or Depression PPAs	2.88	2.03	Yes	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0165	0.0164	No	No
STAR	Anxiety and/or Depression PPVs	68.15	54.1	Yes	Yes
STAR	Anxiety and/or Depression PPAs	3.32	2.9	Yes	No
STAR+PLUS	High Utilization (3+ ED & 2+ IP)	0.0669	0.0612	Yes	No
STAR+PLUS	Anxiety and/or Depression PPVs	111.76	90.0	Yes	No
STAR+PLUS	Anxiety and/or Depression PPAs	11.78	10.31	Yes	No
STAR Health	High Utilization (3+ ED & 2+ IP)	0.0288	0.0457	No	No

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
STAR Health	Anxiety and/or Depression PPVs	43.32	45.5	No	No
STAR Health	Anxiety and/or Depression PPAs	9.48	9.2	No	No
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0263	0.0216	Yes	No
STAR Kids	Anxiety and/or Depression PPVs	52.44	41.64	Yes	No
STAR Kids	Anxiety and/or Depression PPAs	6.4	5.36	Yes	No

Superior Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	4.5 / 5	90.0%
PIP Recommendations (STAR)	4.5 / 5	90.0%
PIP Recommendations (STAR+PLUS)	4.5 / 5	90.0%
PIP Recommendations (STAR Kids)	4.5 / 5	90.0%
PIP Recommendations (STAR Health)	4.5 / 5	90.0%
AI Recommendations	NA	NA
QAPI Recommendations (MMP)	9.0 / 10	90.0%
QAPI Recommendations (MCO)	11.0 / 17	64.7%

Superior Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids	STAR+PLUS	STAR HEALTH
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	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%

Standard	STAR	CHIP	STAR Kids	STAR+PLUS	STAR HEALTH
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-	-	100.0%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%	-	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-	100.0%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%	-	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	83.1%	-	-	96.7%	
Behavioral Health Care-Child (Within 14 calendar days)	83.6%	90.9%	89.4%	-	76.2%
High-Risk Prenatal (Within 5 calendar days)	11.4%	-	-	-	-
Not High-Risk Prenatal (Within 14 calendar days)	62.5%	-	-	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	50.0%	-	-	-	-
Vision Care-Adult (No referral)	100.0%	-	-	94.0%	-
Vision Care-Child (No referral)	100.0%	100.0%	98.1%	-	100.0%

Superior 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 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 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 2023.

Category	Description
Finding(s)	Data analysis was a common opportunity for improvement in the 2019 PIPs. For example, 10 MCOs (BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP) lost points on the PIP plan in Activity 6, <i>Plan to Collect Reliable Data</i> , because they chose an inappropriate statistical test for the reported measures. Additionally, several MCOs lost points on the final PIP due to incorrectly calculating or interpreting statistical analyses for PIP measures.
Recommendation(s)	BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP should ensure they select the appropriate statistical test for the reported measures. Amerigroup, CMCHP, Cigna Health-Spring, CFHP, CHCT, FirstCare, Molina, Parkland, and Superior should ensure that they perform statistical analyses according to the data analysis plan, and calculate and interpret them correctly.

Category	Description
Finding(s)	<p>Several MCOs received recommendations on the 2019 PIP plan on components related to sampling. MCOs did not accurately or consistently report sampling in two main scenarios: Several MCOs (Aetna, CFHP, CMCHP, and Parkland) did not accurately identify whether or not they were targeting the entire population for the PIP or a sample of the population. For example, Aetna accurately described the entire population of the PIP per the HHSC and EQRO guidance, but indicated on the PIP plan that they were targeting a sample rather than the entire population.</p> <p>MCOs did not consistently report whether they were sampling for specific interventions. Seven MCOs (CMCHP, Cigna-HealthSpring, CFHP, CookCHP, Driscoll, FirstCare, and UHC) lost points in Activity 5B, Sound Sampling Methods – Interventions, because they did not correctly describe the sample of the target population they would be targeting for their intervention(s). Additionally, in Activity 7B.1, Implementation Evaluation: Intervention and Improvement Strategies, these seven MCOs lost points due to inconsistently or incorrectly reporting the number and percent of members targeted for the intervention based on the sample.</p>
Recommendation(s)	<p>Aetna, CFHP, CMCHP, Cigna-HealthSpring, CookCHP, Driscoll, FirstCare, Parkland, Superior, and UHC should familiarize themselves with sampling in order to accurately identify whether they are sampling for the PIP and/or interventions. In addition, if they are sampling, these MCOs should familiarize themselves with the different sampling methodologies and associated biases.</p> <p>HHSC should provide additional guidance and technical assistance to MCOs on what sampling is, how to identify sampling, and how to accurately report sampling for the PIPs.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>
Finding(s)	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>

Category	Description
Finding(s)	<p>Several MCOs and MMPs reported inaccurate results due to incorrect data included from previous reports and provided information based on incorrect measurement years in multiple areas of the QAPI report.</p> <p>For example, Superior miscalculated the effectiveness of actions for the Adherence to Antipsychotic Medication for Individuals with Schizophrenia (SAA) for the STAR population in the <i>Clinical Indicator Monitoring</i> activity. The MCO reported that performance decreased by 7.51 percentage points from MY 2021. However, the correct calculation was a decrease in performance of 8.68 percentage points. The EQRO found that the 7.51 percentage point change was left in from the previous QAPI report, when measure performance increased 7.51 percentage points from MY 2020. Additionally, SWHP lost points in both the <i>Improvement Opportunities</i> and the <i>Overall Effectiveness</i> activities for reporting almost exactly the same responses from the previous QAPI report. For example, the MCO reported that it “expanded the scope of services to STAR members during pregnancy, including incorporating digital tools” as an example of program success In Activity B2 on the 2021, 2022, and 2023 QAPI reports. The EQRO could not determine if the MCO continually expanded services and incorporated new digital tools or if the response simply had not been updated. In another example, BCBSTX evaluated the effectiveness of actions taken and included a percent change analysis for all indicators in the <i>Clinical Indicator Monitoring</i> activity. However, the MCO utilized MY 2021 and MY 2020 results when calculating the percent change analysis for the 13 HEDIS indicators. The MCO should have compared results for MY 2022 with results for the previous reporting period, MY 2021.</p>
Recommendation(s)	<p>The EQRO recommends that Amerigroup, BCBSTX, CHCT, DCHP, Driscoll, ElPasoHealth, FirstCare, Superior, and SWHP utilize data from the current measurement year for the QAPI to report the actions the MCOs took to improve performance and results. The EQRO previously made this recommendation.</p>
Finding(s)	<p>In SFY 2023, compliance with vision appointment UMCC standards decreased in STAR Kids and STAR+PLUS compared to SFY 2022. Across programs, Superior has the greatest opportunity to improve compliance with wait time standards. Superior had the lowest percentage of providers in compliance with wait time standards in the STAR+PLUS and STAR Kids programs.</p>
Recommendation(s)	<p>The EQRO recommends that HHSC conduct an in-depth study on appointment standards to understand the challenges that MCOs encounter when trying to increase the percentage of providers compliant with appointment standards and more effectively target Superior health incentives to increase the percentage of providers that meet appointment availability standards.</p> <p>HHSC should work with Superior to identify factors contributing to non-compliance with appointment standards.</p>

Texas Children’s Health Plan (TCHP)

Member Demographics

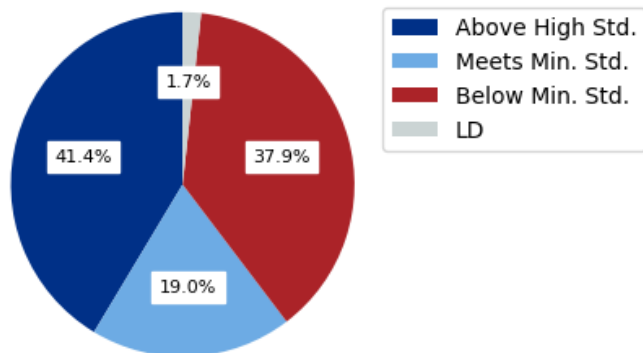
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	46	0.5%	4	0.1%	1,892	0.3%	47	0.2%	1,989	0.3%
Race	Asian	406	4.5%	65	2.3%	14,644	2.6%	148	0.5%	15,263	2.5%
Race	Black or African American	1,318	14.8%	106	3.8%	112,439	19.8%	4,358	14.3%	118,221	19.4%
Race	Native Hawaiian or Other Pacific Islander	9	0.1%	5	0.2%	874	0.2%	10	0.0%	898	0.1%
Race	White	4,323	48.4%	1,702	61.5%	239,544	42.1%	4,374	14.4%	249,943	40.9%
Race	Two or More Races	87	1.0%	5	0.2%	5,199	0.9%	113	0.4%	5,404	0.9%
Race	Unknown Race	2,742	30.7%	881	31.8%	193,873	34.1%	21,356	70.2%	218,852	35.8%
Ethnicity	Hispanic or Latino	4,986	55.8%	2,423	87.5%	288,754	50.8%	9,324	30.7%	305,487	50.0%
Ethnicity	Not Hispanic or Latino	3,166	35.4%	208	7.5%	208,075	36.6%	17,292	56.9%	228,741	37.5%
Ethnicity	Unknown Ethnicity	779	8.7%	137	4.9%	71,636	12.6%	3,790	12.5%	76,342	12.5%
Age Group	< 1 year	2	0.0%	8	0.3%	21,294	3.7%	41	0.1%	21,345	3.5%
Age Group	1 - 9 years	3,231	36.2%	0	0.0%	232,877	41.0%	8,537	28.1%	244,645	40.1%
Age Group	10 - 17 years	5,232	58.6%	27	1.0%	200,961	35.4%	15,930	52.4%	222,150	36.4%
Age Group	18 - 20 years	466	5.2%	175	6.3%	53,789	9.5%	5,742	18.9%	60,172	9.9%
Age Group	21 - 44 years	0	0.0%	2,550	92.1%	56,908	10.0%	156	0.5%	59,614	9.8%
Age Group	45 - 64 years	0	0.0%	8	0.3%	2,636	0.5%	0	0.0%	2,644	0.4%
Sex	Female	4,354	48.8%	2,762	99.8%	304,654	53.6%	10,341	34.0%	322,111	52.8%
Sex	Male	4,577	51.2%	6	0.2%	263,764	46.4%	20,065	66.0%	288,412	47.2%
Sex	Unknown	0	0.0%	0	0.0%	47	0.0%	0	0.0%	47	0.0%
Overall	Total	8,931	100.0%	2,768	100.0%	568,465	100.0%	30,406	100.0%	610,570	100.0%

TCHP MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

TCHP STAR

Performance Indicator Measures by Performance Level



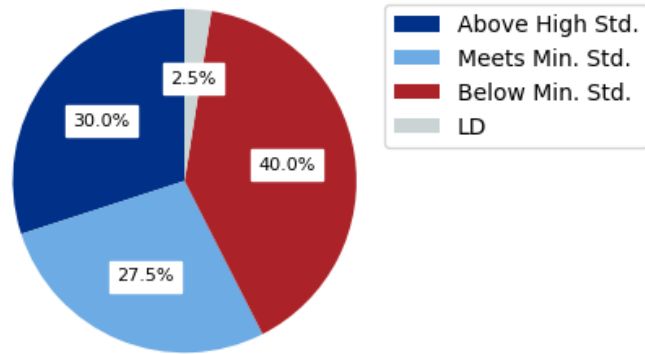
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	6,228	16,267	61.71	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	310	579	53.54	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	1,454	3,740	38.88	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	459	1,548	29.65	Below Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	742	1,548	47.93	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	3,796	5,376	70.61	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	1,023	2,543	40.23	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	535	1,174	45.57	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	183	411	44.53	Below Min. Std.
CCS - Cervical Cancer Screening (overall) (CCS)	17,409	31,117	55.95	Below Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	3,013	9,751	30.9	Meets Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	11,001	20,991	52.41	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	94	7,434	1.26	Above High Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	32	7,434	0.43	Above High Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	28,438	40,099	70.92	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	30,837	56,643	54.44	Above High Std.
EED - Eye Exam for Patients with Diabetes (EED)	838	2,257	37.13	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,090	2,646	41.19	Meets Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,713	2,646	64.74	Above High Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	152	616	24.68	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	234	616	37.99	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	128	411	31.14	Below Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	1	445	0.22	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	118	186	63.44	Below Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	206	411	50.12	Above High Std.
LBW - Low Birth Weight Rate (LBW)	1,331	12,410	10.73	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	185	11,346	1.63	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	0.99	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	181	3,564,690	5.08	Meets Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	34	3,564,690	0.95	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	250	1,134,957	22.03	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	54	1,134,957	4.76	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	515	733	70.26	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	92	503	18.29	Below Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	5	503	0.99	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	8	503	1.59	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	11,930	130,274	90.84	Meets Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	11,220	17,660	63.53	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	339	411	82.48	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	346	411	84.18	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	342	411	83.21	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	242,486	413,015	58.71	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.76	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.9	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.03	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.97	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	60.92	Above High Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	60.25	Above High Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	69.22	Above High Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	55.24	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	84.18	Above High Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	64.3	Meets Min. Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	77.33	Below Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	66.29	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	80.84	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	80.23	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	80.7	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	-	LD

TCHP STAR Kids

Performance Indicator Measures by Performance Level

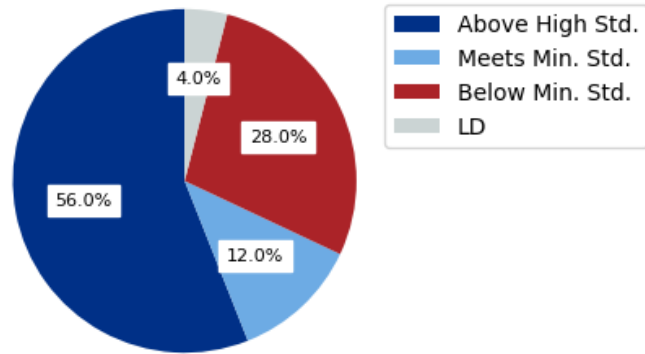


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	212	497	57.34	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	479	1,327	36.1	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	108	194	55.67	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	693	970	71.44	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	797	2,039	39.09	Above High Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	192	565	33.98	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	510	1,272	40.09	Below Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	38	231	16.45	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	1,422	1,960	72.55	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	390	799	48.81	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	276	735	37.55	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	478	735	65.03	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	26	95	27.37	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	46	95	48.42	Below Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	156	411	37.96	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	30	258,953	11.59	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	45	258,953	17.38	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	498	5,355	90.7	Meets Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	9	60	15.0	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	332	411	80.78	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	325	411	79.08	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	330	411	80.29	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	15,372	27,976	54.95	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.91	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.65	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.92	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.13	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	52.06	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	86.34	Above High Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	45.95	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	69.49	Meets Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	53.35	Meets Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	77.89	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	78.18	Above High Std.
SVY-Child - Customer Service (SVY-Child)	-	-	73.39	Meets Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	35.74	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	74.25	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	87.52	Above High Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	91.95	Meets Min. Std.

TCHP CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	139	244	43.03	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	62	194	31.96	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	28	36	77.78	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	10	38	26.32	Below Min. Std.
CHL - Chlamydia Screening in Women (16-20) (CHL)	40	119	33.61	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	1,186	1,535	77.26	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	44	75	58.67	Above High Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	39	50	78.0	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	24	50	48.0	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	209	411	50.85	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	2	118,659	1.69	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	2	118,659	1.69	Below Min. Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	272	3,538	92.31	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	360	411	87.59	Above High Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	353	411	85.89	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	362	411	88.08	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	3,538	4,997	70.8	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.73	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.77	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.89	Above High Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	86.7	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	69.0	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	80.1	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	83.7	Above High Std.

Texas Children's 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPS, and (d) the second progress reports for 2022 PIPS. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
STAR	BCN statewide PIP	93.5%	93.9%	94.5%
CHIP	BCN statewide PIP	93.5%	85.5%	91.4%
STAR Kids	BCN statewide PIP	95.8%	92.7%	95.0%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Care Coordination	Member	Superior HealthPlan developed a new outreach program for case management and care coordination. All members with a diagnosis of anxiety and/or depression were flagged for outreach following a PPV or PPA episode. The count and percentage of targeted and reached members is based on completion of onboarding for the Wellframe application and/or Case Management enrollment/contact. The Wellframe app was offered as a support tool for care coordination.
CHIP	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Care Coordination	System	Superior HealthPlan developed a new outreach program for case management and care coordination. All members with a diagnosis of anxiety and/or depression were flagged for outreach following a PPV or PPA episode. The count and percentage of targeted and reached members is based on completion of onboarding for the Wellframe application and/or Case Management enrollment/contact. The Wellframe app was offered as a support tool for care coordination.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Anxiety and/or Depression (A.N.D.) Care Coordination	Provider	Superior HealthPlan developed a new outreach program for case management and care coordination. All members with a diagnosis of anxiety and/or depression were flagged for outreach following a PPV or PPA episode. The count and percentage of targeted and reached members is based on completion of onboarding for the Wellframe application and/or Case Management enrollment/contact. The Wellframe app was offered as a support tool for care coordination.
CHIP	BCN reduce ED visits & IP stays	Behavioral Health Case Manager Outreach –“My Mood” Self-Management Tool	Provider	This intervention is consistent for STAR, STAR Kids, & CHIP populations. Care Coordination will contact members that are identified as super utilizers and will send them a “My Mood” Self-Management tool to use at home and to take with them to their next provider visit for review.
CHIP	BCN reduce ED visits & IP stays	Reporting to identify members with a diagnosis of anxiety and/or depression that are classified as super utilizers.	Provider	This intervention is consistent for STAR, STAR Kids, & CHIP populations. Members who have had 3 or more ED visits AND 2 or more inpatient stays in a year will be identified and classified as super utilizers. This report will allow the care coordination department to identify which members to target for intervention.
CHIP	BCN reduce ED visits & IP stays	PCP outreach/education regarding management of depression/anxiety and billing for PHQ-9	Provider	Provider Relations staff will give education packets to providers for management of members with anxiety and/or depression. This intervention is consistent for STAR, STAR Kids, & CHIP populations. Providers are often contracted for multiple lines of business and therefore the targeted providers are not separated by line of business.
STAR	BCN reduce ED visits & IP stays	PCP outreach/education regarding management of depression/anxiety and billing for PHQ-9	Member	Provider Relations staff will give education packets to providers for management of members with anxiety and/or depression. This intervention is consistent for STAR, STAR Kids, & CHIP populations. Providers are often contracted for multiple lines of business and therefore the targeted providers are not separated by line of business.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	PCP outreach/education regarding management of depression/anxiety and billing for PHQ-9	System	Provider Relations staff will give education packets to providers for management of members with anxiety and/or depression. This intervention is consistent for STAR, STAR Kids, & CHIP populations. Providers are often contracted for multiple lines of business and therefore the targeted providers are not separated by line of business.
STAR	BCN reduce ED visits & IP stays	PCP outreach/education regarding management of depression/anxiety and billing for PHQ-9	Provider	Provider Relations staff will give education packets to providers for management of members with anxiety and/or depression. This intervention is consistent for STAR, STAR Kids, & CHIP populations. Providers are often contracted for multiple lines of business and therefore the targeted providers are not separated by line of business.
STAR	BCN reduce ED visits & IP stays	Behavioral Health Case Manager Outreach –“My Mood” Self-Management Tool	Provider	This intervention is consistent for STAR, STAR Kids, & CHIP populations. Care Coordination will contact members that are identified as super utilizers and will send them a “My Mood” Self-Management tool to use at home and to take with them to their next provider visit for review.
STAR	BCN reduce ED visits & IP stays	Reporting to identify members with a diagnosis of anxiety and/or depression that are classified as super utilizers.	Provider	This intervention is consistent for STAR, STAR Kids, & CHIP populations. Members who have had 3 or more ED visits AND 2 or more inpatient stays in a year will be identified and classified as super utilizers. This report will allow the care coordination department to identify which members to target for intervention.
STAR Kids	BCN reduce ED visits & IP stays	PCP outreach/education regarding management of depression/anxiety and billing for PHQ-9	Member	Provider Relations staff will give education packets to providers for management of members with anxiety and/or depression. This intervention is consistent for STAR, STAR Kids, & CHIP populations. Providers are often contracted for multiple lines of business and therefore the targeted providers are not separated by line of business.
STAR Kids	BCN reduce ED visits & IP stays	PCP outreach/education regarding management of depression/anxiety and billing for PHQ-9	System	Provider Relations staff will give education packets to providers for management of members with anxiety and/or depression. This intervention is consistent for STAR, STAR Kids, & CHIP populations. Providers are often contracted for multiple lines of business and therefore the targeted providers are not separated by line of business.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	PCP outreach/education regarding management of depression/anxiety and billing for PHQ-9	Provider	Provider Relations staff will give education packets to providers for management of members with anxiety and/or depression. This intervention is consistent for STAR, STAR Kids, & CHIP populations. Providers are often contracted for multiple lines of business and therefore the targeted providers are not separated by line of business.
STAR Kids	BCN reduce ED visits & IP stays	Behavioral Health Case Manager Outreach –“My Mood” Self-Management Tool	Provider	This intervention is consistent for STAR, STAR Kids, & CHIP populations. Care Coordination will contact members that are identified as super utilizers and will send them a “My Mood” Self-Management tool to use at home and to take with them to their next provider visit for review.
STAR Kids	BCN reduce ED visits & IP stays	Reporting to identify members with a diagnosis of anxiety and/or depression that are classified as super utilizers.	Provider	This intervention is consistent for STAR, STAR Kids, & CHIP populations. Members who have had 3 or more ED visits AND 2 or more inpatient stays in a year will be identified and classified as super utilizers. This report will allow the care coordination department to identify which members to target for intervention.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0021	0.0026	No	No
CHIP	Anxiety and/or Depression PPVs	17.6	15.3	No	No
CHIP	Anxiety and/or Depression PPAs	3.25	2.81	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0115	0.013	No	No
STAR	Anxiety and/or Depression PPVs	47.52	37.11	Yes	Yes
STAR	Anxiety and/or Depression PPAs	4.44	3.17	Yes	No
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0285	0.0242	No	No
STAR Kids	Anxiety and/or Depression PPVs	52.76	43.44	Yes	No
STAR Kids	Anxiety and/or Depression PPAs	7.36	5.41	Yes	No

TCHP Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these

recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	11.0 / 18	61.1%
PIP Recommendations (STAR)	10.0 / 17	58.8%
PIP Recommendations (STAR Kids)	12.0 / 19	63.2%
AI Recommendations	12.0 / 13	92.3%
QAPI Recommendations (MCO)	1.0 / 1	100.0%

TCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	91.7%	-	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	95.0%	100.0%	100.0%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100.0%	-	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	80.0%	-	-
Behavioral Health Care-Child (Within 14 calendar days)	80.0%	100.0%	89.2%
High-Risk Prenatal (Within 5 calendar days)	21.4%	-	-
Not High-Risk Prenatal (Within 14 calendar days)	66.7%	-	-
New Member Third Trimester Prenatal (Within 5 calendar days)	75.0%	-	-
Vision Care-Adult (No referral)	100.0%	-	-
Vision Care-Child (No referral)	100.0%	100.0%	100.0%

TCHP 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 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 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 2023.

Category	Description
Finding(s)	Data analysis was a common opportunity for improvement in the 2019 PIPs. For example, 10 MCOs (BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP) lost points on the PIP plan in Activity 6, <i>Plan to Collect Reliable Data</i> , because they chose an inappropriate statistical test for the reported measures. Additionally, several MCOs lost points on the final PIP due to incorrectly calculating or interpreting statistical analyses for PIP measures.
Recommendation(s)	BCBSTX, CMCHP, Cigna-HealthSpring, CFHP, CHCT, Driscoll, FirstCare, Molina, Superior, and TCHP should ensure they select the appropriate statistical test for the reported measures. Amerigroup, CMCHP, Cigna Health-Spring, CFHP, CHCT, FirstCare, Molina, Parkland, and Superior should ensure that they perform statistical analyses according to the data analysis plan, and calculate and interpret them correctly.
Finding(s)	Three MCOs (Cigna-HealthSpring, CFHP, and TCHP) lost points on the PIP plan for the components related to the target population for the PIP. These MCOs reported the target population for the PIP as all members with a diagnosis of depression and/or anxiety <i>and</i> three or more ED visits and two or more inpatient stays. However, the purpose of this PIP was to prevent and reduce potentially preventable events and high utilization among <i>all</i> members with anxiety and/or depression rather than just among members who already meet the criteria for high utilization. Therefore, the MCOs should have reported the target population as all members with a diagnosis of anxiety and/or depression.
Recommendation(s)	Cigna-HealthSpring, CMCHP, and TCHP should ensure that they accurately identify and report the target population throughout the PIP so they can prevent the outcome of interest for the PIP.
Finding(s)	Several MCOs did not have compliant procedures for the associated timeframes and notification protocols for standard and expedited service authorization decisions, including extension protocols.
Recommendation(s)	MCOs, including SWHP and TCHP should ensure their representatives make standard and expedited service authorization decisions, extensions, and notifications within the federally required timeframes.
Finding(s)	Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
Recommendation(s)	MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.

Category	Description
Finding(s)	<p>Since 2018, the average QAPI scores for MCOs and DMOs have gradually declined, with the 2023 average QAPI score (94.8 percent) being the lowest average score since 2018 (98.8 percent). Further, the lower average QAPI scores do not correlate with the scores for compliance with previous recommendations. For example, one DMO (DentaQuest) had a sustained score of 100 percent for compliance with previous recommendations since 2021; however, in that time its overall QAPI score steadily declined from 99.3 percent to 94.6 percent. Similarly, among all MCOs and DMOs the average MCO/DMO compliance with the previous year’s recommendations increased from 73.7 percent (2018) to 84.7 percent in 2023, while all but one (Molina) MCOs’/DMOs’ overall QAPI scores decreased from 2018. This illustrates that the MCOs and DMOs are implementing EQRO feedback on the previous year’s QAPI; yet, points lost in other activities outweigh the increase in points from correcting previous issues. Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP experienced a decrease in overall QAPI score since 2018, despite increased compliance with the previous year’s recommendations.</p>
Recommendation(s)	<p>Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP should ensure that they strive for continuous quality improvement in their quality improvement programs outside of implementing previous recommendations. All MCOs and DMOs should update and revise all sections of the QAPI submission as needed and ensure continued compliance on activities that previously received full credit.</p>
Finding(s)	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year’s outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, EIPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>

Category	Description
Finding(s)	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results, Clinical Indicator Monitoring, and Service Indicator Monitoring</i>) 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.
Recommendation(s)	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.
Finding(s)	In SFY 2023, all five programs improved compliance with preventive and routine care compared to SFY 2022. The MCOs with the lowest compliance with preventive care compliance in SFY 2023 were Aetna and Amerigroup in STAR Kids, TCHP in STAR Adult, El Paso Health in STAR Child, and Amerigroup and Molina in STAR+PLUS. All MCOs across all five programs were 100 percent compliant with routine and urgent care standards in SFY 2023.
Recommendation(s)	HHSC should strongly encourage Aetna, Amerigroup, Molina, and TCHP to conduct a root cause analysis to identify the drivers for lower compliance with preventive care appointment standards and identify specific approaches for improvement.

UnitedHealthcare Community Plan (UHC)

Member Demographics

Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	STAR+PLUS (n)	STAR+PLUS (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	4	0.3%	5	0.3%	799	0.3%	36	0.1%	142	0.2%	986	0.3%
Race	Asian	70	4.7%	35	2.3%	5,478	2.1%	101	0.4%	796	1.1%	6,480	1.8%
Race	Black or African American	284	19.3%	62	4.1%	47,497	18.3%	3,498	12.1%	15,753	22.5%	67,094	18.6%
Race	Native Hawaiian or Other Pacific Islander	2	0.1%	2	0.1%	397	0.2%	11	0.0%	144	0.2%	556	0.2%
Race	White	664	45.0%	969	63.8%	124,471	48.0%	4,817	16.7%	21,913	31.4%	152,834	42.3%
Race	Other Race	1	0.1%	0	0.0%	2	0.0%	0	0.0%	0	0.0%	3	0.0%
Race	Two or More Races	23	1.6%	2	0.1%	2,535	1.0%	101	0.4%	165	0.2%	2,826	0.8%
Race	Unknown Race	426	28.9%	443	29.2%	78,242	30.2%	20,273	70.3%	30,969	44.3%	130,353	36.1%
Ethnicity	Hispanic or Latino	619	42.0%	1,319	86.9%	126,181	48.6%	10,454	36.3%	13,780	19.7%	152,353	42.2%
Ethnicity	Not Hispanic or Latino	698	47.4%	122	8.0%	98,912	38.1%	14,842	51.5%	48,808	69.8%	163,382	45.2%
Ethnicity	Unknown Ethnicity	157	10.7%	77	5.1%	34,328	13.2%	3,541	12.3%	7,294	10.4%	45,397	12.6%

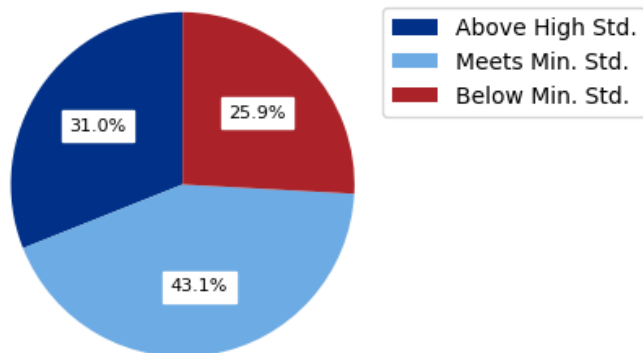
Demographic	All	CHIP (n)	CHIP (%)	CHIP-P (n)	CHIP-P (%)	STAR (n)	STAR (%)	STAR Kids (n)	STAR Kids (%)	STAR+PLUS (n)	STAR+PLUS (%)	Total (n)	Total (%)
Age Group	< 1 year	1	0.1%	3	0.2%	13,316	5.1%	60	0.2%	0	0.0%	13,380	3.7%
Age Group	1 - 9 years	554	37.6%	0	0.0%	99,252	38.3%	7,121	24.7%	0	0.0%	106,927	29.6%
Age Group	10 - 17 years	827	56.1%	16	1.1%	68,906	26.6%	15,065	52.2%	0	0.0%	84,814	23.5%
Age Group	18 - 20 years	92	6.2%	102	6.7%	23,036	8.9%	6,432	22.3%	0	0.0%	29,662	8.2%
Age Group	21 - 44 years	0	0.0%	1,394	91.8%	49,880	19.2%	159	0.6%	34,101	48.8%	85,534	23.7%
Age Group	45 - 64 years	0	0.0%	3	0.2%	5,031	1.9%	0	0.0%	34,758	49.7%	39,792	11.0%
Age Group	65+ years	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1,023	1.5%	1,023	0.3%
Sex	Female	743	50.4%	1,516	99.9%	150,601	58.1%	9,452	32.8%	33,657	48.2%	195,969	54.3%
Sex	Male	731	49.6%	2	0.1%	108,819	41.9%	19,385	67.2%	36,225	51.8%	165,162	45.7%
Sex	Unknown	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.0%
Overall	Total	1,474	100.0%	1,518	100.0%	259,421	100.0%	28,837	100.0%	69,882	100.0%	361,132	100.0%

UHC MCO Performance Measure Summary MY 2022

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 can 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, 2022). The EQRO validates MCO-submitted HEDIS rates (hybrid measures) that are 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 2023 ATR include additional information on the Quality of Care (QoC) measures.

UHC STAR

Performance Indicator Measures by Performance Level



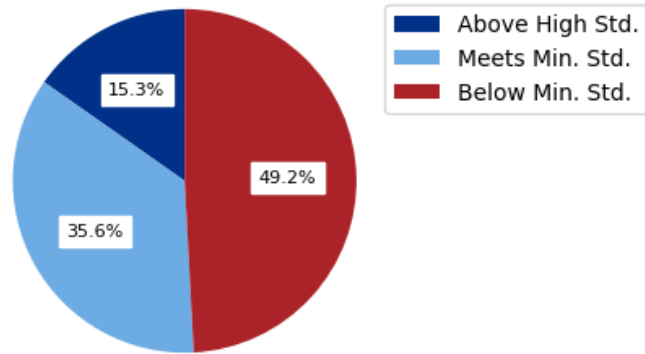
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (all ages) (AAB)	3,510	10,376	66.17	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	134	236	56.78	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	829	1,772	46.78	Meets Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	539	1,636	32.95	Meets Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	902	1,636	55.13	Meets Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	1,246	1,774	70.24	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	424	1,134	37.39	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	225	535	42.06	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	237	411	57.66	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	18,635	30,487	61.12	Meets Min. Std.
CES - Cesarean Sections in uncomplicated Deliveries (CES)	2,511	7,362	34.11	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	5,931	10,976	54.04	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	103	6,028	1.71	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	233	6,028	3.87	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (all ages) (CWP)	20,052	26,187	76.57	Meets Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	15,617	32,058	48.71	Meets Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	1,107	3,035	36.47	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	472	1,280	36.88	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	785	1,280	61.33	Meets Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	80	325	24.62	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (all ages) (FUM)	121	325	37.23	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	183	411	44.53	Meets Min. Std.
HDO - Use of Opioids at High Dosage (HDO)	3	1,060	0.28	Above High Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	154	215	71.63	Meets Min. Std.
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	166	411	40.39	Meets Min. Std.
LBW - Low Birth Weight Rate (LBW)	982	9,353	10.5	Below Min. Std.
OAP - Pregnancy-Associated Outcomes - SMM for all deliveries excluding cases identified only by transfusion (OAP)	211	8,703	2.42	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.08	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	43	1,237,426	3.47	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	15	1,237,426	1.21	Meets Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	250	802,595	31.15	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	38	802,595	4.73	Above High Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	757	948	79.85	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	175	1,194	14.66	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	12	1,194	1.01	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	18	1,194	1.51	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	7,813	65,214	88.02	Below Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	6,293	10,693	58.85	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	332	411	80.78	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	303	411	73.72	Above High Std.
WCC - Counseling for Nutrition (all ages) (WCC)	318	411	77.37	Above High Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	84,678	148,531	57.01	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.87	Above High Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.13	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.87	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.02	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	48.1	Below Min. Std.
SVY-Adult - Getting Needed Care Composite (SVY-Adult)	-	-	60.7	Meets Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	69.2	Above High Std.
SVY-Adult - Getting Care Quickly Composite (SVY-Adult)	-	-	58.9	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	62.1	Meets Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	86.8	Above High Std.
SVY-Child - % Good Access to Urgent Care (SVY-Child)	-	-	80.44	Meets Min. Std.
SVY-Child - % Good Access to Routine Care (SVY-Child)	-	-	60.68	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	82.28	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	74.89	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	83.42	Above High Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	24.0	Below Min. Std.

UHC STAR+PLUS

Performance Indicator Measures by Performance Level



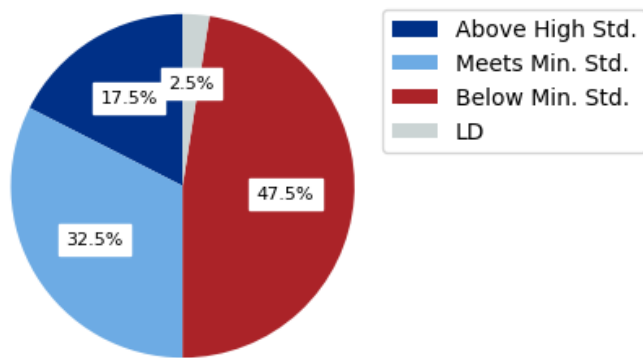
Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (18-64) (AAB)	496	771	35.67	Below Min. Std.
AAP - Adults' Access to Preventive/Ambulatory Health Services (45-64) (AAP)	25,799	30,013	85.96	Below Min. Std.
AAP - Adults' Access to Preventive/Ambulatory Health Services (20-44) (AAP)	21,808	29,675	73.49	Below Min. Std.
AMM - Antidepressant Medication Management - Continuation Phase (AMM)	1,199	2,795	42.9	Meets Min. Std.
AMM - Antidepressant Medication Management - Acute Phase (AMM)	1,653	2,795	59.14	Above High Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	714	1,186	60.2	Meets Min. Std.
BCS - Breast Cancer Screening (BCS)	4,426	10,032	44.12	Below Min. Std.
CBP - Controlling High Blood Pressure (overall) (CBP)	246	411	59.85	Above High Std.
CCS - Cervical Cancer Screening (overall) (CCS)	191	411	46.47	Meets Min. Std.
CHL - Chlamydia Screening in Women (21-24) (CHL)	603	1,313	45.93	Meets Min. Std.
COU - Risk of Continued Opioid Use - >=31 Days Coverage (all ages) (COU)	641	7,518	8.53	Below Min. Std.
COU - Risk of Continued Opioid Use - >=15 Days Coverage (all ages) (COU)	1,017	7,518	13.53	Meets Min. Std.
CWP - Appropriate Testing with Pharyngitis (18-64) (CWP)	528	1,130	46.73	Below Min. Std.
EED - Eye Exam for Patients with Diabetes (EED)	5,966	12,731	46.86	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	1,490	3,107	47.96	Below Min. Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	823	3,107	26.49	Below Min. Std.
FUI - 7-Day Follow-Up After High-Intensity Care for Substance Use Disorder (18-64) (FUI)	177	773	22.9	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUI - 30-Day Follow-Up After High-Intensity Care for Substance Use Disorder (18-64) (FUI)	342	773	44.24	Meets Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (18-64) (FUM)	298	1,080	27.59	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (18-64) (FUM)	456	1,080	42.22	Below Min. Std.
HBD - Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%) (overall) (HBD)	214	411	52.07	Above High Std.
HDO - Use of Opioids at High Dosage (HDO)	91	6,671	1.36	Meets Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	952	1,480	64.32	Below Min. Std.
PCE - Pharmacotherapy Management for COPD Exacerbation - Systemic Corticosteroids (PCE)	1,113	1,648	67.54	Below Min. Std.
PCE - Pharmacotherapy Management for COPD Exacerbation - Bronchodilators (PCE)	1,348	1,648	81.8	Below Min. Std.
PCR - Plan All-Cause Readmissions - Total (all ages) (PCR)	-	-	1.2	Below Min. Std.
POD - Pharmacotherapy for Opioid Use Disorder (all ages) (POD)	97	289	33.56	Meets Min. Std.
PPC - Timeliness of Prenatal Care (overall) (PPC)	264	395	66.84	Below Min. Std.
PPC - Postpartum Care (overall) (PPC)	246	395	62.28	Meets Min. Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,354	816,122	410.97	Meets Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	450	816,122	55.14	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,904	816,122	355.83	Meets Min. Std.
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia- 80% Coverage (SAA)	3,004	5,207	57.69	Below Min. Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	165	212	77.83	Below Min. Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	1,244	1,719	72.37	Above High Std.
SPC - Statin Therapy for Patients with Cardiovascular Disease - Total Statin Therapy (SPC)	1,644	2,155	76.29	Below Min. Std.
SPC - Statin Therapy for Patients with Cardiovascular Disease - Total Adherence (SPC)	1,090	1,644	66.3	Meets Min. Std.
SPD - Statin Therapy for Patients with Diabetes - Received Statin Therapy (SPD)	4,396	6,505	67.58	Meets Min. Std.
SPD - Statin Therapy for Patients with Diabetes - Statin Adherence (SPD)	2,910	4,396	66.2	Meets Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	226	1,204	18.77	Below Min. Std.
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotics (SSD)	5,448	6,721	81.06	Above High Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers (UOP)	1,212	8,292	14.62	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Prescribers and Pharmacies (UOP)	82	8,292	0.99	Meets Min. Std.
UOP - Use of Opioids from Multiple Providers - Multiple Pharmacies (UOP)	132	8,292	1.59	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (18-64) (URI)	804	2,353	65.83	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.95	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	1.01	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	1.05	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	1.12	Below Min. Std.
SVY-Adult - % Good Access to Routine Care (SVY-Adult)	-	-	58.46	Meets Min. Std.
SVY-Adult - % Rating Personal Doctor a "9" or "10" (SVY-Adult)	-	-	70.8	Above High Std.
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling (SVY-Adult)	-	-	44.97	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a "9" or "10" (SVY-Adult)	-	-	59.31	Below Min. Std.
SVY-Adult - % How Well Doctors Communicate Composite (SVY-Adult)	-	-	81.26	Above High Std.
SVY-Adult - % Good Access to Service Coordination (SVY-Adult)	-	-	32.33	Below Min. Std.
SVY-Adult - % Good Access to Specialist Appointment (SVY-Adult)	-	-	58.68	Meets Min. Std.
SVY-Adult - % Good Access to Urgent Care (SVY-Adult)	-	-	66.2	Meets Min. Std.
SVY-Adult - % Good Access to Special Therapies (SVY-Adult)	-	-	31.53	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking (SVY-Smoke)	-	-	40.86	Below Min. Std.

UHC STAR Kids

Performance Indicator Measures by Performance Level

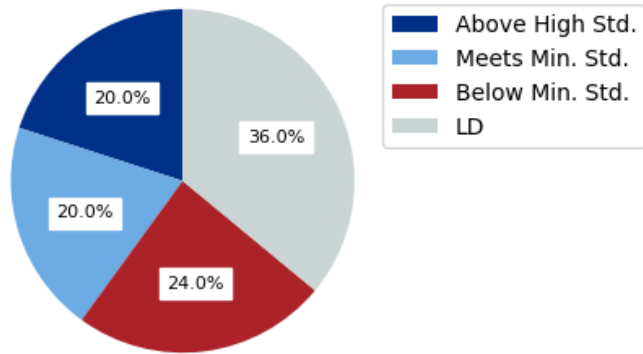


Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	261	616	57.63	Meets Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	552	1,435	38.47	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Maintenance (ADD)	92	178	51.69	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	610	866	70.44	Meets Min. Std.
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	835	2,090	39.95	Above High Std.
APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (all ages) (APP)	185	554	33.39	Below Min. Std.
CHL - Chlamydia Screening in Women (all ages) (CHL)	647	1,444	44.81	Meets Min. Std.
CIS - Childhood Immunization Status - Combination 10 (CIS)	34	202	16.83	Below Min. Std.
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	2,388	3,234	73.84	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	313	640	48.91	Above High Std.
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	321	893	35.95	Below Min. Std.
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	560	893	62.71	Below Min. Std.
FUM - 7-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	45	104	43.27	Below Min. Std.
FUM - 30-Day Follow-Up After ED for Mental Illness (6-17) (FUM)	65	104	62.5	Meets Min. Std.
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	163	411	39.66	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Chronic PDI Composite Rate (PDI 92)	27	240,887	11.21	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	15	240,887	6.23	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	795	6,421	87.62	Below Min. Std.
W30 - Well-Child Visits in the First 30 Months of Life (First 15 Months) (W30)	13	74	17.57	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	315	411	76.64	Meets Min. Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	289	411	70.32	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	302	411	73.48	Meets Min. Std.
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	14,468	26,126	55.38	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.99	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	0.87	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	-	-	0.82	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	0.96	Meets Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling (SVY-Child)	-	-	49.08	Below Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	80.55	Below Min. Std.
SVY-Child - Access to Specialized Services (SVY-Child)	-	-	49.95	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care (SVY-Child)	-	-	44.44	Below Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers (SVY-Child)	-	-	61.39	Below Min. Std.
SVY-Child - Getting Needed Care Composite (SVY-Child)	-	-	64.85	Meets Min. Std.
SVY-Child - Customer Service (SVY-Child)	-	-	82.44	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents (SVY-Child)	-	-	44.49	Below Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	72.4	Below Min. Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	70.4	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	79.36	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child (SVY-Child)	-	-	88.63	Below Min. Std.

UHC CHIP

Performance Indicator Measures by Performance Level



Measure	Numerator	Denominator	Rate	Performance Level
AAB - Avoidance of Antibiotic Treatment with Acute Bronchitis (3 months-17 years) (AAB)	31	57	45.61	Below Min. Std.
ADD - Follow-up Care for Children Prescribed ADHD Medication - Initiation (ADD)	10	36	27.78	Below Min. Std.
AMR - Asthma Medication Ratio > 50% (all ages) (AMR)	-	-	-	LD
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics (all ages) (APM)	-	-	-	LD
CHL - Chlamydia Screening in Women (16-20) (CHL)	-	-	-	LD
CWP - Appropriate Testing with Pharyngitis (3-17) (CWP)	183	252	72.62	Below Min. Std.
DEV - Developmental Screening in the First Three Years of Life (all ages) (DEV)	-	-	-	LD
FUH - 30-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
FUH - 7-day Follow-up After Hospitalization for Mental Health (all ages) (FUH)	-	-	-	LD
HVL - HIV Viral Suppression Rate (all ages) (HVL)	-	-	-	LD
IMA - Immunizations for Adolescents - Combination 2 Immunizations (IMA)	21	62	33.87	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	1	18,120	5.52	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	18,120	0.0	Above High Std.
URI - Appropriate Treatment with Upper Respiratory Infection (all ages) (URI)	47	457	89.72	Meets Min. Std.
WCC - BMI Percentile Documentation (all ages) (WCC)	312	411	75.91	Meets Min. Std.
WCC - Counseling for Nutrition (all ages) (WCC)	316	411	76.89	Above High Std.
WCC - Counseling for Physical Activity (all ages) (WCC)	301	411	73.24	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCV - Child and Adolescent Well-Care Visits (all ages) (WCV)	427	677	63.07	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD
PPE - Potentially Preventable Admissions (PPA)	-	-	-	LD
PPE - Potentially Preventable Emergency Department Visits (PPV)	-	-	0.93	Meets Min. Std.
SVY-Child - % How Well Doctors Communicate Composite (SVY-Child)	-	-	85.2	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10" (SVY-Child)	-	-	79.0	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite (SVY-Child)	-	-	85.3	Above High Std.
SVY-Child - % Rating Their Health Plan a "9" or "10" (SVY-Child)	-	-	69.9	Below Min. Std.

UHC 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO’s evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
STAR	BCN statewide PIP	80.7%	91.6%	84.4%
CHIP	BCN statewide PIP	80.7%	84.3%	82.1%
STAR Kids	BCN statewide PIP	81.8%	91.6%	85.0%
STAR+PLUS	BCN statewide PIP	80.7%	96.6%	85.7%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	BCN reduce ED visits & IP stays	Inpatient Discharge Planning (IPDP) Program	Member	Behavioral Health Advocate (BHA) goes to inpatient facilities to provide education and support for members in effective discharge and transition to outpatient care.
CHIP	BCN reduce ED visits & IP stays	Inpatient Discharge Planning (IPDP) Program	Provider	Behavioral Health Advocate (BHA) goes to inpatient facilities to provide education and support for members in effective discharge and transition to outpatient care.
CHIP	BCN reduce ED visits & IP stays	Medication Gaps Refill Provider Notification Letter	Provider	Providers will receive a monthly mail notification list of their members that are not filling their antianxiety and/or antidepressant medications.
CHIP	BCN reduce ED visits & IP stays	Medication Gaps Refill Member Outreach Letter	Provider	Members will receive monthly mailings with education regarding the importance of taking and filling antianxiety and/or antidepressant medications.
STAR	BCN reduce ED visits & IP stays	Inpatient Discharge Planning (IPDP) Program	Member	Behavioral Health Advocate (BHA) goes to inpatient facilities to provide education and support for members in effective discharge and transition to outpatient care.
STAR	BCN reduce ED visits & IP stays	Inpatient Discharge Planning (IPDP) Program	Provider	Behavioral Health Advocate (BHA) goes to inpatient facilities to provide education and support for members in effective discharge and transition to outpatient care.
STAR	BCN reduce ED visits & IP stays	Medication Gaps Refill Member Outreach Letter	Member	-

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	BCN reduce ED visits & IP stays	Medication Gaps Refill Provider Notification Letter	Member	Providers will receive a monthly mail notification list of their members that are not filling their antianxiety and/or antidepressant medications.
STAR+PLUS	BCN reduce ED visits & IP stays	Inpatient Discharge Planning (IPDP) Program	Member	Behavioral Health Advocate (BHA) goes to inpatient facilities to provide education and support for members in effective discharge and transition to outpatient care.
STAR+PLUS	BCN reduce ED visits & IP stays	Individual Member Analysis and Problem Solving (IMAPS) Program	Member	Individual Member Analysis and Problem Solving (IMAPS) rapidly deploys a learning lab approach to support research and development of a geographically specific model of support for a complex Medicaid population with serious mental illness and/or substance abuse disorder
STAR+PLUS	BCN reduce ED visits & IP stays	Individual Member Analysis and Problem Solving (IMAPS) Program	Provider	Individual Member Analysis and Problem Solving (IMAPS) rapidly deploys a learning lab approach to support research and development of a geographically specific model of support for a complex Medicaid population with serious mental illness and/or substance abuse disorder
STAR+PLUS	BCN reduce ED visits & IP stays	Medication Gaps Refill Provider Notification Letter	Provider	Providers will receive a monthly mail notification list of their members that are not filling their antianxiety and/or antidepressant medications.
STAR+PLUS	BCN reduce ED visits & IP stays	Medication Gaps Refill Member Outreach Letter	Provider	Members will receive monthly mailings with education regarding the importance of taking and filling antianxiety and/or antidepressant medications.
STAR Kids	BCN reduce ED visits & IP stays	School Liaison Program (Terminated 6/18/2020)	Member	Increase School Liaison referrals for school aged members with anxiety and depression by updating our current referral process. After updating the process, within 60 days, the staff will be trained to work with members who fit in this category.
STAR Kids	BCN reduce ED visits & IP stays	School Liaison Program (Terminated 6/18/2020)	Provider	Increase School Liaison referrals for school aged members with anxiety and depression by updating our current referral process. After updating the process, within 60 days, the staff will be trained to work with members who fit in this category.
STAR Kids	BCN reduce ED visits & IP stays	Medication Gaps Refill Provider Notification Letter	Provider	Providers will receive a monthly mail notification list of their members that are not filling their antianxiety and/or antidepressant medications.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	BCN reduce ED visits & IP stays	Medication Gaps Refill Member Outreach Letter	Provider	Members will receive monthly mailings with education regarding the importance of taking and filling antianxiety and/or antidepressant medications.

2019 Final PIP Measure Summary

HHSC defines statistically significant at the 0.10 level of significance. Sustained improvement is defined as statistically significant improvement (p = 0.1) over the baseline that is maintained or increased for at least one measurement period. A statistically significant improvement over baseline and in one more reporting period is required to show sustained improvement.

Program	Measure	Baseline Measure Rate	Final Measure Rate	Statistically Significant Improvement	Sustained Improvement
CHIP	High Utilization (3+ ED & 2+ IP)	0.0037	0.0039	No	No
CHIP	Anxiety and/or Depression PPVs	24.87	20.19	No	No
CHIP	Anxiety and/or Depression PPAs	3.0	1.19	No	No
STAR	High Utilization (3+ ED & 2+ IP)	0.0148	0.0161	No	No
STAR	Anxiety and/or Depression PPVs	66.38	49.99	Yes	No
STAR	Anxiety and/or Depression PPAs	2.38	2.51	No	No
STAR+PLUS	High Utilization (3+ ED & 2+ IP)	0.0743	0.0688	Yes	No
STAR+PLUS	Anxiety and/or Depression PPVs	116.18	101.88	Yes	No
STAR+PLUS	Anxiety and/or Depression PPAs	12.75	10.99	Yes	No
STAR Kids	High Utilization (3+ ED & 2+ IP)	0.0269	0.0256	No	No
STAR Kids	Anxiety and/or Depression PPVs	55.06	43.64	Yes	No
STAR Kids	Anxiety and/or Depression PPAs	4.78	4.87	No	No

UHC Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
PIP Recommendations (CHIP)	16.5 / 21	78.6%
PIP Recommendations (STAR)	16.5 / 21	78.6%
PIP Recommendations (STAR+PLUS)	20.5 / 22	93.2%
PIP Recommendations (STAR Kids)	18.5 / 20	92.5%
AI Recommendations	NA	NA

Category	Ratio	Percentage Met
QAPI Recommendations (MMP)	0.5 / 1	50%
QAPI Recommendations (MCO)	3.0 / 3	100%

UHC Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2021), 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 2023 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	CHIP	STAR Kids	STAR+PLUS
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	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-Adult (Within 14 calendar days)	100.0%	-	-	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100.0%	100.0%	100.0%	100.0%
Primary Urgent Care Standard-Adult (Within 24 hours)	100.0%	-	-	-
Primary Urgent Care Standard-Child (Within 24 hours)	100.0%	100.0%	100.0%	100.0%
Behavioral Health Care-Adult (Within 14 calendar days)	89.5%	-	-	-
Behavioral Health Care-Child (Within 14 calendar days)	88.2%	100.0%	88.1%	94.7%
High-Risk Prenatal (Within 5 calendar days)	32.6%	-	-	-
Not High-Risk Prenatal (Within 14 calendar days)	77.8%	-	-	-
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%	100.0%	100.0%

UHC 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 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 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 2023.

Category	Description
Finding(s)	<p>Several MCOs received recommendations on the 2019 PIP plan on components related to sampling. MCOs did not accurately or consistently report sampling in two main scenarios: Several MCOs (Aetna, CFHP, CMCHP, and Parkland) did not accurately identify whether or not they were targeting the entire population for the PIP or a sample of the population. For example, Aetna accurately described the entire population of the PIP per the HHSC and EQRO guidance, but indicated on the PIP plan that they were targeting a sample rather than the entire population.</p> <p>MCOs did not consistently report whether they were sampling for specific interventions. Seven MCOs (CMCHP, Cigna-HealthSpring, CFHP, CookCHP, Driscoll, FirstCare, and UHC) lost points in Activity 5B, Sound Sampling Methods – Interventions, because they did not correctly describe the sample of the target population they would be targeting for their intervention(s). Additionally, in Activity 7B.1, Implementation Evaluation: Intervention and Improvement Strategies, these seven MCOs lost points due to inconsistently or incorrectly reporting the number and percent of members targeted for the intervention based on the sample.</p>
Recommendation(s)	<p>Aetna, CFHP, CMCHP, Cigna-HealthSpring, CookCHP, Driscoll, FirstCare, Parkland, Superior, and UHC should familiarize themselves with sampling in order to accurately identify whether they are sampling for the PIP and/or interventions. In addition, if they are sampling, these MCOs should familiarize themselves with the different sampling methodologies and associated biases.</p> <p>HHSC should provide additional guidance and technical assistance to MCOs on what sampling is, how to identify sampling, and how to accurately report sampling for the PIPs.</p>

Category	Description
Finding(s)	<p>Nine MCOs received an overall validation status of “No” on one or more of their PIPs, and thirteen MCOs/DMOs received an overall validation status of “Partial” on one or more of their PIPs. Even after accounting for revisions made in the revised PIP plan, four MCOs received an overall “No” on one or more PIPs and eighteen MCOs received a “Partial” overall validation status on one or more PIPs. The primary reason that few MCOs/DMOs received an overall validation status of “Yes” even after accounting for revisions to the PIP plan was lack of statistically significant improvement in PIP measures. Eighteen MCOs that received a “Partial” overall on one or more PIPs after revisions did not achieve statistically significant improvement for one or more measures. Driscoll (CHIP), Superior (STAR Health), TCHP (CHIP) and UHC (CHIP) all received a “No” overall validation status after revisions because they did not achieve statistically significant improvement for any measure. After an in-depth review, the EQRO identified potential factors that may have impacted the MCOs’ ability to achieve statistically significant improvement. For example, several MCOs (Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC) delayed the implementation date of PIP interventions by one to twelve months, paused interventions for approximately 3 months to up to two years, or reported that they retired interventions as early as five months after initial implementation without replacing the retired interventions. In addition, because PIPs are not causative, external factors may have influenced the rates for the PIP measures, leading to lack of statistically significant improvement despite effective interventions.</p>
Recommendation(s)	<p>All MCOs, especially Aetna, BCBSTX, Cigna-HealthSpring, CFHP, CHCT, CMCHP, Driscoll, ElPasoHealth, FirstCare, Molina, Parkland, SWHP, and UHC should implement PIP interventions in a timely manner at the start of the PIP and for the entire duration of the PIP period so they can achieve maximum impact on PIP outcome measures.</p> <p>All MCOs should utilize rapid-cycle PDSA methodologies to test interventions prior to the implementation of the PIP in order to test whether an intervention and the implementation strategy will be effective.</p> <p>HHSC should consider revising PIP implementation methods to increase the likelihood of determining the effectiveness of the interventions by utilizing intervention and control groups, which will allow MCOs to account for some external factors that may impact the outcomes being measured.</p>
Finding(s)	<p>Although follow-up led to compliant corrections, several MCOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.</p>
Recommendation(s)	<p>MCOs with a CHIP product line need to evaluate their procedures to ensure that CHIP grievance system protocols align with Medicaid grievance system protocols, excluding the Medicaid requirement of continuation of benefits pending the appeal, a state fair hearing, or both.</p>
Finding(s)	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
Recommendation(s)	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>

Category	Description
<p>Finding(s)</p>	<p>Three MCOs (BCBSTX, PCHP & UHC) performed below average across all review categories. The primary reason for the lower match rates in 2023 is the same as in 2021 where the encounter data included for the date of service, place of service, primary diagnosis, and procedure data elements were not documented in the medical records. Further analysis identified no commonalities in procedures or diagnoses that could explain the higher incidence of unmatched data for BCBSTX and UHC. Additionally, no common providers accounted for a higher than normal amount of unmatched data for BCBSTX and UHC. However, PCHP had a total of 62 providers, of which three contributed to more than 50 percent (30 out of 51) of the procedures with a validation of “3. In claims data/not in medical record.” The EQRO found a similar pattern for date of service for PCHP. Specifically, one PCHP provider single-handedly accounted for five dates of service with a validation of “3. In claims data/not in medical record.” Similar conclusions can be applied to place of service, which is also analyzed at the date of service level. For all three MCOs, the three procedure codes that were in the encounter data but missing most frequently from the medical records were 99000 – SPECIMEN HANDLING OFFICE-LAB 99214 – OFFICE O/P EST MOD 30-39 MIN 85025 – COMPLETE CBC W/ AUTO DIFF WBC Other health plans reflected these procedures in the medical records with no issues, indicating that the issue results from the providers or MCOs rather than the procedures themselves. Encounters with no corresponding documentation in the medical record for primary diagnosis showed no obvious underlying patterns.</p>
<p>Recommendation(s)</p>	<p>BCBSTX and UHC should further examine why information in the encounter data is not documented in the medical record. PCHP should work with providers to ensure all dates of service, places of service, primary diagnoses, and procedures are documented in the medical record, especially for the three most frequently missing procedure codes (99000, 99214, and 85025).</p>

DentaQuest

Member Demographics

Demographic	All	CHIP Dental (n)	CHIP Dental (%)	Medicaid Dental (n)	Medicaid Dental (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	119	0.4%	7,250	0.3%	7,369	0.3%
Race	Asian	924	3.0%	37,747	1.7%	38,671	1.7%
Race	Black or African American	2,800	9.2%	300,342	13.5%	303,142	13.5%
Race	Native Hawaiian or Other Pacific Islander	40	0.1%	3,351	0.2%	3,391	0.2%
Race	White	16,874	55.3%	1,066,323	47.8%	1,083,197	48.2%
Race	Other Race	5,914	19.4%	395,164	17.7%	401,078	17.9%
Race	Two or More Races	262	0.9%	21,966	1.0%	22,228	1.0%
Race	Unknown Race	3,566	11.7%	399,886	17.9%	403,452	18.0%
Ethnicity	Hispanic or Latino	18,747	61.5%	1,213,111	54.4%	1,231,858	54.8%
Ethnicity	Not Hispanic or Latino	9,086	29.8%	705,114	31.6%	714,200	31.8%
Ethnicity	Unknown Ethnicity	2,666	8.7%	313,804	14.1%	316,470	14.1%
Age Group	< 1 year	11	0.0%	72,263	3.2%	72,274	3.2%
Age Group	1 - 9 years	10,598	34.7%	1,016,217	45.5%	1,026,815	45.7%
Age Group	10 - 17 years	18,233	59.8%	881,674	39.5%	899,907	40.1%
Age Group	18 - 20 years	1,657	5.4%	255,979	11.5%	257,636	11.5%
Age Group	21 - 44 years	-	-	5,896	0.3%	5,896	0.3%
Sex	Female	14,815	48.6%	1,093,893	49.0%	1,108,708	49.3%
Sex	Male	15,682	51.4%	1,137,993	51.0%	1,153,675	51.3%
Sex	Unknown	2	0.0%	143	0.0%	145	0.0%
Overall	Total	14,815	48.6%	2,232,029	100.0%	2,246,844	100.0%

DentaQuest DMO Performance Measure Summary MY 2022

The EQRO calculates HEDIS, DQA, and state specific dental quality of care measures for Texas. An external, NCQA-certified auditor approves measures calculated by the EQRO. Protocol 7: Calculation of Performance Measures in the SFY 2023 ATR includes additional information on the dental quality of care measures.

DentaQuest Medicaid Dental

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Rate
CMS	CMS Preventive Service	CMS Preventive Service	1,416,395	2,143,646	66.07
DQA	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	3,094	26,063,410	11.87
DQA	Care Continuity	Care Continuity	1,081,099	1,957,890	55.22
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 7 days	1,137	2,708	41.99
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 30 days	1,483	2,708	54.76
DQA	Oral Evaluation	Oral Evaluation	1,425,233	2,153,439	66.18
DQA	Per Member Per Month Cost of Clinical Services	Per Member Per Month Cost of Clinical Services	633,833,999	25,775,418	24.59
DQA	Sealant on Permanent First Molar	Sealant on At Least One Permanent First Molar	56,656	85,232	66.47
DQA	Sealant on Permanent First Molar	Sealant on All Four Permanent First Molars	37,054	85,232	43.47
DQA	Sealant on Permanent Second Molar	Sealant on At Least One Permanent Second Molar	47,528	89,181	53.29
DQA	Sealant on Permanent Second Molar	Sealant on All Four Permanent Second Molars	21,690	89,181	24.32
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental OR oral health services	724,812	2,051,087	35.34
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental services	704,560	2,051,087	34.35
DQA	Topical Fluoride for Children	Topical Fluoride for Children-oral health services	24,640	2,051,087	1.2
DQA	Treatment Services	Treatment Services	591,006	2,153,439	27.44
DQA	Utilization of Services	Utilization of Services	1,455,086	2,153,439	67.57

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Rate
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - All members	1,351,275	1,964,384	68.79
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 2 to 3	154,517	231,309	66.8
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 4 to 6	241,200	326,856	73.79
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 7 to 10	323,321	430,667	75.07
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 11 to 14	314,512	437,348	71.91
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 15 to 18	251,646	392,481	64.12
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 19 to 20	66,079	145,723	45.35
Texas	First Dental Home Initiative	First Dental Home Initiative	122,135	191,919	63.64
Texas	Texas Health Steps Dental Checkup Within 90 Days of Enrollment	THSteps Dental Checkup within 90 Days of Enrollment	28,188	85,060	33.14
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - Composite	1,053,217	2,047,059	51.45
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - Exactly One Visit	643,120	2,047,059	31.42
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - At Least Two Visits	731,657	2,047,059	35.74
Texas	Use of Preventive Dental Services	Use of Preventive Dental Services	1,371,801	2,047,059	67.01

DentaQuest CHIP Dental

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Rate
CMS	CMS Preventive Service	CMS Preventive Service	40,811	67,331	60.61
DQA	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	31	500,896	6.19
DQA	Care Continuity	Care Continuity	18,585	30,702	60.53
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 7 days	11	27	40.74
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 30 days	12	27	44.44
DQA	Oral Evaluation	Oral Evaluation	27,146	39,645	68.47
DQA	Per Member Per Month Cost of Clinical Services	Per Member Per Month Cost of Clinical Services	9,222,252	447,575	20.6
DQA	Sealant on Permanent First Molar	Sealant on At Least One Permanent First Molar	981	1,446	67.84
DQA	Sealant on Permanent First Molar	Sealant on All Four Permanent First Molars	688	1,446	47.58
DQA	Sealant on Permanent Second Molar	Sealant on At Least One Permanent Second Molar	840	1,590	52.83
DQA	Sealant on Permanent Second Molar	Sealant on All Four Permanent Second Molars	393	1,590	24.72
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental OR oral health services	8,439	21,433	39.37
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental services	8,423	21,433	39.3
DQA	Topical Fluoride for Children	Topical Fluoride for Children-oral health services	6	21,433	0.03
DQA	Treatment Services	Treatment Services	10,753	39,645	27.12
DQA	Utilization of Services	Utilization of Services	27,886	39,645	70.34
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - All members	13,969	17,907	78.01
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 2 to 3	125	179	69.83
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 4 to 6	1,643	2,094	78.46
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 7 to 10	4,030	4,854	83.02
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 11 to 14	4,551	5,726	79.48
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 15 to 18	3,620	5,054	71.63
Texas	Use of Preventive Dental Services	Use of Preventive Dental Services	13,724	17,912	76.62

DentaQuest 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPs, and (d) the second progress reports for 2022 PIPs. This report focuses on the 2019 PIP reports, which concluded with the EQRO’s evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP Dental	Collaborative for dental-related PPVs	100.0%	98.0%	99.0%
Medicaid Dental	Collaborative for dental-related PPVs	100.0%	98.0%	99.0%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid Dental	Dental PPV collaborative	Prescribing Patterns Education	System	On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as: Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion
CHIP Dental	Dental PPV collaborative	Prescribing Patterns Education	System	On an annual basis, a data analysis will be conducted using prescribing data from the target population for this PIP. PCPs identified with a high frequency of narcotic prescriptions among the target population will receive a notification letter to communicate items such as: Education on PIP and goal Appropriate Use by PCPs of Opioids in Pain Management & Behavioral Health Resources available to provider and their members Link to recommended anxiety/depression screening tools Opportunity for a Peer to Peer discussion

DentaQuest Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
Prior Year PIP Recommendations (CHIP Dental)	4.5 / 5	90.0%
Prior Year PIP Recommendations (Medicaid Dental)	4.5 / 5	90.0%
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (DMO)	3.0 / 3	100.0%

DentaQuest 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 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 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 2023.

Category	Description
<p>Finding(s)</p>	<p>Many MCOs reported objectives that were not specific, action-oriented statements written in measurable and observable terms that define how the MCO will meet the goals. For example, Driscoll reported one objective as, “DHP HEDIS® indicators, listed on the QM Work Plan will meet or exceed the health plan’s prior year rate.” The MCO did not specify which indicators it is targeting, how much, if any, improvement it seeks to achieve, or the time frame for achieving the improvement. Additionally, many MCOs and MMPs have not updated their objectives to meet the CMS criteria for several consecutive years. For example, Molina has reported many of the same or similar objectives year over year. The MCO reported the same first two objectives for Goal 2 on the last six QAPI submissions, with minor revisions, e.g., the addition of a time frame. Several MCOs and one MMP also reported objectives that they already achieved at the time or set goals to achieve minimum standards without striving for continuous improvement.</p>
<p>Recommendation(s)</p>	<p>The EQRO recommends that Aetna, BCBSTX, CHCT, CookCHP, DCHP, DentaQuest, Driscoll, FirstCare, PCHP, SWHP, and TCHP develop specific, action-oriented, measurable, and observable objectives. Objectives should focus on what needs to be improved, by how much, and by when to meet the associated goal. The EQRO previously made this recommendation.</p> <p>While goals may be broad and span several years, objectives should be met within a year or two and revised based on the previous year's outcomes. All MCOs, DMOs, and MMPs should review all objectives annually to ensure continuous quality improvement or identify additional opportunities for improvement. To achieve continuous quality improvement, the EQRO recommends MCOs and DMOs designate current performance as a baseline and then report the goal as a percentage or number of percentage points improvement over the current rate. MCOs should perform an annual review of all objectives to ensure they demonstrate continuous quality improvement or focus on additional opportunities for improvement. This recommendation applies to BCBSTX, CFHP, CHCT, ElPasoHealth, FirstCare, Molina, SWHP, TCHP, UHC, Cigna-HealthSpring MMP, Molina MMP, and UHC MMP.</p>
<p>Finding(s)</p>	<p>Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i>, <i>Clinical Indicator Monitoring</i>, and <i>Service Indicator Monitoring</i>) 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.</p>
<p>Recommendation(s)</p>	<p>The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.</p>

Category	Description
Finding(s)	<p>The encounters for DentaQuest presented a higher rate of Tooth IDs in dental records that were not in the claims data compared to other DMOs. For DentaQuest, the rate of Tooth IDs that were in the dental record and not in encounter data was 32.3 percent for CHIP Dental and 25.1 percent for Medicaid Dental. MCNA’s rates were 0.2 percent for CHIP and 1.0 percent for Medicaid, and UHCD’s rates were 9.2 percent for CHIP and 10.0 percent for Medicaid. The overall average rate of Tooth IDs in dental records that were not in the claims data was 10.6 percent for CHIP Dental and 9.8 percent for Medicaid Dental; these averages were increased by DentaQuest’s high rates. While the Tooth IDs were successfully recorded in the records during the patient visits, they were not submitted in the encounter data. Upon analysis, a considerable proportion of the unmatched Tooth IDs were concentrated in a small number of dental providers, indicating a possible record-keeping issue for these providers. These providers were predominately associated with plan code 1K (DentaQuest CHIP) in the 2023 EDVDRR study, and the issues with Tooth ID match rates primarily affect DentaQuest only. While DentaQuest Medicaid had similar issues, it improved the Tooth ID match rate slightly from the previous EDVDRR study.</p>
Recommendation(s)	<p>HHSC should discuss this issue with DentaQuest and ensure its providers correct potential record-keeping issues and enter the Tooth ID on the claim as required for the procedure code.</p>
Finding(s)	<p>Record return rate differed significantly by DMO. DentaQuest had a higher percentage of records not received than the other DMOs, and thus had a lower return rate (77 percent for CHIP and 76 percent for Medicaid) than the other DMOs. MCNA had a return rate of 99.0 percent for CHIP and 98.5 percent for Medicaid, and UHCD had a return rate of 86.8 percent for CHIP and 83.2 percent for Medicaid. The average return rate was 87.3 percent for CHIP and 84.9 percent for Medicaid. DentaQuest’s low return rates brought the overall record return rate down.</p>
Recommendation(s)	<p>DentaQuest should investigate the reason for low record return rates and correct issues that lead to a greater number of records that are not returned.</p>

MCNA Dental

Member Demographics

Demographic	All	CHIP Dental (n)	CHIP Dental (%)	Medicaid Dental (n)	Medicaid Dental (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	69	0.5%	4,864	0.3%	4,933	0.3%
Race	Asian	442	3.0%	23,511	1.6%	23,953	1.6%
Race	Black or African American	1,591	10.9%	218,772	14.8%	220,363	14.8%
Race	Native Hawaiian or Other Pacific Islander	24	0.2%	2,215	0.2%	2,239	0.2%
Race	White	8,015	54.8%	694,357	47.1%	702,372	47.2%
Race	Other Race	2,441	16.7%	248,739	16.9%	251,180	16.9%
Race	Two or More Races	162	1.1%	15,509	1.1%	15,671	1.1%
Race	Unknown Race	1,869	12.8%	266,438	18.1%	268,307	18.0%
Ethnicity	Hispanic or Latino	8,108	55.5%	776,504	52.7%	784,612	52.7%
Ethnicity	Not Hispanic or Latino	5,108	35.0%	491,319	33.3%	496,427	33.3%
Ethnicity	Unknown Ethnicity	1,397	9.6%	206,582	14.0%	207,979	14.0%
Age Group	< 1 year	6	0.0%	48,611	3.3%	48,617	3.3%
Age Group	1 - 9 years	5,312	36.4%	681,526	46.2%	686,838	46.1%
Age Group	10 - 17 years	8,526	58.3%	565,019	38.3%	573,545	38.5%
Age Group	18 - 20 years	769	5.3%	175,276	11.9%	176,045	11.8%
Age Group	21 - 44 years	-	-	3,973	0.3%	3,973	0.3%
Sex	Female	7,115	48.7%	726,106	49.2%	733,221	49.2%
Sex	Male	7,497	51.3%	748,189	50.7%	755,686	50.8%
Sex	Unknown	1	0.0%	110	0.0%	111	0.0%
Overall	Total	14,613	100.0%	1,474,405	100.0%	1,489,018	100.0%

MCNA DMO Performance Measure Summary MY 2022

The EQRO calculates HEDIS, DQA, and state specific dental quality of care measures for Texas. An external, NCQA-certified auditor approves measures calculated by the EQRO. Protocol 7: Calculation of Performance Measures in the SFY 2023 ATR includes additional information on the dental quality of care measures.

MCNA Medicaid Dental

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Rate
CMS	CMS Preventive Service	CMS Preventive Service	885,168	1,424,065	62.16
DQA	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	2,188	17,280,925	12.66
DQA	Care Continuity	Care Continuity	675,827	1,325,904	50.97
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 7 days	751	1,923	39.05
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 30 days	986	1,923	51.27
DQA	Oral Evaluation	Oral Evaluation	884,782	1,424,127	62.13
DQA	Per Member Per Month Cost of Clinical Services	Per Member Per Month Cost of Clinical Services	405,771,768	17,079,598	23.76
DQA	Sealant on Permanent First Molar	Sealant on At Least One Permanent First Molar	38,161	58,345	65.41
DQA	Sealant on Permanent First Molar	Sealant on All Four Permanent First Molars	24,853	58,345	42.6
DQA	Sealant on Permanent Second Molar	Sealant on At Least One Permanent Second Molar	32,963	63,866	51.61
DQA	Sealant on Permanent Second Molar	Sealant on All Four Permanent Second Molars	14,726	63,866	23.06
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental OR oral health services	429,258	1,364,802	31.45
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental services	417,496	1,364,802	30.59
DQA	Topical Fluoride for Children	Topical Fluoride for Children-oral health services	12,806	1,364,802	0.94
DQA	Treatment Services	Treatment Services	371,631	1,424,127	26.1
DQA	Utilization of Services	Utilization of Services	905,877	1,424,127	63.61
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - All members	854,920	1,318,315	64.85
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 2 to 3	94,335	150,584	62.65
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 4 to 6	160,799	228,362	70.41
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 7 to 10	218,525	303,336	72.04

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Rate
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 11 to 14	182,305	270,849	67.31
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 15 to 18	157,261	264,618	59.43
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 19 to 20	41,695	100,566	41.46
Texas	First Dental Home Initiative	First Dental Home Initiative	63,951	107,909	59.26
Texas	Texas Health Steps Dental Checkup Within 90 Days of Enrollment	THSteps Dental Checkup within 90 Days of Enrollment	10,794	42,131	25.62
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - Composite	646,963	1,361,831	47.51
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - Exactly One Visit	425,112	1,361,831	31.22
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - At Least Two Visits	434,407	1,361,831	31.9
Texas	Use of Preventive Dental Services	Use of Preventive Dental Services	856,737	1,361,831	62.91

MCNA CHIP Dental

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Plan Rate
CMS	CMS Preventive Service	CMS Preventive Service	19,100	33,935	56.28
DQA	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	18	245,377	7.34
DQA	Care Continuity	Care Continuity	8,663	15,096	57.39
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 7 days	8	14	57.14
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 30 days	8	14	57.14
DQA	Oral Evaluation	Oral Evaluation	12,646	19,378	65.26
DQA	Per Member Per Month Cost of Clinical Services	Per Member Per Month Cost of Clinical Services	4,317,546	220,628	19.57
DQA	Sealant on Permanent First Molar	Sealant on At Least One Permanent First Molar	534	775	68.9
DQA	Sealant on Permanent First Molar	Sealant on All Four Permanent First Molars	388	775	50.06
DQA	Sealant on Permanent Second Molar	Sealant on At Least One Permanent Second Molar	411	815	50.43
DQA	Sealant on Permanent Second Molar	Sealant on All Four Permanent Second Molars	208	815	25.52
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental OR oral health services	3,663	10,217	35.85
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental services	3,660	10,217	35.82
DQA	Topical Fluoride for Children	Topical Fluoride for Children-oral health services	0	10,217	0
DQA	Treatment Services	Treatment Services	4,762	19,378	24.57
DQA	Utilization of Services	Utilization of Services	13,015	19,378	67.16
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - All members	6,339	8,502	74.56
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 2 to 3	70	100	70
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 4 to 6	809	1,040	77.79
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 7 to 10	1,927	2,412	79.89
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 11 to 14	1,941	2,608	74.42
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 15 to 18	1,592	2,342	67.98
Texas	Use of Preventive Dental Services	Use of Preventive Dental Services	6,207	8,505	72.98

MCNA Dental 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPS, and (d) the second progress reports for 2022 PIPS. This report focuses on the 2019 PIP reports, which concluded with the EQRO’s evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>).

2019 PIP Topics & Scores

Program	PIP Topic Description	PIP Plan Score	Final PIP Score	Overall Score
CHIP Dental	Collaborative for dental-related PPVs	95.4%	100.0%	96.9%
Medicaid Dental	Collaborative for dental-related PPVs	95.4%	99.0%	96.4%

2019 PIP Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid Dental	Dental PPV collaborative	Community Navigator Program	Member, provider, system	FirstCare Outreach Team members serve as Community Navigators for members in their local area. Members or families of Members for whom social health needs are identified (e.g., transportation, housing, utilities) will be invited to connect with a FirstCare Community Navigator who will evaluate needs and actively support the Member/family to engage with available local community supports. Navigators will be available to help coach Members/families on how to communicate their needs and access available resources. Navigators will follow-up with Members/Families to make sure they were able to get needs met initially and be available for follow-up ongoing, approximately once a quarter. Ongoing follow-up is designed for relationship-building; navigators will also be available if new needs arise and Members need additional support.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP Dental	Dental PPV collaborative	Community Navigator Program	Member, provider, system	FirstCare Outreach Team members serve as Community Navigators for members in their local area. Members or families of Members for whom social health needs are identified (e.g., transportation, housing, utilities) will be invited to connect with a FirstCare Community Navigator who will evaluate needs and actively support the Member/family to engage with available local community supports. Navigators will be available to help coach Members/families on how to communicate their needs and access available resources. Navigators will follow-up with Members/Families to make sure they were able to get needs met initially and be available for follow-up ongoing, approximately once a quarter. Ongoing follow-up is designed for relationship-building; navigators will also be available if new needs arise and Members need additional support.

MCNA Compliance with prior AI, QAPI & PIP Recommendations

As part of the PIP, AI and QAPI evaluation process, the EQRO provides feedback and recommendations to all MCOs and DMOs after each reporting milestone. HHSC and the EQRO required the MCOs to address these recommendations on subsequent report submissions or updates. The EQRO summarized compliance with PIP, AI and QAPI recommendations by considering the overall number of recommendations and those recommendations implemented by the following review.

Category	Ratio	Percentage Met
Prior Year PIP Recommendations (CHIP Dental)	4.0 / 4	100%
Prior Year PIP Recommendations (Medicaid Dental)	4.0 / 4	100%
Prior Year AI Recommendations	4.0 / 5	80%
Prior Year QAPI Recommendations (DMO)	2.0 / 2	100%

MCNA 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 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 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 2023.

Category	Description
Finding(s)	Several MCOs and DMOs reported challenges obtaining and incorporating provider URL information into provider directories.
Recommendation(s)	MCOs and DMOs, including CHCT, MCNA, PCHP, SWHP, and TCHP, should establish systems to incorporate complete provider website URL information in their provider directories.
Finding(s)	Since 2018, the average QAPI scores for MCOs and DMOs have gradually declined, with the 2023 average QAPI score (94.8 percent) being the lowest average score since 2018 (98.8 percent). Further, the lower average QAPI scores do not correlate with the scores for compliance with previous recommendations. For example, one DMO (DentaQuest) had a sustained score of 100 percent for compliance with previous recommendations since 2021; however, in that time its overall QAPI score steadily declined from 99.3 percent to 94.6 percent. Similarly, among all MCOs and DMOs the average MCO/DMO compliance with the previous year's recommendations increased from 73.7 percent (2018) to 84.7 percent in 2023, while all but one (Molina) MCOs'/DMOs' overall QAPI scores decreased from 2018. This illustrates that the MCOs and DMOs are implementing EQRO feedback on the previous year's QAPI; yet, points lost in other activities outweigh the increase in points from correcting previous issues. Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP experienced a decrease in overall QAPI score since 2018, despite increased compliance with the previous year's recommendations.
Recommendation(s)	Amerigroup, CFHP, CookCHP, MCNA, Molina, and TCHP should ensure that they strive for continuous quality improvement in their quality improvement programs outside of implementing previous recommendations. All MCOs and DMOs should update and revise all sections of the QAPI submission as needed and ensure continued compliance on activities that previously received full credit.
Finding(s)	Many MCOs, MMPs, and DMOs lost points in all three indicator monitoring sections (<i>Access to Care Monitoring & Results</i> , <i>Clinical Indicator Monitoring</i> , and <i>Service Indicator Monitoring</i>) 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.
Recommendation(s)	The EQRO recommends that Aetna, Amerigroup, BCBSTX, CHCT, CFHP, DCHP, DentaQuest, Driscoll, ElPasoHealth, FirstCare, MCNA, Molina, PCHP, Superior (MCO and MMP), TCHP, and UHC (MCO and MMP) include a percent change analysis for all indicator monitoring, report all data consistently and accurately to ensure all calculations are correct, and provide accurate interpretation of results with analyses that specify whether rates improved, declined, or did not change. The EQRO previously made this recommendation.

UnitedHealthCare Dental (UHCD)

Member Demographics

Demographic	All	CHIP Dental (n)	CHIP Dental (%)	Medicaid Dental (n)	Medicaid Dental (%)	Total (n)	Total (%)
Race	American Indian or Alaska Native	55	0.6%	1,612	0.3%	1,667	0.3%
Race	Asian	244	2.9%	10,420	2.2%	10,664	2.2%
Race	Black or African American	1,139	13.4%	79,160	16.8%	80,299	16.7%
Race	Native Hawaiian or Other Pacific Islander	16	0.2%	1,165	0.2%	1,181	0.2%
Race	White	4,607	54.0%	192,904	40.9%	197,511	41.1%
Race	Other Race	1,202	14.1%	54,848	11.6%	56,050	11.7%
Race	Two or More Races	129	1.5%	6,860	1.5%	6,989	1.5%
Race	Unknown Race	1,138	13.3%	124,883	26.5%	126,021	26.2%
Ethnicity	Hispanic or Latino	4,342	50.9%	183,519	38.9%	187,861	39.1%
Ethnicity	Not Hispanic or Latino	3,321	38.9%	181,985	38.6%	185,306	38.6%
Ethnicity	Unknown Ethnicity	867	10.2%	106,348	22.5%	107,215	22.3%
Age Group	< 1 year	9	0.1%	183,519	38.9%	183,528	38.2%
Age Group	1 - 9 years	3,356	39.3%	181,985	38.6%	185,341	38.6%
Age Group	10 - 17 years	4,691	55.0%	106,348	22.5%	111,039	23.1%
Age Group	18 - 20 years	474	5.6%	183,519	38.9%	183,993	38.3%
Age Group	21 - 44 years	-	-	181,985	38.6%	181,985	37.9%
Sex	Female	4,150	48.7%	235,245	49.9%	239,395	49.8%
Sex	Male	4,379	51.3%	236,508	50.1%	240,887	50.1%
Sex	Unknown	1	0.0%	99	0.0%	100	0.0%
Overall	Total	8,530	100.0%	471,852	100.0%	480,382	100.0%

UHCD DMO Performance Measure Summary MY 2022

The EQRO calculates HEDIS, DQA, and state specific dental quality of care measures for Texas. An external, NCQA-certified auditor approves measures calculated by the EQRO. Protocol 7: Calculation of Performance Measures in the SFY 2023 ATR includes additional information on the dental quality of care measures.

Medicaid Dental

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Rate
CMS	CMS Preventive Service	CMS Preventive Service	164,803	371,975	44.3
DQA	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	467	4,739,699	9.85
DQA	Care Continuity	Care Continuity	63,245	201,302	31.42
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 7 days	131	400	32.75
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 30 days	175	400	43.75
DQA	Oral Evaluation	Oral Evaluation	182,046	399,375	45.58
DQA	Per Member Per Month Cost of Clinical Services	Per Member Per Month Cost of Clinical Services	87,004,944	4,706,051	18.49
DQA	Sealant on Permanent First Molar	Sealant on At Least One Permanent First Molar	2,533	6,528	38.8
DQA	Sealant on Permanent First Molar	Sealant on All Four Permanent First Molars	1,523	6,528	23.33
DQA	Sealant on Permanent Second Molar	Sealant on At Least One Permanent Second Molar	2,235	7,335	30.47
DQA	Sealant on Permanent Second Molar	Sealant on All Four Permanent Second Molars	944	7,335	12.87
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental OR oral health services	86,654	307,963	28.14
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental services	74,509	307,963	24.19
DQA	Topical Fluoride for Children	Topical Fluoride for Children-oral health services	14,219	307,963	4.62
DQA	Treatment Services	Treatment Services	56,999	399,375	14.27
DQA	Utilization of Services	Utilization of Services	186,341	399,375	46.66
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - All members	115,737	234,359	49.38
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 2 to 3	27,825	52,810	52.69
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 4 to 6	19,111	35,080	54.48
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 7 to 10	24,201	43,203	56.02

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Rate
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 11 to 14	21,560	42,449	50.79
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 15 to 18	18,289	42,918	42.61
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 19 to 20	4,751	17,899	26.54
Texas	First Dental Home Initiative	First Dental Home Initiative	58,913	115,175	51.15
Texas	Texas Health Steps Dental Checkup Within 90 Days of Enrollment	THSteps Dental Checkup within 90 Days of Enrollment	26,690	117,109	22.79
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - Composite	114,656	306,266	37.44
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - Exactly One Visit	71,301	306,266	23.28
Texas	Texas Health Steps Dental Checkups	THSteps Dental Checkups - At Least Two Visits	79,006	306,266	25.8
Texas	Use of Preventive Dental Services	Use of Preventive Dental Services	149,726	306,266	48.89

CHIP Dental

Measure Steward	Measure Name	Sub Measure	Numerator	Denominator	Plan Rate
CMS	CMS Preventive Service	CMS Preventive Service	5,146	14,159	36.34
DQA	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	6	112,372	5.34
DQA	Care Continuity	Care Continuity	484	1,516	31.93
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 7 days	3	4	75
DQA	Follow-Up after Emergency Department Visits for Dental Caries in Children	Follow-Up after Emergency Department Visits for Dental Caries in Children - Within 30 days	4	4	100
DQA	Oral Evaluation	Oral Evaluation	3,858	8,860	43.54
DQA	Per Member Per Month Cost of Clinical Services	Per Member Per Month Cost of Clinical Services	1,727,566	101,411	17.04
DQA	Sealant on Permanent First Molar	Sealant on At Least One Permanent First Molar	46	111	41.44
DQA	Sealant on Permanent First Molar	Sealant on All Four Permanent First Molars	32	111	28.83
DQA	Sealant on Permanent Second Molar	Sealant on At Least One Permanent Second Molar	34	106	32.08
DQA	Sealant on Permanent Second Molar	Sealant on All Four Permanent Second Molars	17	106	16.04
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental OR oral health services	723	3,454	20.93
DQA	Topical Fluoride for Children	Topical Fluoride for Children-dental services	684	3,454	19.8
DQA	Topical Fluoride for Children	Topical Fluoride for Children-oral health services	3	3,454	0.09
DQA	Treatment Services	Treatment Services	1,791	8,860	20.21
DQA	Utilization of Services	Utilization of Services	4,009	8,860	45.25
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - All members	1,455	2,736	53.18
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 2 to 3	49	99	49.49
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 4 to 6	213	343	62.1
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 7 to 10	402	713	56.38
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 11 to 14	435	822	52.92
NCQA	Annual Dental Visit (ADV)	Annual Dental Visit (ADV) - Age 15 to 18	356	759	46.9
Texas	Use of Preventive Dental Services	Use of Preventive Dental Services	1,426	2,738	52.08

UHC Dental 2019 PIP Summary

During SFY 2023, the EQRO reviewed: (a) the 2023 PIP plans, (b) the 2019 final PIP reports, (c) the first progress reports for 2023 PIPS, and (d) the second progress reports for 2022 PIPS. This report focuses on the 2019 PIP reports, which concluded with the EQRO's evaluation of the final PIP Reports in October 2022. A full list of ongoing PIP interventions is available on the HHSC PIP webpage (<https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/performance-improvement-projects>). UHC was not a participating DMO in 2019 thus has no 2019 PIP report.
