



External Quality Review of Texas Medicaid & CHIP Managed Care Summary of Activities Report Annex

State Fiscal Year 2021

4900 N LAMAR BLVD, AUSTIN, TX 78751-02316
PH: (512) 424-6500 WEB: [HHS.TEXAS.GOV](https://hhs.texas.gov)



Table of Contents

Overview of the Summary of Activities Report Annex	9
Aetna Better Health (Aetna).....	11
Member Demographics.....	11
Aetna MCO Performance Summaries.....	12
Aetna CHIP.....	12
Aetna STAR	13
Aetna STAR Kids.....	16
Aetna PIP Summaries.....	18
PIP Topics & Scores.....	18
PIP Plan Interventions.....	18
Aetna EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall	21
Aetna Compliance with State Standards for Timeliness of Appointments	22
Aetna Overall Plan Strengths & Areas for Improvement	23
Aetna Recommendations Summary	24
Aetna Compliance with prior AI, QAPI, and PIP Recommendations	24
Aetna Current Recommendations	25
Amerigroup	29
Member Demographics.....	29
Amerigroup MCO Performance Summaries	31
Amerigroup CHIP	31
Amerigroup STAR.....	32
Amerigroup STAR Kids	35
Amerigroup STAR+PLUS.....	37
Amerigroup PIP Summary.....	40
Amerigroup PIP Topics & Scores.....	40
Amerigroup PIP Plan Interventions.....	40
Amerigroup Compliance with State Standards for Timeliness of Appointments.....	44
Amerigroup Overall Plan Strengths & Areas for Improvement.....	45
Amerigroup Recommendations.....	46
Amerigroup Compliance with Prior AI, QAPI & PIP Recommendations	46
Amerigroup Current Recommendations	47
Blue Cross Blue Shield of Texas (BCBSTX).....	49
Member Demographics	49
BCBSTX MCO Performance Summary.....	50

BCBSTX CHIP	50
BCBSTX STAR.....	51
BCBSTX STAR Kids	54
BCBSTX PIP Summary.....	57
PIP Topics & Scores.....	57
PIP Plan Interventions.....	57
BCBSTX Compliance with State Standards for Timeliness of Appointments.....	59
BCBSTX Overall Plan Strengths & Areas for Improvement	60
BCBSTX Recommendations.....	61
BCBSTX Compliance with Prior AI, QAPI & PIP Recommendations	61
BCBSTX Current Recommendations	62
Cigna-HealthSpring (HealthSpring)	64
Member Demographics	64
HealthSpring MCO Performance Summary	65
HealthSpring STAR+PLUS	65
HealthSpring PIP Summary	69
PIP Topics and Scores	69
PIP Plan Interventions.....	69
HealthSpring Compliance with State Standards for Timeliness of Appointments	70
HealthSpring Overall Plan Strengths & Areas for Improvement	71
HealthSpring Recommendations	72
Compliance with Prior AI, QAPI & PIP Recommendations	72
Current recommendations	73
Community First Health Plans (CFHP)	76
Member Demographics	76
CFHP MCO Performance Summary	77
CFHP CHIP	77
CFHP STAR	78
CFHP STAR Kids.....	81
CFHP PIP Summary	84
PIP topics and scores	84
PIP Plan interventions.....	84
CFHP EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall	85
CFHP Compliance with State Standards for Timeliness of Appointments	86
CFHP Overall Plan Strengths and Areas for Improvement	87

CFHP Recommendations	88
CFHP Compliance with Prior AI, QAPI and PIP Recommendations	88
CFHP Current Recommendations	89
Community Health Choice (CHC).....	93
Member Demographics	93
CHC MCO Performance Summary	94
CHC CHIP	94
CHC STAR.....	95
CHC PIP Summary	99
PIP topics and scores	99
PIP Plan Interventions.....	99
CHC Compliance with State Standards for Timeliness of Appointments	102
CHC Overall Plan Strengths and Areas for Improvement.....	103
CHC Recommendations	104
CHC Compliance with Prior AI, QAPI, and PIP Recommendations	104
CHC Current recommendations.....	105
Cook Children's Health Plan (CCHP).....	108
Member Demographics	108
CCHP MCO Performance Summary	109
CCHP CHIP	109
CCHP STAR.....	110
CCHP PIP Summary	114
PIP topics and scores	114
PIP Plan Interventions.....	114
CCHP EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall	116
CCHP Compliance with State Standards for Timeliness of Appointments	117
CCHP Overall Plan Strengths and Areas for Improvement.....	118
CCHP Recommendations	119
CCHP Compliance with Prior AI, QAPI, and PIP recommendations.....	119
CCHP Current Recommendations.....	120
Dell Children's Health Plan (DCHP)	123
Member Demographics	123
DCHP MCO Performance Summary	124
DCHP CHIP	124

DCHP STAR.....	125
DCHP PIP Summary.....	129
PIP Topics and Scores	129
PIP Plan Interventions.....	129
DCHP Compliance with State Standards for Timeliness of Appointments.....	131
DCHP Overall Plan Strengths and Areas for Improvement	132
DCHP Recommendations.....	133
DCHP Compliance with Prior AI, QAPI, and PIP Recommendations.....	133
DCHP Current Recommendations.....	134
Driscoll Health Plan (Driscoll)	135
Member Demographics.....	135
Driscoll MCO Performance Summary	136
Driscoll CHIP	136
Driscoll STAR.....	137
Driscoll STAR Kids.....	140
Driscoll PIP Summary	143
PIP Topics and Scores	143
PIP Plan Interventions.....	143
Driscoll Compliance with State Standards for Timeliness of Appointments	147
Driscoll Overall Plan Strengths & Areas for Improvement	148
Driscoll Recommendations	149
Driscoll Compliance with Prior AI, QAPI, and PIP Recommendations.....	149
Driscoll Current Recommendations	150
El Paso Health.....	153
Member Demographics.....	153
El Paso Health MCO Performance Summary	154
El Paso Health CHIP	154
El Paso Health STAR.....	155
El Paso Health PIP Summary	159
PIP Topics and Scores	159
PIP Plan Interventions.....	159
El Paso Health EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall	161
El Paso Health Compliance with State Standards for Timeliness of Appointments	162
El Paso Health Overall Plan Strengths & Areas for Improvement	163
El Paso Health Recommendations	164

El Paso Health Compliance with Prior AI, QAPI, and PIP Recommendations	164
El Paso Health Current Recommendations	165
FirstCare Health Plans (FirstCare)	166
Member Demographics	166
FirstCare MCO Performance Summary	167
FirstCare CHIP	167
FirstCare STAR	168
FirstCare PIP Summary	172
PIP Topics and Scores	172
PIP Plan Interventions	172
FirstCare EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards by Regulation Category & Overall	175
FirstCare Compliance with State Standards for Timeliness of Appointments	176
FirstCare Overall Plan Strengths & Areas for Improvement	177
FirstCare Recommendations	178
FirstCare Compliance with Prior AI, QAPI, and PIP Recommendations	178
FirstCare Current Recommendations	179
Molina Healthcare of Texas (Molina)	182
Member Demographics	182
Molina MCO Performance Summary	183
Molina CHIP	183
Molina STAR	184
Molina STAR+PLUS	187
Molina PIP Summary	190
PIP topics and scores	190
PIP Plan Interventions	190
Molina Compliance with State Standards for Timeliness of Appointments	193
Molina Overall Plan Strengths & Areas for Improvement	194
Molina Recommendations	195
Molina Compliance with Prior AI, QAPI, and PIP Recommendations	195
Molina Current Recommendations	196
Parkland Community Health Plan (PCHP)	200
Member Demographics	200
PCHP MCO Performance Summary	201
PCHP CHIP	201
PCHP STAR	202

PCHP PIP Summary	206
PIP Topics and Scores	206
PIP Plan Interventions.....	206
PCHP Compliance with State Standards for Timeliness of Appointments	208
PCHP Overall Plan Strengths and Areas for Improvement.....	209
PCHP Recommendations	210
PCHP Compliance with Prior AI, QAPI, and PIP Recommendations	210
PCHP Current Recommendations.....	211
RightCare from Scott & White Health Plan (SWHP).....	214
Member Demographics	214
SWHP MCO Performance Summary	215
SWHP STAR.....	215
SWHP PIP Summary.....	219
PIP Topics and Scores	219
PIP Plan Interventions.....	219
SWHP Compliance with State Standards for Timeliness of Appointments	220
SWHP Overall Plan Strengths and Areas for Improvement	221
SWHP Recommendations	222
SWHP Compliance with Prior AI, QAPI, and PIP Recommendations	222
SWHP Current Recommendations.....	223
Superior HealthPlan (Superior).....	225
Member Demographics	225
Superior MCO Performance Summary	226
Superior CHIP.....	226
Superior STAR	227
Superior STAR Kids.....	230
Superior STAR+PLUS	232
Superior Star Health	235
Superior PIP Summary	236
PIP Topics and Scores	236
PIP Plan Interventions.....	236
Superior Compliance with State Standards for Timeliness of Appointments	239
Superior Overall Plan Strengths and Areas for Improvement.....	240
Superior Recommendations	241
Superior Compliance with Prior AI, QAPI, and PIP Recommendations	241

Superior Current Recommendations	242
Texas Children's Health Plan (TCHP)	245
Member Demographics	245
TCHP MCO Performance Summary	246
TCHP CHIP	246
TCHP STAR	247
TCHP PIP Summary	253
PIP Topics and Scores	253
PIP Plan Interventions.....	253
TCHP Compliance with State Standards for Timeliness of Appointments	255
TCHP Overall Plan Strengths and Areas for Improvement.....	256
TCHP Recommendations	257
TCHP Compliance with Prior AI, QAPI, and PIP Recommendations	257
TCHP Current Recommendations	258
UnitedHealthCare Community Plan (UHC).....	262
Member Demographics	262
UHC MCO Performance Summary.....	263
UHC CHIP	263
UHC STAR Kids	267
UHC STAR+PLUS.....	269
UHC PIP Summary.....	273
PIP Topics and Scores	273
PIP Plan Interventions.....	273
UHC Compliance with State Standards for Timeliness of Appointments.....	276
UHC Overall Plan Strengths and Areas for Improvement	277
UHC Recommendations.....	278
UHC Compliance with Prior AI, QAPI, and PIP Recommendations.....	278
UHC Current Recommendations	279
DentaQuest	283
Member Demographics	283
DentaQuest PIP Summary	284
Current Recommendations	284
PIP Plan Interventions.....	284
DentaQuest EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards, by Regulation Category & Overall	291
DentaQuest Overall Plan Strengths and Areas for Improvement	292

DentaQuest Recommendations.....	293
DentaQuest Compliance with AI, QAPI & PIP Recommendations	293
DentaQuest Current Recommendations	294
MCNA Dental (MCNA).....	296
Member Demographics	296
MCNA PIP Summary	297
PIP Topics and Scores	297
PIP Plan Interventions.....	297
MCNA Overall Plan Strengths and Areas for Improvement	301
MCNA Recommendations	302
MCNA Compliance with Prior AI, QAPI, and PIP Recommendations	302
MCNA Current Recommendations	303
UnitedHealthcare Dental (UHC Dental)	305
Member Demographics	305
UHC Dental EQRO Compliance Review Results for Part 438 Subpart D & QAPI Standards, by Regulation Category & Overall	306
UHC Dental Overall Plan Strengths & Areas for Improvement	307
UHC Dental Recommendations	308
Compliance with Prior AI, QAPI & PIP Recommendations	308
UHC Dental Current Recommendations	309

Overview of the Summary of Activities Report Annex

The state fiscal year (SFY) 2021 Summary of Activities (SOA) report annex is a new addition to the SOA in SFY 2021. The EQRO added the annex in SFY 2021 as a response to a request from the Centers for Medicare and Medicaid Services (CMS) for additional MCO- and DMO-specific information on external quality review (EQR) activities to comply with the 2019 updates to CMS protocols for EQR activities and technical reporting requirements.¹ The SOA report contains a comprehensive overview of the SFY 2021 EQRO activities and the specific methods used to assess each EQR protocol which should be used as the primary reference on EQR activities for SFY 2021.

The SOA annex is meant as an extended index for the SOA report that compiles information on mandatory EQR activities by MCO. The document is organized alphabetically by Managed Care Organization (MCO) and Dental Maintenance Organization (DMO) name and includes profiles for MCOs and DMOs that were active during the entire annual reporting period.² MCO information is organized by Medicaid managed care program (STAR, STAR+PLUS, STAR Kids, STAR Health) and CHIP, when necessary. Likewise, DMO information is organized for Medicaid and CHIP when necessary. Additional information and descriptions of the Texas Medicaid and CHIP managed care programs are included in the SOA report.

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

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

Notes

- ¹ Additional information on CMS guidelines and technical reporting requirements can be found on the CMS website: [medicaid.gov](https://www.medicaid.gov).
- ² CHRISTUS Health Plan, Sendero Health Plan and Children's Medical Center Health Plan are not included in the annex because their contracts ended before or during the current reporting period. However, information on their compliance with EQR activities is included in the SOA report, when applicable.
- ³ Performance information is only provided for MCOs, the Texas Healthcare Learning Collaborative (THLC) portal (thlcportal.com) has information on DMO performance and detailed information on MCO performance from current and past years.
- ⁴ UnitedHealthcare Dental's contract began in September 2020 so there is no information on prior-year recommendations or PIP activities.
- ⁵ Each year, the EQRO rotates the MCOs and DMOs for a full review of compliance with Medicaid and CHIP Managed Care regulations (including all regulatory areas and an on-site visit). In SFY 2021, the EQRO reviewed Aetna, CFHP, CookCHP, DentaQuest, ElPasoHealth, FirstCare, and UHC Dental and the results are included in their profiles. Detailed information on how the EQRO conducts these activities can be found under **Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations** in the SFY 2021 SOA Report. The SOA report also contains the full list of MCOs and DMOs and the year when they undergo compliance assessment.
- ⁶ Currently, the EQRO does not assess compliance with appointment wait time standards for DMOs.
- ⁷ The EQRO did not produce report cards for Cigna-HealthSpring during the SFY 20,201 reporting period because the MCO's contract ended, and the information would not be required for enrollment packs for new members.
- ⁸ The EQRO does not produce report cards for the STAR Health Medicaid program because the care for members in the STAR Health program is provided by a single MCO (Superior HealthPlan).

Aetna Better Health (Aetna)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	1,590	22.3%	40	4.8%	1,063	8.5%	18,802	21.1%	21,495	19.6%
Black, Non-Hispanic	1,090	15.3%	63	7.5%	2,008	16.0%	17,654	19.8%	20,815	19.0%
Hispanic	3,001	42.1%	599	71.4%	2,929	23.3%	35,883	40.3%	42,412	38.7%
Unknown / Other	1,454	20.4%	137	16.3%	6,556	52.2%	16,744	18.8%	24,891	22.7%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	3	0.0%	13	1.5%	112	0.9%	5,861	6.6%	5,989	5.5%
1 – 9 years	3,640	51.0%	-	-	3,271	26.1%	41,422	46.5%	48,333	44.1%
10 – 17 years	3,228	45.2%	9	1.1%	6,289	50.1%	24,227	27.2%	33,753	30.8%
18 – 20 years	264	3.7%	54	6.4%	2,394	19.1%	4,594	5.2%	7,306	6.7%
21 – 44 years	-	-	759	90.5%	490	3.9%	12,002	13.5%	13,251	12.1%
45 – 64 years	-	-	4	0.5%	-	-	977	1.1%	981	0.9%
Sex	-	-	-	-	-	-	-	-	-	-
Female	3,480	48.8%	831	99.0%	4,453	35.5%	50,106	56.2%	58,870	53.7%
Male	3,655	51.2%	8	1.0%	8,103	64.5%	38,969	43.7%	50,735	46.3%
Unknown	-	-	-	-	-	-	8	0.0%	8	0.0%
All	7,135	100.0%	839	100.0%	12,556	100.0%	89,083	100.0%	109,613	100.0%

Aetna MCO Performance Summaries

MCOs contracted with HHSC are required 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

Aetna CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	48	104	46.15%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	24	31	77.42%	Above High Std.
DEV - Total All Age	302	537	56.24%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	23	35	65.71%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	1	91,609	1.09/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	1	68,643	1.46/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	3.68	10.68	0.34 (A/E)	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	2.06	2.62	0.79 (A/E)	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	82.75%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	14	35	40.00%	Meets Std.
IMA - Combination 2 Immunizations	85	256	33.20%	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	1	68,643	1.46/100K MM	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	95,064	0.00/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	2	68,643	2.91/100K MM	Meets Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	69.44%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	290	411	70.56%	Meets Min. Std.

Aetna STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	65	110	59.09%	Above High Std.
AMM - Effective Acute Phase Treatment	178	325	54.77%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	502	707	71.00%	Above High Std.
DEV - Total All Age	5,822	10,600	54.92%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	170	446	38.12%	Above High Std.
FUM - 7 Days Total Ages	82	195	42.05%	Above High Std.
HDO - Opioids High Dose	3	342	0.88%	Above High Std.
IMA - Combination 2 Immunizations	149	411	36.25%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	18	651,031	2.76/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	5	769,491	0.65/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	9	769,491	1.17/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	25	443,470	5.64/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	2	443,470	0.45/100K MM	Above High Std.
PPE - Potentially Preventable Complications (PPC)	5.42	8.58	0.63 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	1	19,685	5.08/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	7	160,548	4.36/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	2	160,548	1.25/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	69	160,548	42.98/100K MM	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	82.30%	Above High Std.
UOP - Multiple Pharmacies	17	381	4.46%	Above High Std.
UOP - Multiple Prescribers	77	381	20.21%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	11	381	2.89%	Above High Std.
ADD - Initiation Phase	254	619	41.03%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Continuation Phase Treatment	117	325	36.00%	Meets Min. Std.
APP - Total	82	164	50.00%	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	255	446	57.17%	Meets Min. Std.
FUM - 30 Days Total Ages	104	195	53.33%	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	23	443,470	5.19/100K MM	Meets Std.
PPE - Potentially Preventable Admissions (PPA)	169.24	182.26	0.93 (A/E)	Meets Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	94.69	96.35	0.98 (A/E)	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	7	160,548	4.36/100K MM	Meets Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	4	160,548	2.49/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	4	160,548	2.49/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	11	160,548	6.85/100K MM	Meets Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	74.44%	Meets Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	38.60%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	281	411	68.37%	Meets Min. Std.
APM - Total	102	326	31.29%	Below Std.
CCS - Total	2,922	5,042	57.95%	Below Min. Std.
CDC - HbA1c Control (<8%)	127	389	32.65%	Below Min. Std.
CDC - Eye Exam	149	464	32.11%	Below Min. Std.
CDC - HbA1c Testing	300	389	77.12%	Below Min. Std.
CHL - Total	1,042	2,230	46.73%	Below Min. Std.
CIS - Combination 4 Immunizations	1,786	3,003	59.47%	Below Min. Std.
CIS - Combination 10 Immunizations	805	3,003	26.81%	Below Min. Std.
FUA - 7 Days Total Ages	3	88	3.41%	Below Min. Std.
FUA - 30 Days Total Ages	3	88	3.41%	Below Min. Std.
IET - Initiation Total (All Ages)	200	516	38.76%	Below Std.

Measure	Numerator	Denominator	Rate	Performance Level
IET - Engagement Total (All Ages)	55	516	10.66%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	12	44,3,470	2.71/100K MM	Below Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	4,760.95	4,078.02	1.17 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	27	16,0,548	16.82/100K MM	Below Std.
PQI - Hypertension Admission Rate (PQI 7)	6	16,0,548	3.74/100K MM	Below Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	7	14,0,863	4.97/100K MM	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	8	16,0,548	4.98/100K MM	Below Std.
PQI - Chronic PQI Composite Rate (PQI 92)	58	16,0,548	36.13/100K MM	Below Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	40	16,0,548	24.91/100K MM	Below Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	62.10%	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	55.20%	Below Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	42.70%	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	57.50%	Below Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	78.12%	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	63.02%	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	68.34%	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	77.93%	Below Min. Std.
WCC - BMI Screening - Total	290	411	70.56%	Below Min. Std.
WCC - Counseling on Nutrition - Total	287	411	69.83%	Below Min. Std.

Aetna STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
DEV - Total All Age	81	119	68.07%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	84	168	50.00%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	122	168	72.62%	Above High Std.
FUM - 7 Days Total Ages	44	83	53.01%	Above High Std.
FUM - 30 Days Total Ages	53	83	63.86%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	3	66,107	4.54/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	3	68,366	4.39/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	11	58,729	18.73/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	6	58,729	10.22/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	70.08	111.47	0.63 (A/E)	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	67.03%	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	85.27%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	82.97%	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	46.38%	Above High Std.
ADD - Initiation Phase	50	137	36.50%	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	105	159	66.04%	Meets Min. Std.
APP - Total	29	72	40.28%	Meets Min. Std.
CHL - Total	91	213	42.72%	Meets Min. Std.
IMA - Combination 2 Immunizations	67	241	27.80%	Meets Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	5	58,729	8.51/100K MM	Meets Std.
PPE - Potentially Preventable Readmissions (PPR)	66.12	66.43	1.00 (A/E)	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	78.23%	Meets Min. Std.
SVY-Child - Customer Service Composite	-	-	70.22%	Meets Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	53.18%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Very Satisfied with Communicating Among Child's Providers	-	-	68.16%	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	90.62%	Meets Min. Std.
APM - Total	88	273	32.23%	Below Min. Std.
IET - Initiation Total (All Ages)	17	45	37.78%	Below Min. Std.
IET - Engagement Total (All Ages)	4	45	8.89%	Below Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	5	58,729	8.51/100K MM	Below Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	7	68,366	10.24/100K MM	Below Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	531.4	504.41	1.05 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	7.03	4.85	1.45 (A/E)	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	42.07%	Below Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	68.77%	Below Min. Std.
SVY-Child - Access to Specialized Services	-	-	45.96%	Below Min. Std.
WCC - BMI Screening - Total	273	411	66.42%	Below Min. Std.
WCC - Counseling on Nutrition - Total	272	411	66.18%	Below Min. Std.
WCC - Counseling on Physical Activity - Total	248	411	60.34%	Below Min. Std.
ADD - Continuation and Maintenance Phase	-	-	-	LD

Aetna 2018 PIP Summary

PIP Topics & Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	100%	82.1%	91.1%
STAR	Prenatal and postpartum care with a focus on members with depression	PPC	98.6%	88.1%	93.4%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	99.1%	81.0%	90.1%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Face-to-Face meeting with High Volume PCPs	Provider	Provider Relations and QM Nurses will meet with high volume PCPs to discuss education and documentation of WCC.
CHIP	WCC	Provider Webinar	Provider	PCPs will be educated annually on importance of proper documentation of the WCC measure that is aligned with NCQA HEDIS Technical Specification.
CHIP	WCC	Fax Blast	Provider	The Fax Blast will be sent out quarterly to all PCPs. The newsletter will include different articles pertaining to the WCC measure each quarter.
CHIP	WCC	Member Newsletters (WCC Articles)	Member	Quarterly Newsletters will be distributed to existing and new members. The newsletter will educate members on benefits of receiving education on WCC. Newsletters will be in English and Spanish and at or below the 6th grade reading level.
CHIP	WCC	Collaborate with Community Resources	Member, System	The plan will collaborate with community recreation resources to provide additional opportunities to access physical activities. The plan will provide a list of community recreation resources. The list will be distributed to existing members bi-annually and given to Case Management as a reference tool. Resource examples are local YMCAs, Community Recreation Centers, Community Camps, etc. Some of these resources may or may not require membership and/or fees or sign-up requirements.
STAR	PPC	Member Educational Flyer	Member	The member educational flyer is a prenatal flyer that will educate members on proper first trimester care, healthy mood, and warning signs of depression. Flyers will be in English and Spanish and at or below the 6th grade reading level.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Post Delivery Flyer to New Mothers	Member	The Member Post Delivery Flyer will educate and encourage new mothers to follow-up with their Provider for a timely post-partum check-up, as well as educate them on signs and symptoms of depression. This flyer will be sent out to all new mothers who delivered a live birth. Flyers will be in English and Spanish and at or below the 6th grade reading level.
STAR	PPC	Education materials at Baby Shower	Member	At the plan's bi-monthly baby showers, new and expecting mothers will be educated on the importance of pre-natal and post-partum visits as well as educated on signs and symptoms of depression.
STAR	PPC	Collaborative Provider Luncheon including BH	Provider	Providers will be educated annually on importance of prenatal and post-partum depression screening, and how to access BH resources within the network and the importance of continuity and coordination of care.
STAR	PPC	Collaborate with Local Mental Health Authorities	Provider, System	Collaborate with Local Mental Health Authorities to see what community resources are available for members diagnosed with depression.
STAR Kids	URTI PPVs	Wellpass TEXT MESSAGING	Member	Wellpass messaging is a platform supporting health plan and state-level health insurers. The text message will be sent out in English or in Spanish (based on the member's stated language Wellpass text messages will go out to members informing them to utilize our 24-hour Nurse Line and call their doctor before going to the emergency room.
STAR Kids	URTI PPVs	URI FLYERS TO MEMBERS	Member	The plan will distribute flyers in English and Spanish at or under the required 6th grade reading level in all new member packets as a means of continued education on ED avoidance and use of the medical home. Members will have a handy reference tool that gives information about when to go to the emergency room, what constitutes a true emergency; and the locations of urgent care/24-hour care centers in their immediate area to utilize as an alternative to the emergency department. Flyers will contain information about urgent care and 24-hours care centers will be mailed out to members.
STAR Kids	URTI PPVs	PCPs You Can Visit After Hours (Flyer)	Member	Flyers will provide a description on best practices when an emergency room should be used and After-Hours Availability PCP Clinics. The flyers will be distributed in English and Spanish at or under the required 6th grade reading level in all new member packets as a means of continued education on ED avoidance and use of the medical home.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	URTI PPVs	Urgent Care Magnets	Member	The plan will distribute magnets in English and Spanish at or under the required 6th grade reading level in all new member packets as a means of continued education on ED avoidance. Magnets will contain information about urgent care and 24-hours care centers in and around the member's home.
STAR Kids	URTI PPVs	Member ED Super Utilization List	Member, Provider, System	This intervention will inform Providers on their members who visited the ED two more times within a twelve-month radius. Communication will be done through email, fax and/or face-to-face with the expectation that the providers will contact their members for a follow-up. Service Coordinators will also use the list to contact and coordinate with the members on education and scheduling appointment with their PCP.

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

^a The regulations that address state contract requirements are not included in the reported scores. HHSC is working on obtaining compliance documentation for the EQRO to assess these regulations and the EQRO will report on these regulations for all health plans once in the three-year reporting cycle.

^b The EQRO collects MCO and DMO responses and documentation to select regulations in this category and will assess MCO/DMO compliance and report results in next year's SOA report.

^c The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, Data Certification, and Encounter Data Validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the report.

^d Two regulations have an implementation date of January 1, 2021 and are not included in the reported scores.

^e See **Appendix H: Scoring Compliance with 42 C.F.R. § 438 Subpart D and QAPI Standards** in the SOA report for all regulations not included in the results listed above.

Program	438.206	438.207 ^{a, b}	438.208 ^a	438.210 ^a	438.214	438.224 ^b	438.228	438.230 ^a	438.236	438.242 ^{a, c, d}	438.330 ^{a, b, c}	Overall ^{a, b, c, d}
Overall	100	-	100	92.3	100	-	97.2	-	100	100	100	98.7
CHIP	100	-	100	92.3	100	-	98.7	-	100	100	100	98.7
STAR	100	-	100	92.3	100	-	97.0	-	100	100	100	98.7
STAR Kids	100	-	100	92.3	100	-	97.0	-	100	100	100	98.7

Aetna Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	97.0%	96.8%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100%	100%	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	88.5%	-
Behavioral Health Care-Child (Within 14 calendar days)	91.2%	88.0%	82.4%

Aetna Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Compared to other MCOs and DMOs, Aetna showed the most improvement on QAPI evaluations, with a 13.6 percentage point improvement in evaluation scores between 2020 (85.5 percent) and 2021 (99.4 percent).
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Lost points on the final PIP evaluation because they did not conduct the appropriate statistical test for their measures.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> 82.4 percent of the providers in the behavioral health care study sample from Aetna were compliant with appointment wait time standards for STAR Kids. This is above the average compliance rate for STAR Kids (75.4 percent) in the SFY 2021 behavioral health study.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Aetna needs to increase availability of provider information using machine-readable formats for provider directory information and including provider website URLs in directory information.

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: (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 Summary of Activities Report for SFY 2021.

Aetna Compliance with prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	3/3	100%
Prior Year QAPI Recommendations (MCO)	23/24	95.8%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	5/5	100%
Prior Year PIP Recommendations (STAR) ^a	9/9	100%
Prior Year PIP Recommendations (STAR Kids) ^a	2.5/3	100%

Aetna Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	A common reason for loss of points on the Final PIP evaluation was due to measurement issues, which included MCOs/DMOs not conducting the statistical analyses according to their data analysis plan, reporting inconsistent data when compared to EQRO data files, and MCOs/DMOs not achieving a statistically significant improvement for all reported measures. Aetna, CCHP, CFHP, and Parkland did not conduct the appropriate statistical test for their respective measures.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	All MCOs/DMOs, especially Aetna, CCHP, CFHP, and Parkland, should ensure their data analysis plans are appropriate for the reported measures and conduct the statistical analyses according to their data analysis plan for the Final PIP.
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.

Category	Description
Finding	<p>During the 2018 PIPs, NCQA modified the HEDIS® technical specifications for the PPC measure for MY 2019 (re-measurement 2 of the 2018 PIPs). The revisions affected both the prenatal and postpartum sub-measures as follows:</p> <ul style="list-style-type: none"> • PPC, Timeliness of Prenatal Care – NCQA revised the enrollment criteria for inclusion in the sub-measure, which captured any visit during pregnancy rather than the timeliness of the prenatal visit. As a result, the prenatal sub-measure rates were inflated and not a true representation of the timeliness of prenatal care. After consultation with the EQRO, their NCQA-certified auditor, and NCQA, HHSC determined that the EQRO should run the MY 2019 prenatal sub-measure using the same enrollment criteria from the previous measurement year. HHSC instructed the MCOs to report their administrative rates for MY 2,017 and MY 2018 if the MCO originally reported the prenatal rate as a hybrid rate. The EQRO provided the administrative rates by program for MY 2019 for all MCOs that corrected the change in the technical specifications. • PPC, Timeliness of Postpartum Care – NCQA revised the technical specifications to include visits that occurred between seven to 84 days after delivery (previously limited to 21-56 days after delivery). As a result, the MY 2019 postpartum sub-measure hybrid and administrative rates were inflated compared to the MY 2,017 and MY 2018 rates. However, HHSC determined that since the MY 2019 rates were more aligned with current guidelines, the MCOs should report the rates using the updated technical specifications for MY 2019. <p>Due to these HEDIS® technical specification modifications for the PPC measure, rates for the postpartum sub-measure were inflated in the second re-measurement year of the 2018 PIPs (MY 2019) compared to baseline (MY 2,017). Several MCOs that focused on PPC significantly improved from baseline in the postpartum sub-measure but not in the prenatal sub-measure. However, when asked to describe factors that may have influenced the results, nine MCOs did not discuss the technical specification modifications (Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC).</p>
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The EQRO recommends MCOs monitor HEDIS® technical specification modifications that can influence PIP results and discuss the potential impacts in the Final PIPs when reviewing MCO performance, even if they did not achieve a significant improvement. This recommendation applies to Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC.
Finding	Several MCOs and DMOs reported challenges obtaining and incorporating provider URL information into provider directories.
MCQS Goal(s)	Goals 3, 4
Recommendation	MCOs and DMOs, including Aetna Better Health, Community First Health Plans, FirstCare Health Plans, and UnitedHealthcare Dental, should establish systems to incorporate provider website URLs in their provider directories.
Finding	Many MCOs and DMOs requested clarification on the appropriate machine-readable format posted on their publicly facing websites.
MCQS Goal(s)	Goals 3, 4

Category	Description
Recommendation	Aetna Better Health, Community First Health Plans, Cook Children's Health Plan, DentaQuest, FirstCare Health Plans, and UnitedHealthcare Dental should provide machine-readable provider directories on their websites.
Finding	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.
Finding(s)	STAR Kids MCOs have room to improve compliance with wait time standards in behavioral health. STAR Kids had the lowest percentage of compliant providers for behavioral health care among all programs. The percentage of STAR Kids providers compliant with UMCM standards was 13.1 percentage points lower in 2021 than in 2018.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	STAR Kids MCOs should conduct root cause analyses (RCAs) to identify the driving factors behind lower rates of provider compliance among behavioral health providers and use the results to identify strategies for improving provider compliance.

Category	Description
Finding(s)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.
MCQS Goal(s)	Goals 2, 6
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage. STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

Amerigroup

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR+PLUS	%	STAR	%	ALL	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	5,523	13.4 %	132	3.0%	1,795	6.2%	13,971	24.4%	120,365	18.6%	141,786	18.2%
Black, Non-Hispanic	6,336	15.3 %	255	5.7%	4,161	14.4%	12,315	21.5%	136,712	21.1%	159,779	20.5%
Hispanic	21,731	52.6 %	3,387	76.1%	9,181	31.8%	14,864	25.9%	272,622	42.1%	321,785	41.3%
Unknown /Other	7,756	18.8 %	679	15.2%	13,725	47.6%	16,180	28.2%	117,292	18.1%	155,632	20.0%
Age Group	-	-	-	-	-	-	-	-	-	-	-	-
<1 year	4	0.0%	33	0.7%	180	0.6%	-	-	35,259	5.4%	35,476	4.6%
1 – 9 years	17,802	43.1 %	1	0.0%	7,920	27.4%	-	-	291,195	45.0%	316,918	40.7%
10 – 17 years	21,487	52.0 %	70	1.6%	14,841	51.4%	-	-	219,549	33.9%	255,947	32.9%
18 – 20 years	2,053	5.0%	307	6.9%	4,983	17.3%	-	-	38,829	6.0%	46,172	5.9%
21 – 44 years	-	-	4,024	90.4%	938	3.2%	24,791	43.2%	57,374	8.9%	87,127	11.2%
45 – 64 years	-	-	18	0.4%	-	-	31,434	54.8%	4,785	0.7%	36,237	4.7%
65+ years	-	-	-	-	-	-	1,105	1.9%	-	-	1,105	0.1%
Sex	-	-	-	-	-	-	-	-	-	-	-	-
Female	20,272	49.0 %	4,432	99.5%	9,781	33.9%	28,705	50.1%	349,819	54.1%	413,009	53.0%
Male	21,071	51.0 %	21	0.5%	19,080	66.1%	28,622	49.9%	297,106	45.9%	365,900	47.0%
Unknown	3	0.0%	-	-	1	0.0%	3	0.0%	66	0.0%	73	0.0%

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR+PLUS	%	STAR	%	ALL	%
All	41,346	100%	4,453	100%	28,862	100%	57,330	100%	646,991	100%	778,982	100%

Amerigroup MCO Performance Summaries

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

Amerigroup CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	207	275	75.27%	Above High Std.
DEV - Total All Age	1,379	2,447	56.35%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	117	165	70.91%	Above High Std.
IMA - Combination 2 Immunizations	187	411	45.50%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	12	558,391	2.15/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	20	448,011	4.46/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	59.53	68.44	0.87 (A/E)	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	12.3	19.62	0.63 (A/E)	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	81.19%	Above High Std.
WCC - BMI Screening - Total	290	354	81.92%	Above High Std.
WCC - Counseling on Nutrition - Total	271	354	76.55%	Above High Std.
ADD - Initiation Phase	224	514	43.58%	Meets Min. Std.
CHL - Total	216	481	44.91%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	87	165	52.73%	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	572,920	0.17/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	1	572,920	0.17/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Overall PDI Composite Rate (PDI 90)	22	448,011	4.91/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	2	448,011	0.45/100K MM	Meets Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	74.51%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	252	354	71.19%	Meets Min. Std.
APM - Total	30	147	20.41%	Below Std.
APP - Total	38	96	39.58%	Below Min. Std.
CIS - Combination 4 Immunizations	721	1,064	67.76%	Below Min. Std.
CIS - Combination 10 Immunizations	369	1,064	34.68%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	14	448,011	3.12/100K MM	Below Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	1,304.59	1,283.88	1.02 (A/E)	Below Min. Std.
SVY-Child - % Rating Personal Doctor a "9" or "10"	-	-	71.10%	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	72.50%	Below Min. Std.

Amerigroup STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	422	715	59.02%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	4,508	6,325	71.27%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	1,114	2,947	37.80%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	1,771	2,947	60.10%	Above High Std.
HDO - Opioids High Dose	12	1,335	0.90%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	108	5,345,428	2.02/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	28	6,067,732	0.46/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	56	6,067,732	0.92/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	197	3,895,075	5.06/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Acute PDI Composite Rate (PDI 91)	33	3,895,075	0.85/100K MM	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	583.21	675.11	0.86 (A/E)	Above High Std.
PPE - Potentially Preventable Complications (PPC)	82.16	88.3	0.93 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	12	94,172	12.74/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	57	901,398	6.32/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	13	901,398	1.44/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	13	807,226	1.61/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	460	901,398	51.03/100K MM	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	83.00%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	78.88%	Above High Std.
UOP - Multiple Pharmacies	49	1,515	3.23%	Above High Std.
UOP - Multiple Prescribers	285	1,515	18.81%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	36	1,515	2.38%	Above High Std.
ADD - Initiation Phase	2,065	5,110	40.41%	Meets Min. Std.
CDC - HbA1c Control (<8%)	155	411	37.71%	Meets Min. Std.
FUM - 7 Days Total Ages	375	1,028	36.48%	Meets Min. Std.
IMA - Combination 2 Immunizations	146	411	35.52%	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	164	3,895,075	4.21/100K MM	Meets Std.
PPE - Potentially Preventable Admissions (PPA)	1,261.81	1,365.26	0.92 (A/E)	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	61	901,398	6.77/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	105	901,398	11.65/100K MM	Meets Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	66.10%	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	56.90%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - Getting Care Quickly Composite	-	-	58.10%	Meets Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	80.24%	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	69.53%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	80.20%	Meets Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	38.70%	Meets Min. Std.
WCC - BMI Screening - Total	304	392	77.55%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	281	392	71.68%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	263	392	67.09%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	756	1,632	46.32%	Below Min. Std.
AMM - Effective Continuation Phase Treatment	495	1,632	30.33%	Below Min. Std.
APM - Total	900	3,243	27.75%	Below Std.
APP - Total	636	1,571	40.48%	Below Min. Std.
CCS - Total	13,758	22,930	60.00%	Below Min. Std.
CDC - Eye Exam	994	2,505	39.68%	Below Min. Std.
CDC - HbA1c Testing	337	411	82.00%	Below Min. Std.
CHL - Total	9,676	19,237	50.30%	Below Min. Std.
CIS - Combination 4 Immunizations	11,853	20,542	57.70%	Below Min. Std.
CIS - Combination 10 Immunizations	5,159	20,542	25.11%	Below Min. Std.
DEV - Total All Age	30,243	64,472	46.91%	Below Min. Std.
FUA - 7 Days Total Ages	18	532	3.38%	Below Min. Std.
FUA - 30 Days Total Ages	31	532	5.83%	Below Min. Std.
FUM - 30 Days Total Ages	494	1,028	48.05%	Below Min. Std.
IET - Initiation Total (All Ages)	1,190	2,875	41.39%	Below Std.
IET - Engagement Total (All Ages)	360	2,875	12.52%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	104	3,895,075	2.67/100K MM	Below Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	34,581.62	31,111.25	1.11 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	138	901,398	15.31/100K MM	Below Std.
PQI - Hypertension Admission Rate (PQI 7)	26	901,398	2.88/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	85	901,398	9.43/100K MM	Below Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	48	901,398	5.33/100K MM	Below Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	14	901,398	1.55/100K MM	Below Std.
PQI - Chronic PQI Composite Rate (PQI 92)	355	901,398	39.38/100K MM	Below Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	220	901,398	24.41/100K MM	Below Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	59.50%	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	75.00%	Below Min. Std.

Amerigroup STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	102	176	57.95%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	701	1,007	69.61%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	340	724	46.96%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	524	724	72.38%	Above High Std.
IET - Initiation Total (All Ages)	124	244	50.82%	Above High Std.
IMA - Combination 2 Immunizations	143	411	34.79%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	17	259,425	6.55/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	20	266,169	7.51/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	53	228,506	23.19/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	37	228,506	16.19/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Readmissions (PPR)	235.38	271.18	0.87 (A/E)	Above High Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	54.79%	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	79.87%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	71.64%	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	65.13%	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	78.74%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	81.30%	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	48.24%	Above High Std.
ADD - Initiation Phase	487	1,289	37.78%	Meets Min. Std.
CHL - Total	508	1,220	41.64%	Meets Min. Std.
DEV - Total All Age	334	725	46.07%	Meets Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	10	266,169	3.76/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	16	228,506	7.00/100K MM	Meets Std.
PPE - Potentially Preventable Complications (PPC)	16.84	17.54	0.96 (A/E)	Meets Min. Std.
SVY-Child - Customer Service Composite	-	-	73.84%	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	55.06%	Meets Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers	-	-	69.85%	Meets Min. Std.
WCC - BMI Screening - Total	306	392	78.06%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	285	392	72.70%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	265	392	67.60%	Meets Min. Std.
APM - Total	595	2,217	26.84%	Below Min. Std.
APP - Total	218	681	32.01%	Below Min. Std.
FUM - 7 Days Total Ages	43	146	29.45%	Below Min. Std.
FUM - 30 Days Total Ages	72	146	49.32%	Below Min. Std.
IET - Engagement Total (All Ages)	33	244	13.52%	Below Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	21	228,506	9.19/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	407.58	402.02	1.01 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,031.65	1,948.58	1.04 (A/E)	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	43.87%	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	84.94%	Below Min. Std.

Amerigroup STAR+PLUS

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	1,346	2,580	52.17%	Above High Std.
AMM - Effective Continuation Phase Treatment	984	2,580	38.14%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	997	2,774	35.94%	Above High Std.
IET - Initiation Total (All Ages)	2020	4,716	42.83%	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	5,625.93	5,977.02	0.94 (A/E)	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	2,056.38	2,361.52	0.87 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	457	435,719	104.88/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	170	686,701	24.76/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	18	250,982	7.17/100K MM	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	440	686,701	64.07/100K MM	Above High Std.
SAA - 80% Coverage	2,932	4,799	61.10%	Above High Std.
SPC - Total Adherence	1,002	1,498	66.89%	Above High Std.
SPD - Received Statin Therapy	4,227	6,089	69.42%	Above High Std.
SPD - Statin Adherence	2,784	4,227	65.86%	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	72.05%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Multiple Pharmacies	101	7,007	1.44%	Above High Std.
UOP - Multiple Prescribers	927	7,007	13.23%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	48	7,007	0.69%	Above High Std.
AAP - Members Aged 45-64	23,878	27,520	86.77%	Meets Min. Std.
CDC - HbA1c Control (<8%)	195	411	47.45%	Meets Min. Std.
FUA - 7 Days Total Ages	34	723	4.70%	Meets Min. Std.
FUA - 30 Days Total Ages	45	723	6.22%	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	1,591	2,774	57.35%	Meets Min. Std.
FUM - 7 Days Total Ages	338	961	35.17%	Meets Min. Std.
FUM - 30 Days Total Ages	485	961	50.47%	Meets Min. Std.
HDO - Opioids High Dose	86	5,669	1.52%	Meets Min. Std.
IET - Engagement Total (All Ages)	334	4,716	7.08%	Meets Min. Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	270	686,701	39.32/100K MM	Meets Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,188	686,701	464.25/100K MM	Meets Min. Std.
SPC - Total Statin Therapy	1,498	1,923	77.90%	Meets Min. Std.
SVY-Adult - % Good Access to Urgent Care	-	-	66.62%	Meets Min. Std.
SVY-Adult - % Good Access to Specialist Appointment	-	-	57.57%	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care	-	-	60.73%	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	80.69%	Meets Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	42.01%	Meets Min. Std.
AAP - Members Aged 20-44	16,441	22,455	73.22%	Below Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	798	1,419	56.24%	Below Min. Std.
BCS - Total	4,237	9,664	43.84%	Below Min. Std.
CCS - Total	8,431	21,437	39.33%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CDC - Eye Exam	5,674	11,663	48.65%	Below Min. Std.
CDC - HbA1c Testing	337	411	82.00%	Below Min. Std.
CHL - Total	265	629	42.13%	Below Min. Std.
PCE - Systemic Corticosteroids	1,117	1,681	66.45%	Below Min. Std.
PCE - Bronchodilators	1,424	1,681	84.71%	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	11,358.58	11,098.38	1.02 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	329.94	301.03	1.10 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	320	686,701	46.60/100K MM	Below Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	407	686,701	59.27/100K MM	Below Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	180	686,701	26.21/100K MM	Below Min. Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	1,160	686,701	168.92/100K MM	Below Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	128	686,701	18.64/100K MM	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	150	686,701	21.84/100K MM	Below Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,748	686,701	400.17/100K MM	Below Min. Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	933	686,701	135.87/100K MM	Below Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	154	214	71.96%	Below Min. Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	1,103	1,638	67.34%	Below Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	207	1,000	20.70%	Below Min. Std.
SSD - Diabetes Screening	4,412	5,813	75.90%	Below Min. Std.
SVY-Adult - % Good Access to Special Therapies	-	-	35.06%	Below Min. Std.
SVY-Adult - % Good Access to Service Coordination	-	-	30.99%	Below Min. Std.
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling	-	-	45.86%	Below Min. Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	58.98%	Below Min. Std.

Amerigroup 2018 PIP Summary

Amerigroup PIP Topics & Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	100%	83.3%	91.7%
STAR	Prenatal and postpartum care with a focus on non-Hispanic Black members (PPC)	PPC	100%	95.2%	97.6%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	100%	95.8%	97.9%
STAR+PLUS	Self-directed care	SDC	100%	83.3%	91.7%

Amerigroup PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Mobile Vans/Mobile Clinics	Member, System	Members with limited access will have the option of a mobile clinic or mobile van in their community for care. Mobile services will be focused on areas of highest non-compliance. Members will be outreached in advance and notified of the availability of services. Members will receive appointment reminder calls and texts (per their preference) before the scheduled mobile visit.
CHIP	WCC	WCC Provider Education Fax Blast	Provider, System	Using information from HEDIS Handbook specific to CPT codes, educate providers regarding proper timing and coding of the WCC measure. The information will be distributed via fax to all primary care physicians and pediatricians.
STAR	PPC	High volume of African American pregnant women-OB/GYN Provider Education	Member, Provider, System	Using the new enrollment file TPW/TP40 data, Amerigroup will identify newly enrolled African American members within the STAR population and their OB/GYN provider. A letter will be generated to the OB/GYN provider and will communicate items such as: their member list, services available to members, provider incentives, and available community resources, etc. Nurse practice consultant (NPC) team will contact identified OB/GYN providers to provide member benefits education, assistance, and support.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Prenatal Care Outreach	Member, System	<p>This activity will target members identified using new enrollment file TPW/TP40 data for African American STAR. Multiple levels of intervention as follows:</p> <p>All members identified as newly enrolled pregnant African American members will receive a postcard that will communicate items such as: helpful phone numbers, transportation resources, and notification that an educational packet named Taking Care of Baby and Me with additional support will be sent to the members.</p> <p>Identified African American members on the new enrollment file will be compared against the 17P file. OB Case management will conduct outreach to the members that fall within the 37- and 38-weeks high risk groups who have not completed an OB screener. The screener will help identify needs such as: lack of prenatal care, comorbidities, behavioral health. The results of the OB screener will place the newly screened pregnant woman in the appropriate queue for additional case management. Members identified with Behavioral Health needs will be sent to the BH case management team for additional support.</p> <p>Newly enrolled African American members who do not fall within the high risk 17P groups and have not completed an OB screener will be prioritized through the TPW/TP40 file. The Outreach Care Specialist Team will conduct outreach calls to identified members without a completed OB screener and assist them with completion of this screener. The screener will help identify needs such as: lack of prenatal care, comorbidities, behavioral health. The results of the OB screener will place the newly screened pregnant woman in the appropriate queue for additional case management. Members identified with Behavioral Health needs will be sent to the BH case management team for additional support.</p>
STAR+PLUS	SDC	Self-Directed Care	Member	<p>With the help of trained, professional advisors, participants will develop personal recovery plans that identify goals, action steps, and needed resources. Individuals will control a flexible fund that can be used for different purposes directly related to their goals. Examples include mental health treatment; wellness activities, such as exercise classes; education; job training and transportation.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	URTI PPVs	URTI PPV ER Follow-up	Member, System	<p>This activity will focus on STAR Kids members who visited the ER with a diagnosis code identified as high frequency URTI 00,562 EAPG code among PPVs to identified high volume facilities. The program will consist of Long Term Services and Supports (LTSS) Service Coordinators (SC) contacting STAR Kids members within the STAR Kids SDAs, post ER visit/utilization. The Texas Finance Team will produce a monthly ER utilization report to identify STAR Kids members for outreach. During successful contact with a member, several screening questions are asked to determine needs of member and potential barriers causing ER visit.</p> <p>Responses to screening questions determine the type of assistance provided by the LTSS SC. Examples of the services the LTSS SC provide include, but are not limited to:</p> <p>PCP assignment/appointment.</p> <p>Transportation.</p> <p>Locating specialist/appointment.</p> <p>Education on available Community Resources e.g., Dental Clinics, Early Intervention, Lions Club, etc.</p> <p>Education on available after-hour resources.</p> <p>Mailing educational materials tailored to the member's needs.</p> <p>To address the cultural and linguistic needs of the members, LTSS SCs will utilize the language line, Voiance, for interpretation services. This includes assistance for the hearing impaired.</p> <p>Education materials may also be provided in English and Spanish, or other languages, as needed.</p>
STAR Kids	URTI PPVs	PCP URTI PPV Prevention Letter	Provider, System	<p>This activity will be focused on Provider identified using the HHSC PPE files. Annually, the QM business information analyst will generate a report that includes:</p> <p>STAR Kids members with 2 or more URTI PPV 00,562 visits</p> <p>Confirmation of ER claim with internal systems</p> <p>The PCP assigned to the member at the time of ER</p> <p>Using this report, a PCP notification letter will be mailed to the provider. The letter will communicate items such as: education on the goal of the PIP, resources available through Amerigroup, and reinforce after-hour availability. In addition to the letter, an Amerigroup associate will conduct a follow-up with PCPs with highest volume of EAPG-00,562 ER visits.</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	URTI PPVs	URTI Follow up after Discharge from Hospital Visit	Member, System	<p>The URTI follow up after discharge program will focus on STAR Kids members post discharge. STAR Kids members to be targeted will fall within the following criteria:</p> <ul style="list-style-type: none"> 1-10 yrs of age (high URTI PPV utilization age groups) Facilities that report timely discharge notifications Selected diagnosis that have a risk for a post discharge URTI ER visit (identified by Amerigroup Medical Directors) <p>The outreach will be conducted by the Utilization Management discharge planners (DCPs) comprised of LVNs and Social Workers. The team will be contacting STAR Kids members post discharge from a hospital admission to prevent ER Utilization by focusing member's education on the following:</p> <ul style="list-style-type: none"> PCP and/or changing PCP Referral to long-term CMs After Hour Care Assistance in setting up appointment Assistance with locating specialist/appointment. Education on available Community Resources e.g., Dental Clinics, Early Intervention, Lions Club, etc. Education on available after-hour resources. Mailing educational materials tailored to the member's needs.

Amerigroup Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR+ PLUS	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	100%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%	-	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	97.4%	96.7%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100%	95.2%	-	98.1%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	100%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	-	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	85.7%	85.3%	-
Behavioral Health Care-Child (Within 14 calendar days)	78.6%	86.7%	-	77.4%

Amerigroup Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Scored above average on QAPI evaluations.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Below minimum standard on APP, CIS, PPE, SVY-Child - % Rating Personal Doctor a 9" or "10", and SVY-Child - Getting Care Quickly Composite in CHIP
Strengths (Access & Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from Amerigroup were compliant with appointment wait time standards for primary preventive care, and primary urgent care for CHIP, STAR, STAR+PLUS and STAR Kids in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Focus network adequacy efforts on ensuring that provider networks have sufficient specialists, especially those with experience treating individuals with complex conditions.

Amerigroup Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

Amerigroup Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	12/14	85.7%
Prior Year QAPI Recommendations (MMP)	0/2	0%
Prior Year PIP Recommendations (CHIP) ^a	1/1	100%
Prior Year PIP Recommendations (STAR) ^a	1/1	100%
Prior Year PIP Recommendations (STAR+PLUS) ^a	4.5/5	90%
Prior Year PIP Recommendations (STAR Kids) ^a	2/2	100%

Amerigroup Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.
Finding(s)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.
MCQS Goal(s)	Goals 3, 5

Category	Description
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.
MCQS Goal(s)	Goals 2, 6
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage. STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

Blue Cross Blue Shield of Texas (BCBSTX)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	842	19.4%	20	3.4%	974	11.3%	7,759	19.2%	9,595	17.8%
Black, Non-Hispanic	381	8.8%	16	2.7%	914	10.6%	4,656	11.5%	5,967	11.1%
Hispanic	2,192	50.5%	469	80.2%	2,540	29.4%	19,486	48.3%	24,687	45.8%
Unknown / Other	929	21.4%	80	13.7%	4,211	48.7%	8,474	21.0%	13,694	25.4%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	1	0.0%	5	0.9%	81	0.9%	3,023	7.5%	3,110	5.8%
1 – 9 years	2,138	49.2%	.	.	2,403	27.8%	19,234	47.6%	23,775	44.1%
10 – 17 years	2,011	46.3%	12	2.1%	4,346	50.3%	10,493	26.0%	16,862	31.3%
18 – 20 years	194	4.5%	36	6.2%	1,508	17.5%	2,139	5.3%	3,877	7.2%
21 – 44 years	-	-	529	90.4%	301	3.5%	5,058	12.5%	5,888	10.9%
45 – 64 years	-	-	3	0.5%	-	-	427	1.1%	430	0.8%
65+ years	-	-	-	-	-	-	1	0.0%	1	0.0%
Sex	-	-	-	-	-	-	-	-	-	-
Female	2,131	49.1%	581	99.3%	2,993	34.6%	22,482	55.7%	28,187	52.3%
Male	2,213	50.9%	4	0.7%	5,646	65.4%	17,892	44.3%	25,755	47.7%
Unknown	-	-	-	-	-	-	1	0.0%	1	0.0%
All	4,344	100.0%	585	100.0%	8,639	100.0%	40,375	100.0%	53,943	100.0%

BCBSTX MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

BCBSTX CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	22	42	52.38%	Above High Std.
IMA - Combination 2 Immunizations	73	167	43.71%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	55,205	0.00/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	0	41,438	0.00/100K MM	Above High Std.
WCC - BMI Screening - Total	331	411	80.54%	Above High Std.
WCC - Counseling on Physical Activity - Total	303	411	73.72%	Above High Std.
CIS - Combination 10 Immunizations	44	113	38.94%	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	0	41,438	0.00/100K MM	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	56,884	0.00/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	56,884	0.00/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	0	41,438	0.00/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	41,438	0.00/100K MM	Meets Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	74.43%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	306	411	74.45%	Meets Min. Std.
CHL - Total	17	49	34.69%	Below Min. Std.
CIS - Combination 4 Immunizations	68	113	60.18%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
DEV - Total All Age	84	272	30.88%	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	9.79	7.38	1.33 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	5.48	2.69	2.04 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	159.12	122.98	1.29 (A/E)	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	71.38%	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	68.18%	Below Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	78.87%	Below Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	-	-	-	LD
APM - Total	-	-	-	LD
APP - Total	-	-	-	LD
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD

BCBSTX STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	114	239	47.70%	Above High Std.
ADD - Continuation and Maintenance Phase	18	32	56.25%	Above High Std.
AMM - Effective Acute Phase Treatment	51	96	53.13%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	201	276	72.83%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	67	183	36.61%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	110	183	60.11%	Above High Std.
HDO - Opioids High Dose	0	106	0.00%	Above High Std.
IMA - Combination 2 Immunizations	167	411	40.63%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	3	308,610	0.97/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Gastroenteritis Admission Rate (PDI 16)	3	363,150	0.83/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	1	363,150	0.28/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	11	207,994	5.29/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	207,994	0.00/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	77.42	90.04	0.86 (A/E)	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	1	70,329	1.42/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	1	70,329	1.42/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	19	70,329	27.02/100K MM	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	83.26%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	80.26%	Above High Std.
UOP - Multiple Pharmacies	4	120	3.33%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	3	120	2.50%	Above High Std.
AMM - Effective Continuation Phase Treatment	32	96	33.33%	Meets Min. Std.
CHL - Total	619	1,117	55.42%	Meets Min. Std.
CIS - Combination 10 Immunizations	403	1,321	30.51%	Meets Min. Std.
FUA - 7 Days Total Ages	4	41	9.76%	Meets Min. Std.
FUA - 30 Days Total Ages	4	41	9.76%	Meets Min. Std.
IET - Initiation Total (All Ages)	88	201	43.78%	Meets Std.
PDI - Chronic PDI Composite Rate (PDI 92)	11	207,994	5.29/100K MM	Meets Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	2	70,329	2.84/100K MM	Meets Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	2	70,329	2.84/100K MM	Meets Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	2	70,329	2.84/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	1	70,329	1.42/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	2	70,329	2.84/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic PQI Composite Rate (PQI 92)	17	70,329	24.17/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	5	70,329	7.11/100K MM	Meets Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	67.81%	Meets Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	57.28%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	79.44%	Meets Min. Std.
UOP - Multiple Prescribers	29	120	24.17%	Meets Min. Std.
WCC - BMI Screening - Total	324	411	78.83%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	294	411	71.53%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	287	411	69.83%	Meets Min. Std.
APM - Total	34	132	25.76%	Below Std.
APP - Total	24	70	34.29%	Below Min. Std.
CCS - Total	1,082	1,958	55.26%	Below Min. Std.
CDC - HbA1c Control (<8%)	33	144	22.92%	Below Min. Std.
CDC - Eye Exam	68	153	44.44%	Below Min. Std.
CDC - HbA1c Testing	112	144	77.78%	Below Min. Std.
CIS - Combination 4 Immunizations	708	1,321	53.60%	Below Min. Std.
DEV - Total All Age	1,214	4,513	26.90%	Below Min. Std.
FUM - 7 Days Total Ages	14	48	29.17%	Below Min. Std.
FUM - 30 Days Total Ages	20	48	41.67%	Below Min. Std.
IET - Engagement Total (All Ages)	20	201	9.95%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	9	207,994	4.33/100K MM	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	56.3	51.02	1.10 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,074.05	1,892.88	1.10 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	9.34	7.84	1.19 (A/E)	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	5	8,853	56.48/100K MM	Below Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	3	70,329	4.27/100K MM	Below Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	2	61,476	3.25/100K MM	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	1	70,329	1.42/100K MM	Below Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	59.78%	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	55.40%	Below Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	73.49%	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	63.21%	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	73.87%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	-	LD

BCBSTX STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	185	263	70.34%	Above High Std.
IMA - Combination 2 Immunizations	145	411	35.28%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	6	78,003	7.69/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	80,175	1.25/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	8	68,529	11.67/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	7	68,529	10.21/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	114.63	142.12	0.81 (A/E)	Above High Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	55.51%	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	82.30%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	76.31%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - Customer Service Composite	-	-	79.56%	Above High Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	57.78%	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	69.66%	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	77.69%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	85.82%	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	50.99%	Above High Std.
ADD - Initiation Phase	127	361	35.18%	Meets Min. Std.
ADD - Continuation and Maintenance Phase	21	44	47.73%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	85	234	36.32%	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	141	234	60.26%	Meets Min. Std.
IET - Initiation Total (All Ages)	36	77	46.75%	Meets Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	1	80,175	1.25/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	68,529	1.46/100K MM	Meets Std.
PPE - Potentially Preventable Readmissions (PPR)	91.49	93.57	0.98 (A/E)	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	89.92%	Meets Min. Std.
APM - Total	151	504	29.96%	Below Min. Std.
APP - Total	25	98	25.51%	Below Min. Std.
CHL - Total	143	367	38.96%	Below Min. Std.
DEV - Total All Age	40	179	22.35%	Below Min. Std.
FUM - 7 Days Total Ages	15	65	23.08%	Below Min. Std.
FUM - 30 Days Total Ages	32	65	49.23%	Below Min. Std.
IET - Engagement Total (All Ages)	2	77	2.60%	Below Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	4	68,529	5.84/100K MM	Below Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	608.22	596.2	1.02 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	11.4	8.04	1.42 (A/E)	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - Access to Specialized Services	-	-	50.25%	Below Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers	-	-	61.61%	Below Min. Std.
WCC - BMI Screening - Total	234	411	56.93%	Below Min. Std.
WCC - Counseling on Nutrition - Total	239	411	58.15%	Below Min. Std.
WCC - Counseling on Physical Activity - Total	195	411	47.45%	Below Min. Std.

BCBSTX 2018 PIP Summary

PIP Topics & Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	71.4%	91.7%	81.6%
STAR	Prenatal and postpartum care	PPC	81.2%	94.0%	87.6%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	78.4%	83.3%	80.9%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Well Child (Texas Health Steps) Provider Education Training-WCC Focus	Provider, System	WCC provider education will occur via BCBSTX staff member or through a Webinar training
CHIP	WCC	Medical Records Review Audit for Well Child (Texas Health Steps)	Provider, System	Utilizing Texas Health Steps charts for WCC Audits quarterly, a sample of 50 high volume providers will have audits occur through an assigned BCBSTX staff member and they will provide feedback.
CHIP	WCC	New member call campaign for preventative health and WCC awareness and education.	Member, System	New members will be reached through our new member calls from Carenet and be asked questions that pertain to their knowledge on providers and weight.
STAR	PPC	Special Beginnings Member Appointment Call Campaign	Member, Provider, System	A new added component through Special Beginnings that will reach out to members and help set prenatal and postpartum appointments with their PCP or OB/GYN.
STAR	PPC	Checklist in Welcome Kit for Pregnant Mothers	Member, Provider, System	The Welcome kit will have details of the member's plan, available pregnancy related programs, a general phone number for members who are pregnant and need access and availability help, and a one-page member checklist ensuring they obtain needed services
STAR	PPC	Provider TP40 Pregnancy Reports	Provider, System	Reports to providers from BCBSTX that are based off TMG data will be distributed to the panel providers who will be accountable of those pregnant members.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Unable to Reach \$50 Member Letter Incentive	Member, Provider, System	Members who are identified as UTR will be sent a notification that they need to contact a Special Beginnings Case Manager. This will help ensure that they schedule their postpartum appointment. Through this contact, the case manager will help the member set an appointment. Once the member has contacted the nurse, they will be sent out a \$50 gift card.
STAR	PPC	Unable to Reach Home Visit	Member, Provider, System	Members who have been sent a mailer with a 50-dollar gift card incentive notification for being identified as “unable to reach” and do not respond will be contacted by the BCBSTX outreach team through a home visit. This action will ensure the member gets the appropriate level for pre/post-partum care.
STAR	PPC	Provider’s Postpartum Member Delivery Report 8,220	Member, Provider, System	The 8220 report will help BCBSTX identify mothers who have delivered. An outreach visit will be made to the member to help them to set their postpartum appointment and home wellness visits.
STAR Kids	URTI PPVs	PPV-URI Provider Education with Star Kids Providers	Provider, System	Providers will receive education through Provider Network that will incorporate what relevant respiratory issues may lead to a PPV-URI.
STAR Kids	URTI PPVs	PPV URI Reports to Medical Health Homes (Seton CCC and LSCC)	Member, Provider, System	Providers at our two targeted medical health homes will receive monthly reports that have information on members who had related PPV-URI incidents monthly.
STAR Kids	URTI PPVs	Medical Health Home Response from PPE reports	Provider, System	Once the MHH receives the PPE report, they will provide outreach to the member monthly, complete a medical record review to look at potential gaps in care, and report outcomes and follow-up back to BCBSTX.

BCBSTX Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	97.5%	100%	95.5%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	75.0%	-
Behavioral Health Care-Child (Within 14 calendar days)	75.0%	75.0%	50.0%

BCBSTX Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Scored 100 percent on QAPI evaluations
Areas for Improvement (Quality)	<ul style="list-style-type: none"> One of two MCOs with the most measures that did not meet performance standards in STAR Kids (15/40 did not meet standards).
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from BCBSTX were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Provider compliance with appointment wait time standards for behavioral health was 50 percent for STAR Kids and below 80 percent for CHIP and STAR.

BCBSTX Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

BCBSTX Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	1/1	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	16/16	100%
Prior Year PIP Recommendations (STAR) ^a	11/11	100%
Prior Year PIP Recommendations (STAR Kids) ^a	16/16	100%

BCBSTX Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.

Category	Description
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.
MCQS Goal(s)	Goals 2, 6
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage. STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

Cigna-HealthSpring (HealthSpring)

Member Demographics

Demographic Category	STAR+PLUS	%	All Members	%
Race	-	-	-	-
White, Non-Hispanic	6,098	32.3%	6,098	32.3%
Black, Non-Hispanic	3,182	16.8%	3,182	16.8%
Hispanic	4,639	24.6%	4,639	24.6%
Unknown / Other	4,972	26.3%	4,972	26.3%
Age Group	-	-	-	-
21 – 44 years	8,204	43.4%	8,204	43.4%
45 – 64 years	10,475	55.4%	10,475	55.4%
65+ years	212	1.1%	212	1.1%
Sex	-	-	-	-
Female	9,472	50.1%	9,472	50.1%
Male	9,419	49.9%	9,419	49.9%
All	18,891	100.0%	18,891	100.0%

HealthSpring MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

HealthSpring STAR+PLUS

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

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Continuation Phase Treatment	315	823	38.27%	Above High Std.
HDO - Opioids High Dose	19	2,655	0.72%	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	559.41	683.93	0.82 (A/E)	Above High Std.
PPE - Potentially Preventable Complications (PPC)	106.39	124.86	0.85 (A/E)	Above High Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	98	227,196	43.13/100K MM	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	168	145,052	115.82/100K MM	Above High Std.
PQI - Hypertension Admission Rate (PQI 7)	31	227,196	13.64/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	57	227,196	25.09/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	29	227,196	12.76/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	5	82,144	6.09/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	967	227,196	425.62/100K MM	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	771	227,196	339.35/100K MM	Above High Std.
SAA - 80% Coverage	820	1,292	63.47%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
SPC - Total Adherence	393	578	67.99%	Above High Std.
SPD - Received Statin Therapy	1,333	1,944	68.57%	Above High Std.
SPD - Statin Adherence	884	1,333	66.32%	Above High Std.
SVY-Adult - % Good Access to Specialist Appointment	-	-	59.96%	Above High Std.
SVY-Adult - % Good Access to Special Therapies	-	-	50.38%	Above High Std.
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling	-	-	51.95%	Above High Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	53.45%	Above High Std.
UOP - Multiple Pharmacies	50	3,019	1.66%	Above High Std.
UOP - Multiple Prescribers	369	3,019	12.22%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	30	3,019	0.99%	Above High Std.
AAP - Members Aged 45-64	8,020	9,112	88.02%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	426	823	51.76%	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	242	417	58.03%	Meets Min. Std.
CDC - HbA1c Control (<8%)	190	411	46.23%	Meets Min. Std.
CDC - Eye Exam	1,990	3,878	51.32%	Meets Min. Std.
CHL - Total	96	203	47.29%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	205	607	33.77%	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	335	607	55.19%	Meets Min. Std.
FUM - 7 Days Total Ages	116	317	36.59%	Meets Min. Std.
FUM - 30 Days Total Ages	171	317	53.94%	Meets Min. Std.
PCE - Systemic Corticosteroids	364	516	70.54%	Meets Min. Std.
PCE - Bronchodilators	439	516	85.08%	Meets Min. Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	240	227,196	105.64/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
SPC - Total Statin Therapy	578	741	78.00%	Meets Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	93	364	25.55%	Meets Min. Std.
SVY-Adult - % Good Access to Urgent Care	-	-	64.39%	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care	-	-	62.18%	Meets Min. Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	68.89%	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	62.43%	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	77.57%	Meets Min. Std.
AAP - Members Aged 20-44	5,530	7,350	75.24%	Below Min. Std.
BCS - Total	1,406	2,971	47.32%	Below Min. Std.
CCS - Total	2,654	6,957	38.15%	Below Min. Std.
CDC - HbA1c Testing	340	411	82.73%	Below Min. Std.
FUA - 7 Days Total Ages	6	234	2.56%	Below Min. Std.
FUA - 30 Days Total Ages	10	234	4.27%	Below Min. Std.
IET - Initiation Total (All Ages)	524	1,425	36.77%	Below Min. Std.
IET - Engagement Total (All Ages)	65	1,425	4.56%	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	1,817.01	1,774.19	1.02 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	3,736.28	3,537.49	1.06 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	91	227,196	40.05/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	327	227,196	143.93/100K MM	Below Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	139	227,196	61.18/100K MM	Below Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	42	227,196	18.49/100K MM	Below Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	196	227,196	86.27/100K MM	Below Min. Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	46	62	74.19%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	285	418	68.18%	Below Min. Std.
SSD - Diabetes Screening	1,451	1,868	77.68%	Below Min. Std.
SVY-Adult - % Good Access to Service Coordination	-	-	51.16%	Below Min. Std.

HealthSpring 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
STAR+PLUS	Prenatal and postpartum care with a focus on members with depression and substance abuse disorder	PPC	86.3%	67.1%	76.7%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR+PLUS	PPC	Active identification of members with pregnancy and post-partum diagnoses	Member, System	Data through claims, encounters, pharmacy, and authorizations to identify members with pregnancy and post-partum diagnoses will be identified through claims on a bi-weekly basis.
STAR+PLUS	PPC	Timely involvement of members with pregnancy diagnosis in service coordination assessments to include at least one screening for depression using the PHQ9 screening tool during the pre-natal and post-partum periods.	Member	No description
STAR+PLUS	PPC	Coordination with Behavioral Health Specialists	Member, Provider	Referral of members with known Behavioral Health Diagnoses and/or positive depression screenings to Behavioral Health team. Continued follow up with members for assistance with appointments.
STAR+PLUS	PPC	Provider education OB/GYN physicians	Provider	Education to providers regarding MCO resources for assistance with providing members Behavioral Health care.

HealthSpring Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

Compliance with wait time standards 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+PLUS
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	100%
Primary Routine Care Standard-Child (Within 14 calendar days)	-
Primary Urgent Care Standard-Adult (Within 24 hours)	100%
Primary Urgent Care Standard-Child (Within 24 hours)	-
Behavioral Health Care-Adult (Within 14 calendar days)	75.8%
Behavioral Health Care-Child (Within 14 calendar days)	-

HealthSpring Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> HealthSpring had the largest number of STAR+PLUS performance measures that met or exceeded performance standards (43/62 met or exceeded standards).
Areas for Improvement (Quality)	<ul style="list-style-type: none"> HealthSpring MMP scored below average on QAPI evaluations.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from HealthSpring were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR+PLUS in SFY 2021.
Areas for Improvement (Access Timeliness)	<ul style="list-style-type: none"> Only 75.8 percent of the providers in the behavioral health care study sample from HealthSpring were compliant with appointment wait time standards for STAR+PLUS. This is below the average compliance rate for STAR+ PLUS (87.5 percent) in the SFY 2021 behavioral health study.

HealthSpring Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	-
Prior Year QAPI Recommendations (MCO)	4.5/7	64.3%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year AI Recommendations	NA	-
Prior Year QAPI Recommendations (MCO) ^a	1/1	100%
Prior Year QAPI Recommendations (MMP) ^a	NA	NA
Prior Year PIP Recommendations (STAR+PLUS) ^a	23.5/27	87%

Current recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.

Category	Description
Finding(s)	<p>During the 2018 PIPs, NCQA modified the HEDIS® technical specifications for the PPC measure for MY 2019 (re-measurement 2 of the 2018 PIPs). The revisions affected both the prenatal and postpartum sub-measures as follows:</p> <ul style="list-style-type: none"> • PPC, Timeliness of Prenatal Care – NCQA revised the enrollment criteria for inclusion in the sub-measure, which captured any visit during pregnancy rather than the timeliness of the prenatal visit. As a result, the prenatal sub-measure rates were inflated and not a true representation of the timeliness of prenatal care. After consultation with the EQRO, their NCQA-certified auditor, and NCQA, HHSC determined that the EQRO should run the MY 2019 prenatal sub-measure using the same enrollment criteria from the previous measurement year. HHSC instructed the MCOs to report their administrative rates for MY 2,017 and MY 2018 if the MCO originally reported the prenatal rate as a hybrid rate. The EQRO provided the administrative rates by program for MY 2019 for all MCOs that corrected the change in the technical specifications. • PPC, Timeliness of Postpartum Care – NCQA revised the technical specifications to include visits that occurred between seven to 84 days after delivery (previously limited to 21-56 days after delivery). As a result, the MY 2019 postpartum sub-measure hybrid and administrative rates were inflated compared to the MY 2,017 and MY 2018 rates. However, HHSC determined that since the MY 2019 rates were more aligned with current guidelines, the MCOs should report the rates using the updated technical specifications for MY 2019. <p>Due to these HEDIS® technical specification modifications for the PPC measure, rates for the postpartum sub-measure were inflated in the second re-measurement year of the 2018 PIPs (MY 2019) compared to baseline (MY 2,017). Several MCOs that focused on PPC significantly improved from baseline in the postpartum sub-measure but not in the prenatal sub-measure. However, when asked to describe factors that may have influenced the results, nine MCOs did not discuss the technical specification modifications (Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC).</p>
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	The EQRO recommends MCOs monitor HEDIS® technical specification modifications that can influence PIP results and discuss the potential impacts in the Final PIPs when reviewing MCO performance, even if they did not achieve a significant improvement. This recommendation applies to Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC.
Finding	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4

Category	Description
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.

Community First Health Plans (CFHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	1,508	13.1%	13	2.9%	397	5.1%	14,323	11.3%	16,241	11.1%
Black, Non-Hispanic	540	4.7%	6	1.4%	318	4.1%	8,119	6.4%	8,983	6.1%
Hispanic	7,978	69.2%	362	81.5%	4,817	62.0%	86,083	68.1%	99,240	67.9%
Unknown / Other	1,509	13.1%	63	14.2%	2,242	28.8%	17,954	14.2%	21,768	14.9%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	1	0.0%	11	2.5%	40	0.5%	6,492	5.1%	6,544	4.5%
1 – 9 years	4,863	42.2%	.	.	2,105	27.1%	54,171	42.8%	61,139	41.8%
10 – 17 years	6,039	52.4%	4	0.9%	4,084	52.5%	44,268	35.0%	54,395	37.2%
18 – 20 years	632	5.5%	27	6.1%	1,300	16.7%	8,045	6.4%	10,004	6.8%
21 – 44 years	-	-	402	90.5%	245	3.2%	12,454	9.8%	13,101	9.0%
45 – 64 years	-	-	-	-	-	-	1,049	0.8%	1,049	0.7%
Sex	-	-	-	-	-	-	-	-	-	-
Female	5,678	49.2%	439	98.9%	2,544	32.7%	68,758	54.4%	77,419	52.9%
Male	5,856	50.8%	5	1.1%	5,230	67.3%	57,718	45.6%	68,809	47.1%
Unknown	1	0.0%	-	-	-	-	3	0.0%	4	0.0%
All	11,535	100.0%	444	100.0%	7,774	100.0%	126,479	100.0%	146,232	100.0%

CFHP MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards ((UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

CFHP CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	96	126	76.19%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	51	75	68.00%	Above High Std.
IMA - Combination 2 Immunizations	208	411	50.61%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	5	155,347	3.22/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	6	125,219	4.79/100K MM	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	5.87	7.65	0.77 (A/E)	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	311.25	368.68	0.84 (A/E)	Above High Std.
SVY-Child - How Well Doctors Communicate Composite			84.11%	Above High Std.
WCC - BMI Screening - Total	301	376	80.05%	Above High Std.
ADD - Initiation Phase	68	186	36.56%	Meets Min. Std.
APM - Total	20	57	35.09%	Meets Std.
CIS - Combination 4 Immunizations	203	297	68.35%	Meets Min. Std.
CIS - Combination 10 Immunizations	116	297	39.06%	Meets Min. Std.
DEV - Total All Age	340	651	52.23%	Meets Min. Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	159,170	0.63/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	8	125,219	6.39/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	72.01%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	281	376	74.73%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	263	376	69.95%	Meets Min. Std.
CHL - Total	40	132	30.30%	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	25	75	33.33%	Below Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	125,219	2.40/100K MM	Below Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	2	159,170	1.26/100K MM	Below Std.
PDI - Acute PDI Composite Rate (PDI 91)	2	125,219	1.60/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	37.22	22.07	1.69 (A/E)	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	74.92%	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	69.76%	Below Min. Std.
APP - Total	-	-	-	LD

CFHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	112	176	63.64%	Above High Std.
DEV - Total All Age	6,648	13,031	51.02%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	511	849	60.19%	Above High Std.
IMA - Combination 2 Immunizations	200	411	48.66%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	50	1,050,886	4.76/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	9	1,182,982	0.76/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	25	1,182,982	2.11/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	73	778,237	9.38/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	12	778,237	1.54/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	0	21,623	0.00/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	11	195,659	5.62/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	1	195,659	0.51/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	3	174,036	1.72/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	66	195,659	33.73/100K MM	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	66.39%	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	59.62%	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	87.86%	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	74.21%	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	81.83%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	84.49%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	87.87%	Above High Std.
UOP - Multiple Pharmacies	9	382	2.36%	Above High Std.
UOP - Multiple Prescribers	58	382	15.18%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	6	382	1.57%	Above High Std.
WCC - BMI Screening - Total	315	366	86.07%	Above High Std.
WCC - Counseling on Nutrition - Total	287	366	78.42%	Above High Std.
ADD - Initiation Phase	548	1,302	42.09%	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	139	413	33.66%	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	1,348	1,971	68.39%	Meets Min. Std.
APM - Total	300	773	38.81%	Meets Std.
APP - Total	164	318	51.57%	Meets Min. Std.
CIS - Combination 10 Immunizations	1,322	3,910	33.81%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	296	849	34.86%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
HDO - Opioids High Dose	5	350	1.43%	Meets Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	16	195,659	8.18/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	2	195,659	1.02/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	13	195,659	6.64/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	53	195,659	27.09/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	33	195,659	16.87/100K MM	Meets Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	77.76%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	260	366	71.04%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	198	413	47.94%	Below Min. Std.
CCS - Total	3,189	5,268	60.54%	Below Min. Std.
CDC - HbA1c Control (<8%)	111	411	27.01%	Below Min. Std.
CDC - Eye Exam	225	646	34.83%	Below Min. Std.
CDC - HbA1c Testing	306	411	74.45%	Below Min. Std.
CHL - Total	2,059	4,077	50.50%	Below Min. Std.
CIS - Combination 4 Immunizations	2,463	3,910	62.99%	Below Min. Std.
FUA - 7 Days Total Ages	3	103	2.91%	Below Min. Std.
FUA - 30 Days Total Ages	4	103	3.88%	Below Min. Std.
FUM - 7 Days Total Ages	28	118	23.73%	Below Min. Std.
FUM - 30 Days Total Ages	54	118	45.76%	Below Min. Std.
IET - Initiation Total (All Ages)	245	596	41.11%	Below Std.
IET - Engagement Total (All Ages)	61	596	10.23%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	23	778,237	2.96/100K MM	Below Std.
PDI - Chronic PDI Composite Rate (PDI 92)	61	778,237	7.84/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	390.89	304.05	1.29 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	161.01	157.71	1.02 (A/E)	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Emergency Department Visits (PPV)	6,917.41	6,538.98	1.06 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	32.72	27.97	1.17 (A/E)	Below Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	15	195,659	7.67/100K MM	Below Std.
PQI - Hypertension Admission Rate (PQI 7)	6	195,659	3.07/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	11	195,659	5.62/100K MM	Below Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	3	195,659	1.53/100K MM	Below Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	65.20%	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	54.72%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	-	LD

CFHP STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	37	63	58.73%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	304	440	69.09%	Above High Std.
APM - Total	281	718	39.14%	Above High Std.
DEV - Total All Age	110	207	53.14%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	221	331	66.77%	Above High Std.
IMA - Combination 2 Immunizations	176	379	46.44%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	5	73,333	6.82/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	8	75,079	10.66/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	17	65,019	26.15/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	10	65,019	15.38/100K MM	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	81.96%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	71.88%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - How Well Doctors Communicate Composite	-	-	80.42%	Above High Std.
WCC - BMI Screening - Total	312	384	81.25%	Above High Std.
WCC - Counseling on Nutrition - Total	295	384	76.82%	Above High Std.
ADD - Initiation Phase	123	304	40.46%	Meets Min. Std.
CHL - Total	139	320	43.44%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	125	331	37.76%	Meets Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	5	75,079	6.66/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	7	65,019	10.77/100K MM	Meets Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	52.71%	Meets Min. Std.
SVY-Child - Customer Service Composite	-	-	73.67%	Meets Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers	-	-	67.73%	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	75.88%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	271	384	70.57%	Meets Min. Std.
APP - Total	50	140	35.71%	Below Min. Std.
FUM - 7 Days Total Ages	12	38	31.58%	Below Min. Std.
FUM - 30 Days Total Ages	19	38	50.00%	Below Min. Std.
IET - Initiation Total (All Ages)	25	63	39.68%	Below Min. Std.
IET - Engagement Total (All Ages)	4	63	6.35%	Below Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	5	65,019	7.69/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	187.74	146.82	1.28 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	101.25	95.56	1.06 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	606.94	587.21	1.03 (A/E)	Below Min. Std.
SVY-Child - Access to Specialized Services	-	-	50.06%	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	47.57%	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	87.45%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - Getting Needed Care Composite	-	-	59.89%	Below Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	32.85%	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	-	LD

CFHP 2018 PIP Summary

PIP topics and scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	97.1%	95.2%	96.2%
STAR	Prenatal and postpartum care with a focus only on postpartum care	PPC	95.7%	92.9%	94.3%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	99.1%	79.8%	89.5%

PIP Plan interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Enhanced Member Education to Include Healthy Nutrition and Physical Activity	Member	For telephonic and face-to-face member encounters, staff will incorporate information related to healthy nutrition and physical activity and provide resources information to include the Healthy Neighborhood Program.
CHIP	WCC	Provider Education Regarding Available Nutrition and Physical Activity Resources	Provider	The importance of addressing nutrition counseling and physical activity will be shared with providers, to include resources, such as the Healthy Neighborhood Program.
CHIP	WCC	Provider Education Regarding HEDIS WCC Rates	Provider	The importance of addressing nutrition counseling and physical activity will be shared with providers, and the impact of counseling on the HEDIS WCC rate.
STAR	PPC	Postpartum education	Member	Member education specific to postpartum care health needs and potential complications after giving birth to a newborn will be discussed at each member contact.
STAR Kids	URTI PPVs	Member incentive for receipt of the flu vaccination	Member	For every STAR Kids member for whom a claim or an attestation is received for a flu vaccination, a gift card will be mailed to the member.
STAR Kids	URTI PPVs	Member Education on Alternatives to the Emergency Room	Member	Members are contacted after an ER visit and receive a telephonic ER assessment which educates and documents the members' understanding of alternatives to the ER.

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

^a The regulations that address state contract requirements are not included in the reported scores. HHSC is working on obtaining compliance documentation for the EQRO to assess these regulations and the EQRO will report on these regulations for all health plans once in the three-year reporting cycle.

^b The EQRO collects MCO and DMO responses and documentation to select regulations in this category and will assess MCO/DMO compliance and report results in next year's SOA report.

^c The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, Data Certification, and Encounter Data Validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the report.

^d Two regulations have an implementation date of January 1, 2021 and are not included in the reported scores.

^e See **Appendix H: Scoring Compliance with 42 C.F.R. § 438 Subpart D and QAPI Standards** in the SOA report for all regulations not included in the results listed above.

Program	438.206	438.207 ^{a, b}	438.208 ^a	438.210 ^a	438.214	438.224 ^b	438.228	438.230 ^a	438.236	438.242 ^{a, c, d}	438.330 ^{a, b, c}	Overall ^{a, b, c, d}
Overall	100	-	100	98.7	100	-	99.2	-	91.7	100	97.8	98.1
CHIP	100	-	100	96.2	100	-	96.8	-	91.7	100	98.6	98.2
STAR	100	-	100	100	100	-	100	-	91.7	100	98.6	98.2
STAR Kids	100	-	100	100	100	-	100	-	91.7	100	96.2	97.9

CFHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	75.0%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	85.4%	81.5%	86.1%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	100%	-
Behavioral Health Care-Child (Within 14 calendar days)	100%	100%	92.7%

CFHP Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Above high standard on 27 performance indicators for STAR.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Had the second highest number of measures that did not meet performance standards for STAR Kids measures (14/40 measures did not meet performance standards). Did not address all prior recommendations from the AI evaluation or the PIPs for STAR and STAR Kids.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the behavioral health study sample from CFHP were compliant with appointment wait time standards for behavioral health care for STAR and CHIP in SFY2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Only 75 percent of the providers in the adult primary routine care study sample from CFHP were compliant with appointment wait time standards in STAR. This is below the compliance rate for STAR (97.4 percent) in the SFY 2021 PCP study. Did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions.

CFHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

CFHP Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	30/35	85.7%
Prior Year QAPI Recommendations (MCO)	7/7	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	15/15	100%
Prior Year PIP Recommendations (STAR) ^a	13.5/15	90%
Prior Year PIP Recommendations (STAR Kids) ^a	8/11	72.7

CFHP Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding(s)	A common reason for loss of points on the Final PIP evaluation was due to measurement issues, which included MCOs/DMOs not conducting the statistical analyses according to their data analysis plan, reporting inconsistent data when compared to EQRO data files, and MCOs/DMOs not achieving a statistically significant improvement for all reported measures. Aetna, CCHP, CFHP, and Parkland did not conduct the appropriate statistical test for their respective measures.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	All MCOs/DMOs, especially Aetna, CCHP, CFHP, and Parkland, should ensure their data analysis plans are appropriate for the reported measures and conduct the statistical analyses according to their data analysis plan for the Final PIP.
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5

Category	Description
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.
Finding(s)	Several MCOs and DMOs reported challenges obtaining and incorporating provider URL information into provider directories.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs, including Aetna Better Health, Community First Health Plans, FirstCare Health Plans, and UnitedHealthcare Dental, should establish systems to incorporate provider website URLs in their provider directories.
Finding	Many MCOs and DMOs requested clarification on the appropriate machine-readable format posted on their publicly facing websites.
MCQS Goal(s)	Goals 3, 4
Recommendation	Aetna Better Health, Community First Health Plans, Cook Children's Health Plan, DentaQuest, FirstCare Health Plans, and UnitedHealthcare Dental should provide machine-readable provider directories on their websites.
Finding(s)	Several MCOs and DMOs did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOS, including Community First Health Plans, Cook Children's Health Plan, El Paso Health, FirstCare Health Plans, and UnitedHealthcare Dental, should ensure their representatives make expedited service authorization decisions and notifications within the federally required timeframes.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.

Category	Description
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding(s)	STAR Kids MCOs have room to improve compliance with wait time standards in behavioral health. STAR Kids had the lowest percentage of compliant providers for behavioral health care among all programs. The percentage of STAR Kids providers compliant with UCMCM standards was 13.1 percentage points lower in 2021 than in 2018.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	STAR Kids MCOs should conduct root cause analyses (RCAs) to identify the driving factors behind lower rates of provider compliance among behavioral health providers and use the results to identify strategies for improving provider compliance.
Finding(s)	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare should examine why what is in the encounter data is not documented in the medical record.
Finding(s)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.

Category	Description
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.
MCQS Goal(s)	Goals 2, 6
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage. STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

Community Health Choice (CHC)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-
White, Non-Hispanic	2,240	12.3%	57	2.3%	40,668	13.5%	42,965	13.4%
Black, Non-Hispanic	2,502	13.7%	100	4.1%	59,119	19.7%	61,721	19.2%
Hispanic	9,759	53.4%	2,009	81.5%	141,753	47.2%	153,521	47.8%
Unknown / Other	3,764	20.6%	298	12.1%	59,090	19.7%	63,152	19.7%
Age Group	-	-	-	-	-	-	-	-
<1 year	1	0.0%	16	0.6%	20,765	6.9%	20,782	6.5%
1 – 9 years	8,311	45.5%	2	0.1%	144,416	48.0%	152,729	47.5%
10 – 17 years	8,990	49.2%	21	0.9%	85,631	28.5%	94,642	29.5%
18 – 20 years	963	5.3%	119	4.8%	15,124	5.0%	16,206	5.0%
21 – 44 years	-	-	2,298	93.3%	32,855	10.9%	35,153	10.9%
45 – 64 years	-	-	8	0.3%	1,839	0.6%	1,847	0.6%
Sex	-	-	-	-	-	-	-	-
Female	8,924	48.9%	2,454	99.6%	165,714	55.1%	177,092	55.1%
Male	9,339	51.1%	10	0.4%	134,882	44.9%	144,231	44.9%
Unknown	2	0.0%	-	-	34	0.0%	36	0.0%
All	18,265	100.0%	2,464	100.0%	300,630	100.0%	321,359	100.0%

CHC MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

CHC CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	90	105	85.71%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	44	53	83.02%	Above High Std.
IMA - Combination 2 Immunizations	177	411	43.07%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	9	253,754	3.55/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	6	198,127	3.03/100K MM	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	4.93	7.99	0.62 (A/E)	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	514.34	593.46	0.87 (A/E)	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	81.16%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	80.37%	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	77.63%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.89%	Above High Std.
WCC - Counseling on Nutrition - Total	320	411	77.86%	Above High Std.
WCC - Counseling on Physical Activity - Total	307	411	74.70%	Above High Std.
ADD - Initiation Phase	91	235	38.72%	Meets Min. Std.
APP - Total	18	33	54.55%	Meets Min. Std.
CHL - Total	123	243	50.62%	Meets Min. Std.
DEV - Total All Age	684	1,325	51.62%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	25	53	47.17%	Meets Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	2	198,127	1.01/100K MM	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	3	261,737	1.15/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	2	261,737	0.76/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	10	198,127	5.05/100K MM	Meets Std.
APM - Total	18	57	31.58%	Below Std.
CIS - Combination 4 Immunizations	396	607	65.24%	Below Min. Std.
CIS - Combination 10 Immunizations	207	607	34.10%	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	4	198,127	2.02/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	33.09	31.73	1.04 (A/E)	Below Min. Std.
WCC - BMI Screening - Total	296	411	72.02%	Below Min. Std.

CHC STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	147	242	60.74%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	1,892	2,521	75.05%	Above High Std.
DEV - Total All Age	20,819	40,362	51.58%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	404	1,031	39.19%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	637	1,031	61.78%	Above High Std.
IMA - Combination 2 Immunizations	179	411	43.55%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	79	2,366,690	3.34/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	32	2,786,366	1.15/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	45	2,786,366	1.62/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	94	1,624,527	5.79/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Acute PDI Composite Rate (PDI 91)	17	1,624,527	1.05/100K MM	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	12,395.26	14,723.96	0.84 (A/E)	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	30	452,831	6.62/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	8	452,831	1.77/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	6	412,502	1.45/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	192	452,831	42.40/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"			71.30%	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"			66.60%	Above High Std.
SVY-Adult - Getting Needed Care Composite			63.80%	Above High Std.
SVY-Adult - Getting Care Quickly Composite			63.40%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite			84.80%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"			85.98%	Above High Std.
SVY-Smoke - % Advised to Quit Smoking			39.70%	Above High Std.
UOP - Multiple Pharmacies	26	682	3.81%	Above High Std.
UOP - Multiple Prescribers	119	682	17.45%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	17	682	2.49%	Above High Std.
WCC - Counseling on Physical Activity - Total	297	411	72.26%	Above High Std.
ADD - Initiation Phase	918	2,174	42.23%	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	198	630	31.43%	Meets Min. Std.
APP - Total	251	504	49.80%	Meets Min. Std.
CCS - Total	8,843	13,704	64.53%	Meets Min. Std.
CHL - Total	4,598	8,362	54.99%	Meets Min. Std.
FUA - 7 Days Total Ages	8	184	4.35%	Meets Min. Std.
HDO - Opioids High Dose	11	605	1.82%	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	77	1,624,527	4.74/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	599.98	606.23	0.99 (A/E)	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	20	452,831	4.42/100K MM	Meets Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	20	452,831	4.42/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	10	452,831	2.21/100K MM	Meets Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	2	452,831	0.44/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	40	452,831	8.83/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	152	452,831	33.57/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	99	452,831	21.86/100K MM	Meets Std.
SVY-Child - % Good Access to Routine Care	-	-	68.78%	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	77.88%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	82.35%	Meets Min. Std.
WCC - BMI Screening - Total	308	411	74.94%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	308	411	74.94%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	295	630	46.83%	Below Min. Std.
APM - Total	281	1,076	26.12%	Below Std.
CDC - HbA1c Control (<8%)	106	411	25.79%	Below Min. Std.
CDC - Eye Exam	418	1,143	36.57%	Below Min. Std.
CDC - HbA1c Testing	296	411	72.02%	Below Min. Std.
CIS - Combination 4 Immunizations	7,490	12,418	60.32%	Below Min. Std.
CIS - Combination 10 Immunizations	3,420	12,418	27.54%	Below Min. Std.
FUA - 30 Days Total Ages	8	184	4.35%	Below Min. Std.
FUM - 7 Days Total Ages	71	231	30.74%	Below Min. Std.
FUM - 30 Days Total Ages	103	231	44.59%	Below Min. Std.
IET - Initiation Total (All Ages)	440	1,110	39.64%	Below Std.
IET - Engagement Total (All Ages)	120	1,110	10.81%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	45	1,624,527	2.77/100K MM	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	393.83	360.74	1.09 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	42.76	42.36	1.01 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	70	452,831	15.46/100K MM	Below Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	12	40,329	29.76/100K MM	Below Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	15	452,831	3.31/100K MM	Below Std.
SVY-Child - % Good Access to Urgent Care	-	-	69.34%	Below Min. Std.

CHC 2018 PIP Summary

PIP topics and scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	95.5%	96.9%	96.2%
STAR	Prenatal and postpartum care	PPC	100%	90.5%	95.3%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Part 1: HEDIS WCC Tips Sheet Development.	Provider	Community and MHT will create a HEDIS WCC Tips Sheet to educate PCPs on WCC sub-measures.
CHIP	WCC	Part 2: Face-to-Face Provider Education on HEDIS WCC Tips Sheet.	Provider	Community and MHT will educate and distribute the HEDIS WCC Tips Sheet to providers during provider's office visits.
CHIP	WCC	Wellness Fair During Back-to-School Season.	Member, Provider	Community and MHT will select and collaborate with a PCP(s) to conduct the Wellness Fair during back-to-school season. During the event, invited members will be able to complete all checkups required for school, such as well-child checkup (including WCC sub-measures), sports and physical, and immunizations.
CHIP	WCC	Provider Education Materials on HEDIS WCC	Provider	Medical Directors from Community and MHT will collaborate and develop provider education materials around WCC topics. The education materials will be available via provider newsletters and/or fax blasts.
CHIP	WCC	Live Recurring Webinars	Provider	Community and MHT will develop recurring webinars around WCC measures. Medical Directors from each health plan will be the primary facilitators of these webinars. These live webinars will allow PCPs to learn best practices from each other, as well as discuss challenges facing when serving the members.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	PCP Physician Incentive Program	Provider	Community has redesigned the 2018 PCP Physician Incentive Program. Under the 2018 Physician Incentive Program, Community has modified the participation criteria and added incentive measures, including HEDIS WCC sub-measures on counseling on nutrition and counseling on physical activity, to align with the 2018 Pay for Quality Program. Unlike the Physician Incentive Program in previous years, there are tiered incentive levels that the PCPs can achieve based on their performance on each incentive measure. In addition, all participating PCPs must meet the participation criteria to receive incentives.
STAR	PPC	Pregnancy Quick Start Guide to Newly Pregnant Members	Member	Community will develop and mail the Pregnancy Quick Start Guide as a cover letter. The Pregnancy Quick Start Guide educates pregnant members on the importance of selecting an OB physician during the first trimester or 42 days of enrollment, as well as obtaining all prenatal care visits during pregnancy.
STAR	PPC	Pregnancy Welcome Calls	Member	In previous years, Community made perinatal calls (as stated in Activity 7A on page 25 of this document) to newly pregnant members. Starting 2018, Community's Wellness Services team has redesigned the Perinatal calls and created the Pregnancy Welcome Calls to all newly pregnant members. The new Welcome Calls will primarily focus on prenatal care education topics, as follows: The importance of selecting an OB provider, the importance receiving all required prenatal visits during pregnancy, especially the first prenatal visit within the first trimester or 42 days of enrollment with Community. The difference between prenatal care visits and Emergency Department (ED) visits. OB provider selection and prenatal care visits scheduling assistance, when requested. Other healthcare benefits during pregnancy.
STAR	PPC	Coordination between Member Services and Wellness Services to standardize the postpartum care call script for inbound calls	Member	Community's Wellness Services team will coordinate with Members Services team to standardize the call script to newly pregnant members when they contact Member Services for assistance and/or inform Community of their newborns. The goal is for Member Services and Wellness Services to deliver consistent message to new mothers regarding the postpartum care visits.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Newborn Quick Start Guide to Newborns and New Mothers	Member	Community will develop and mail the Newborn Quick Start Guide as a cover letter. The Newborn Quick Start Guide educates new mothers on the importance of selecting a primary care provider (PCP) for the newborns as well as having the newborns receive all age-appropriate well-child checkups. The Newborn Quick Start Guide will also remind new mothers to complete a postpartum visit between 21-56 days after delivery.
STAR	PPC	Pre-Delivery Outreach by Wellness Services Team	Member	Community's Wellness Services team will contact pregnant members during their last trimester and educate them on the following topics: The importance of receiving a postpartum visit between 21-56 days of delivery. Medicaid coverage for new mothers after pregnancy. The importance of selecting a PCP and completing all age-appropriate well-child checkups for newborns. The importance of reporting delivery to 2-1-1.
STAR	PPC	High Risk Perinatal Care Management Program	Member	Community has a High Risk Perinatal Care Management program specifically tailored to Community's high-risk pregnant members. This is an opt-in program. The program consists of member education, short and long-term goal setting, individualized care planning, mailing campaign, telephonic care management, and practitioner collaboration. Member education includes topics: Zika, prenatal care, postpartum care, and postpartum depression. The team conducts multiple points of contact during and after delivery. During these contacts, the team coordinates with the member and her provider to ensure all appropriate prenatal care visits and postpartum care visits are completed.
STAR	PPC	OBGYN Physician Incentive Program	Provider	Community has redesigned its 2018 OBGYN Physician Incentive Program. Under the new program, Community has modified the participation criteria and continued including the HEDIS PPC quality measures, to align with 2018 Pay for Quality Program. Unlike the OBGYN Physician Incentive Program in previous years, there are tiered incentive levels that the OB providers can achieve based on their performance on each quality measure. In addition, all OB providers must meet the participation criteria to receive incentives.

CHC Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	92.6%
Primary Routine Care Standard-Child (Within 14 calendar days)	97.3%	94.3%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	96.3%
Behavioral Health Care-Child (Within 14 calendar days)	100%	96.4%

CHC Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Scored above average on QAPI evaluations. Was one of two MCOs to have the most measures that met or exceeded performance standards for CHIP (22/28 met or exceeded performance standards).
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Reported results that were inconsistent with EQRO data files for the 2018 STAR PIP evaluations and did not show sustained improvement on at least one or more study measures For STAR PIPs.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> Provider compliance with wait time standards was >90 percent for all programs in the primary care and behavioral health appointment availability studies.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Increase availability of provider information using machine-readable formats for provider directory information and including provider website URLs in directory information. Examine provider directories to identify factors that could influence the accuracy of provider addresses.

CHC Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

CHC Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	-
Prior Year QAPI Recommendations (MCO)	1/1	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	6/6	100%
Prior Year PIP Recommendations (STAR) ^a	1/1	100%

CHC Current recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.

Category	Description
Finding(s)	<p>During the 2018 PIPs, NCQA modified the HEDIS® technical specifications for the PPC measure for MY 2019 (re-measurement 2 of the 2018 PIPs). The revisions affected both the prenatal and postpartum sub-measures as follows:</p> <ul style="list-style-type: none"> • PPC, Timeliness of Prenatal Care – NCQA revised the enrollment criteria for inclusion in the sub-measure, which captured any visit during pregnancy rather than the timeliness of the prenatal visit. As a result, the prenatal sub-measure rates were inflated and not a true representation of the timeliness of prenatal care. After consultation with the EQRO, their NCQA-certified auditor, and NCQA, HHSC determined that the EQRO should run the MY 2019 prenatal sub-measure using the same enrollment criteria from the previous measurement year. HHSC instructed the MCOs to report their administrative rates for MY 2,017 and MY 2018 if the MCO originally reported the prenatal rate as a hybrid rate. The EQRO provided the administrative rates by program for MY 2019 for all MCOs that corrected the change in the technical specifications. • PPC, Timeliness of Postpartum Care – NCQA revised the technical specifications to include visits that occurred between seven to 84 days after delivery (previously limited to 21-56 days after delivery). As a result, the MY 2019 postpartum sub-measure hybrid and administrative rates were inflated compared to the MY 2,017 and MY 2018 rates. However, HHSC determined that since the MY 2019 rates were more aligned with current guidelines, the MCOs should report the rates using the updated technical specifications for MY 2019. <p>Due to these HEDIS® technical specification modifications for the PPC measure, rates for the postpartum sub-measure were inflated in the second re-measurement year of the 2018 PIPs (MY 2019) compared to baseline (MY 2,017). Several MCOs that focused on PPC significantly improved from baseline in the postpartum sub-measure but not in the prenatal sub-measure. However, when asked to describe factors that may have influenced the results, nine MCOs did not discuss the technical specification modifications (Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC).</p>
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	The EQRO recommends MCOs monitor HEDIS® technical specification modifications that can influence PIP results and discuss the potential impacts in the Final PIPs when reviewing MCO performance, even if they did not achieve a significant improvement. This recommendation applies to Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.

Cook Children's Health Plan (CCHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	3,181	21.9%	29	5.1%	1,085	10.8%	26,901	21.5%	31,196	20.7%
Black, Non-Hispanic	1,924	13.2%	39	6.8%	1,291	12.9%	25,488	20.4%	28,742	19.1%
Hispanic	6,516	44.8%	401	70.1%	2,564	25.6%	49,242	39.3%	58,723	39.1%
Unknown / Other	2,935	20.2%	103	18.0%	5,063	50.6%	23,584	18.8%	31,685	21.1%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	2	0.0%	9	1.6%	61	0.6%	6,845	5.5%	6,917	4.6%
1 – 9 years	6,732	46.2%	1	0.2%	2,856	28.6%	59,048	47.2%	68,637	45.7%
10 – 17 years	7,180	49.3%	2	0.3%	5,155	51.5%	42,653	34.1%	54,990	36.6%
18 – 20 years	642	4.4%	14	2.4%	1,630	16.3%	6,788	5.4%	9,074	6.0%
21 – 44 years	-	-	546	95.5%	301	3.0%	9,461	7.6%	10,308	6.9%
45 – 64 years	-	-	-	-	-	-	420	0.3%	420	0.3%
Sex	-	-	-	-	-	-	-	-	-	-
Female	7,144	49.1%	564	98.6%	3,501	35.0%	66,670	53.2%	77,879	51.8%
Male	7,411	50.9%	8	1.4%	6,502	65.0%	58,535	46.7%	72,456	48.2%
Unknown	1	0.0%	-	-	-	-	10	0.0%	11	0.0%
All	14,556	100.0%	572	100.0%	10,003	100.0%	125,215	100.0%	150,346	100.0%

CCHP MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

CCHP CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	70	83	84.34%	Above High Std.
DEV - Total All Age	576	944	61.02%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	41	58	70.69%	Above High Std.
IMA - Combination 2 Immunizations	170	411	41.36%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	1	195,624	0.51/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	4	153,032	2.61/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	16.78	26.15	0.64 (A/E)	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	82.49%	Above High Std.
ADD - Initiation Phase	57	157	36.31%	Meets Min. Std.
APP - Total	19	37	51.35%	Meets Min. Std.
CIS - Combination 10 Immunizations	154	414	37.20%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	30	58	51.72%	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	201,481	0.00/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	5	153,032	3.27/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	153,032	0.65/100K MM	Meets Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	73.19%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCC - BMI Screening - Total	287	366	78.42%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	269	366	73.50%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	258	366	70.49%	Meets Min. Std.
APM - Total	20	68	29.41%	Below Std.
CHL - Total	63	168	37.50%	Below Min. Std.
CIS - Combination 4 Immunizations	275	414	66.43%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	153,032	1.96/100K MM	Below Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	3	201,481	1.49/100K MM	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	7.62	7.4	1.03 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	484.72	446.83	1.08 (A/E)	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	70.51%	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	68.28%	Below Min. Std.

CCHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	122	234	52.14%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	850	1,214	70.02%	Above High Std.
DEV - Total All Age	7,648	13,175	58.05%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	269	595	45.21%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	403	595	67.73%	Above High Std.
FUM - 7 Days Total Ages	235	408	57.60%	Above High Std.
FUM - 30 Days Total Ages	268	408	65.69%	Above High Std.
IMA - Combination 2 Immunizations	148	411	36.01%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	20	1,059,740	1.89/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Gastroenteritis Admission Rate (PDI 16)	12	1,206,133	0.99/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	13	1,206,133	1.08/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	43	765,277	5.62/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	7	765,277	0.91/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	169.17	257.59	0.66 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	0	9,278	0.00/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	5	146,286	3.42/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	2	146,286	1.37/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	46	146,286	31.45/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	68.16%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	82.04%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	82.86%	Above High Std.
UOP - Multiple Pharmacies	6	159	3.77%	Above High Std.
ADD - Initiation Phase	412	931	44.25%	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	75	234	32.05%	Meets Min. Std.
CDC - HbA1c Control (<8%)	108	268	40.30%	Meets Min. Std.
CIS - Combination 10 Immunizations	1,262	4,124	30.60%	Meets Min. Std.
FUA - 7 Days Total Ages	3	75	4.00%	Meets Min. Std.
HDO - Opioids High Dose	3	130	2.31%	Meets Min. Std.
IET - Initiation Total (All Ages)	224	499	44.89%	Meets Std.
PDI - Chronic PDI Composite Rate (PDI 92)	36	765,277	4.70/100K MM	Meets Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	3	146,286	2.05/100K MM	Meets Std.
PQI - Hypertension Admission Rate (PQI 7)	1	146,286	0.68/100K MM	Meets Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	3	146,286	2.05/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	2	146,286	1.37/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	7	146,286	4.79/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	39	146,286	26.66/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	31	146,286	21.19/100K MM	Meets Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	63.39%	Meets Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	79.28%	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	78.65%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.28%	Meets Min. Std.
UOP - Multiple Prescribers and Pharmacies	6	159	3.77%	Meets Min. Std.
WCC - BMI Screening - Total	270	360	75.00%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	263	360	73.06%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	247	360	68.61%	Meets Min. Std.
ADD - Continuation and Maintenance Phase	67	141	47.52%	Below Min. Std.
APM - Total	265	837	31.66%	Below Std.
APP - Total	156	352	44.32%	Below Min. Std.
CCS - Total	2,028	3,408	59.51%	Below Min. Std.
CDC - Eye Exam	78	291	26.80%	Below Min. Std.
CDC - HbA1c Testing	217	268	80.97%	Below Min. Std.
CHL - Total	1,479	3,147	47.00%	Below Min. Std.
CIS - Combination 4 Immunizations	2,422	4,124	58.73%	Below Min. Std.
FUA - 30 Days Total Ages	5	75	6.67%	Below Min. Std.
IET - Engagement Total (All Ages)	66	499	13.23%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	22	765,277	2.87/100K MM	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	185.64	129.39	1.43 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	6,175.66	5,912.97	1.04 (A/E)	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Complications (PPC)	17.97	16.8	1.07 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	25	146,286	17.09/100K MM	Below Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	4	137,008	2.92/100K MM	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	2	146,286	1.37/100K MM	Below Std.
SVY-Adult - Getting Needed Care Composite	-	-	51.28%	Below Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	55.35%	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	67.37%	Below Min. Std.
UOP - Multiple Prescribers	54	159	33.96%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	-	LD

CCHP 2018 PIP Summary

PIP topics and scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	97.5%	90.5%	94.0%
STAR	Prenatal and postpartum care	PPC	97.3%	90.5%	93.9%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	99.6%	79.8%	89.7%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Provider HEDIS Education Manual	Provider	CCHP will create HEDIS Provider Education Manual that will provide an overview of the documentation requirements for key HEDIS measures, including, but not limited to WCC. The document will also include pertinent CPT and ICD-10 codes for each measure to ensure claims are coded properly. We will distribute this document via mail to all our Primary Care Providers and post it on the CCHP Provider Portal.
CHIP	WCC	Targeted WCC Provider Mailing	Provider	This intervention also addresses the barrier related to provider knowledge.
CHIP	WCC	Provider Newsletter HEDIS FAQ	Provider	CCHP will present a HEDIS FAQ in the quarterly Provider Newsletter that addresses at least one of the knowledge gaps identified.
STAR	PPC	Targeted PPC Pilot Project	Member	CCHP Quality will create a PPC project that is designed to intensively monitor pregnant members at high risk due to low acculturation based on zip code. Members identified in this subset will be provided focused Care Management telephonic outreach. A focused prenatal and/or postpartum letter will be mailed to the member (as applicable) if we are unsuccessful in reaching them by telephone. A Maternity Mailer summarizing key points will be mailed to members once successful telephone contact has been made. Care Management will make focused calls to these members shortly after delivery to ensure postpartum and well-baby appointments are made in a timely manner.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Provider HEDIS Education Manual	Provider	CCHP will create HEDIS Provider Education Manual that will provide an overview of the documentation requirements for key HEDIS measures, including, but not limited to PPC. The document will also include pertinent CPT and ICD-10 codes for each measure to ensure claims are coded properly. We will distribute this document via mail to all our OB/GYN Providers and post it on the CCHP Provider Portal.
STAR	PPC	Provider Newsletter FAQ	Provider	This intervention addresses the barrier related to Provider Knowledge. CCHP will present a HEDIS FAQ in the quarterly Provider Newsletter that addresses at least one of the knowledge gaps identified.
STAR Kids	URTI PPVs	Analyze PPV Data when available	System	3M PPV data will be analyzed to understand benchmark and baseline rates for all measurements as listed in Activity 4.
STAR Kids	URTI PPVs	Provide Service Coordination to all STAR Kids Members with aim of decreasing ED utilization	Member	Service Coordinators will provide case management in a tiered approach based upon level of need with increased focus on decreasing ED utilization unless medically necessary. Service Coordinators will assist in removing barriers to primary care and providing education, as necessary. While the STAR Kids Service Coordinators are already providing this service, approximately 35% of the population has not yet completed the Screening and Assessment Instrument; fewer have Individual Service Plans completed. Service Coordinator and Member relationships are very new at the implementation of this PIP and are anticipated to strengthen with engagement.
STAR Kids	URTI PPVs	Support and Assist Implementation of Patient Centered Medical Homes (PCMH) in the Cook Children's Neighborhood Clinics.	Provider	Cook Children's Neighborhood Clinics are currently seeking accreditation as PCMHs. The Cook Children's Neighborhood Clinics are strategically placed throughout the SDA to provide care to underserved communities and thus a large volume of CCHP members. CCHP will support this endeavor by providing requested data and by other means as they become apparent.

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

^a The regulations that address state contract requirements are not included in the reported scores. HHSC is working on obtaining compliance documentation for the EQRO to assess these regulations and the EQRO will report on these regulations for all health plans once in the three-year reporting cycle.

^b The EQRO collects MCO and DMO responses and documentation to select regulations in this category and will assess MCO/DMO compliance and report results in next year's SOA report.

^c The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, Data Certification, and Encounter Data Validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the report.

^d Two regulations have an implementation date of January 1, 2021 and are not included in the reported scores.

^e See **Appendix H: Scoring Compliance with 42 C.F.R. § 438 Subpart D and QAPI Standards** in the SOA report for all regulations not included in the results listed above.

Program	438.206	438.207 ^{a, b}	438.208 ^a	438.210 ^a	438.214	438.224 ^b	438.228	438.230 ^a	438.236	438.242 ^{a, c, d}	438.330 ^{a, b, c}	Overall ^{a, b, c, d}
Overall	100	-	92.9	76.9	100	-	92.3	-	100	100	100	95.1
CHIP	100	-	92.9	76.9	100	-	80.7	-	100	100	100	95.1
STAR	100	-	92.9	76.9	100	-	95.5	-	100	100	100	95.1
STAR Kids	100	-	92.9	76.9	100	-	95.5	-	100	100	100	95.1

CCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	96.4%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	96.3%	100%	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	50%	-
Behavioral Health Care-Child (Within 14 calendar days)	63.6%	50%	36.4%

CCHP Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Scored 100 percent on QAPI evaluations in 2020 and 2021.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> CCHP did not address all prior recommendations for the AI evaluation or the STAR PIPs.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from CCHP were compliant with appointment wait time standards for primary routine care, and primary urgent care for STAR in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions. Only 50 percent of the providers in the behavioral health care study sample from CCHP were compliant with appointment wait time standards for STAR Adult or STAR Child. This is significantly below the average compliance rate for STAR (87.2 percent) in the SFY 2021 behavioral health study.

CCHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

CCHP Compliance with Prior AI, QAPI & PIP recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Categories	Ratio	Percentage Met
Prior Year AI Recommendations	24/35	68.6%
Prior Year QAPI Recommendations (MCO)	5/5	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	7/7	100%
Prior Year PIP Recommendations (STAR) ^a	7.5/10	75%
Prior Year PIP Recommendations (STAR Kids) ^a	8/8	100%

CCHP Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding(s)	A common reason for loss of points on the Final PIP evaluation was due to measurement issues, which included MCOs/DMOs not conducting the statistical analyses according to their data analysis plan, reporting inconsistent data when compared to EQRO data files, and MCOs/DMOs not achieving a statistically significant improvement for all reported measures. Aetna, CCHP, CFHP, and Parkland did not conduct the appropriate statistical test for their respective measures.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	All MCOs/DMOs, especially Aetna, CCHP, CFHP, and Parkland, should ensure their data analysis plans are appropriate for the reported measures and conduct the statistical analyses according to their data analysis plan for the Final PIP.
Finding	Many MCOs and DMOs requested clarification on the appropriate machine-readable format posted on their publicly facing websites.
MCQS Goal(s)	Goals 3, 4
Recommendation	Aetna Better Health, Community First Health Plans, Cook Children's Health Plan, DentaQuest, FirstCare Health Plans, and UnitedHealthcare Dental should provide machine-readable provider directories on their websites.
Finding(s)	Several MCOs and DMOs did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOS, including Community First Health Plans, Cook Children's Health Plan, El Paso Health, FirstCare Health Plans, and UnitedHealthcare Dental, should ensure their representatives make expedited service authorization decisions and notifications within the federally required timeframes.

Category	Description
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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)	STAR Kids MCOs have room to improve compliance with wait time standards in behavioral health. STAR Kids had the lowest percentage of compliant providers for behavioral health care among all programs. The percentage of STAR Kids providers compliant with UMCM standards was 13.1 percentage points lower in 2021 than in 2018.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	STAR Kids MCOs should conduct root cause analyses (RCAs) to identify the driving factors behind lower rates of provider compliance among behavioral health providers and use the results to identify strategies for improving provider compliance.
Finding(s)	Cook Children’s Health Plan (CCHP) has the most room to improve compliance with wait time standards for behavioral health. CCHP had the lowest percentage of providers in compliance with wait time standards for all product lines that they serve (STAR, STAR Kids, CHIP).
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> • HHSC should strongly encourage CCHP to conduct a root cause analysis to identify the drivers for low compliance with appointment standards • CCHP should use the RCA to identify specific approaches that they can use to encourage providers to make appointments available within 14 working days.
Finding(s)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> • STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. • STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.

Category	Description
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.
MCQS Goal(s)	Goals 2, 6
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage. STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

Dell Children's Health Plan (DCHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-
White, Non-Hispanic	1,122	21.0%	18	4.6%	5,772	19.8%	6,912	19.8%
Black, Non-Hispanic	463	8.7%	12	3.1%	3,298	11.3%	3,773	10.8%
Hispanic	2,596	48.6%	315	80.4%	13,923	47.8%	16,834	48.3%
Unknown / Other	1,157	21.7%	47	12.0%	6,120	21.0%	7,324	21.0%
Age Group	-	-	-	-	-	-	-	-
<1 year	1	0.0%	3	0.8%	1,494	5.1%	1,498	4.3%
1 – 9 years	2,536	47.5%	-	-	14,958	51.4%	17,494	50.2%
10 – 17 years	2,564	48.0%	5	1.3%	9,019	31.0%	11,588	33.3%
18 – 20 years	237	4.4%	34	8.7%	1,611	5.5%	1,882	5.4%
21 – 44 years	-	-	350	89.3%	1,818	6.2%	2,168	6.2%
45 – 64 years	-	-	-	-	213	0.7%	213	0.6%
Sex	-	-	-	-	-	-	-	-
Female	2,659	49.8%	391	99.7%	15,234	52.3%	18,284	52.5%
Male	2,678	50.2%	1	0.3%	13,876	47.7%	16,555	47.5%
Unknown	1	0.0%	-	-	3	0.0%	4	0.0%
All	5,338	100.0%	392	100.0%	29,113	100.0%	34,843	100.0%

DCHP MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

DCHP CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	32	38	84.21%	Above High Std.
CIS - Combination 10 Immunizations	70	157	44.59%	Above High Std.
IMA - Combination 2 Immunizations	114	252	45.24%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	69,497	0.00/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	3	52,836	5.68/100K MM	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	125.36	157.61	0.80 (A/E)	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	76.42%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.55%	Above High Std.
WCC - Counseling on Nutrition - Total	304	398	76.38%	Above High Std.
WCC - Counseling on Physical Activity - Total	300	398	75.38%	Above High Std.
CHL - Total	27	62	43.55%	Meets Min. Std.
DEV - Total All Age	174	336	51.79%	Meets Min. Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	71,576	0.00/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	71,576	0.00/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	3	52,836	5.68/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	52,836	0.00/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	77.24%	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	76.89%	Meets Min. Std.
ADD - Initiation Phase	25	77	32.47%	Below Min. Std.
CIS - Combination 4 Immunizations	103	157	65.61%	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	7	30	23.33%	Below Std.
FUH - Follow Up within 30 Days Total Ages	15	30	50.00%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	52,836	5.68/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	10.72	8.47	1.27 (A/E)	Below Min. Std.
WCC - BMI Screening - Total	310	398	77.89%	Below Min. Std.
APM - Total	-	-	-	LD
APP - Total	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD

DCHIP STAR

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	208	279	74.55%	Above High Std.
CIS - Combination 10 Immunizations	382	986	38.74%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	62	154	40.26%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	97	154	62.99%	Above High Std.
FUM - 30 Days Total Ages	20	31	64.52%	Above High Std.
IET - Engagement Total (All Ages)	19	96	19.79%	Above High Std.
IMA - Combination 2 Immunizations	171	411	41.61%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	6	256,376	2.34/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	291,427	0.34/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	291,427	0.00/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Overall PDI Composite Rate (PDI 90)	9	181,745	4.95/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	181,745	0.55/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	53.35	60.24	0.89 (A/E)	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	1,213.76	1,366.71	0.89 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	1	4,283	23.35/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	0	31,858	0.00/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	0	27,575	0.00/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	6	31,858	18.83/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	69.26%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	86.86%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	79.25%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.52%	Above High Std.
UOP - Multiple Pharmacies	1	30	3.33%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	1	30	3.33%	Above High Std.
WCC - BMI Screening - Total	283	354	79.94%	Above High Std.
WCC - Counseling on Nutrition - Total	274	354	77.40%	Above High Std.
WCC - Counseling on Physical Activity - Total	269	354	75.99%	Above High Std.
ADD - Initiation Phase	98	232	42.24%	Meets Min. Std.
ADD - Continuation and Maintenance Phase	23	43	53.49%	Meets Min. Std.
CHL - Total	290	567	51.15%	Meets Min. Std.
IET - Initiation Total (All Ages)	53	96	55.21%	Meets Std.
PDI - Chronic PDI Composite Rate (PDI 92)	8	181,745	4.40/100K MM	Meets Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	0	31,858	0.00/100K MM	Meets Std.
PQI - Hypertension Admission Rate (PQI 7)	0	31,858	0.00/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	0	31,858	0.00/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	1	31,858	3.14/100K MM	Meets Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	0	31,858	0.00/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	1	31,858	3.14/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	5	31,858	15.69/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	4	31,858	12.56/100K MM	Meets Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	63.41%	Meets Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	82.68%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	20	45	44.44%	Below Min. Std.
AMM - Effective Continuation Phase Treatment	11	45	24.44%	Below Min. Std.
APM - Total	29	118	24.58%	Below Std.
APP - Total	25	54	46.30%	Below Min. Std.
CCS - Total	344	663	51.89%	Below Min. Std.
CDC - HbA1c Control (<8%)	23	71	32.39%	Below Min. Std.
CDC - Eye Exam	25	76	32.89%	Below Min. Std.
CDC - HbA1c Testing	60	71	84.51%	Below Min. Std.
CIS - Combination 4 Immunizations	586	986	59.43%	Below Min. Std.
DEV - Total All Age	966	2,396	40.32%	Below Min. Std.
FUM - 7 Days Total Ages	7	31	22.58%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	5	181,745	2.75/100K MM	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	34.03	26.77	1.27 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	3.87	2.66	1.46 (A/E)	Below Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	3	31,858	9.42/100K MM	Below Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	1	31,858	3.14/100K MM	Below Min. Std.
SVY-Adult - Getting Needed Care Composite	-	-	50.15%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - Getting Care Quickly Composite	-	-	54.21%	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	66.34%	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	76.32%	Below Min. Std.
UOP - Multiple Prescribers	11	30	36.67%	Below Min. Std.
FUA - 7 Days Total Ages	-	-	-	LD
FUA - 30 Days Total Ages	-	-	-	LD
HDO - Opioids High Dose	-	-	-	LD
SVY-Smoke - % Advised to Quit Smoking	-	-	-	LD

DCHP 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	100%	83.3%	91.7%
STAR	Prenatal and postpartum care with a focus on non-Hispanic Black members	PPC	97.0%	91.7%	94.4%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Mobile Vans/Mobile Clinics	Member, System	Members with limited access will have the option of a mobile clinic or mobile van in their community for care. Mobile services will be focused on areas of highest non-compliance. Members will be outreached in advance and notified of the availability of services. Members will receive appointment reminder calls and texts (per their preference) prior to the scheduled mobile visit.
CHIP	WCC	WCC Provider Education Fax Blast	Provider, System	Using information from HEDIS Handbook specific to CPT codes, educate providers regarding proper timing and coding of the WCC measure. The information will be distributed via fax to all primary care physicians and pediatricians.
STAR	PPC	High volume of African American pregnant women-OB/GYN Provider Education	Member, Provider, System	Using the new enrollment file TPW/TP40 data, Amerigroup will identify newly enrolled African American members within the STAR population and their OB/GYN provider. A letter will be generated to the OB/GYN provider and will communicate items such as: their member list, services available to members, provider incentives, and available community resources, etc. Nurse practice consultant (NPC) team will contact identified OB/GYN providers to provide member benefits education, assistance, and support.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Prenatal Care Outreach	Member, System	<p>This activity will target members identified using new enrollment file TPW/TP40 data for African American STAR. Multiple levels of intervention as follows:</p> <ol style="list-style-type: none"> 1. All members identified as newly enrolled pregnant African American members will receive a postcard that will communicate items such as: helpful phone numbers, transportation resources, and notification that an educational packet named Taking Care of Baby and Me with additional support will be sent to the members. 2. Identified African American members on the new enrollment file will be compared against the 17P file. OB Case management will conduct outreach to the members that fall within the 37- and 38-weeks high risk groups who have not completed an OB screener. The screener will help identify needs such as: lack of prenatal care, comorbidities, behavioral health. The results of the OB screener will place the newly screened pregnant woman in the appropriate queue for additional case management. Members identified with Behavioral Health needs will be sent to the BH case management team for additional support. 3. Newly enrolled African American members who do not fall within the high risk 17P groups and have not completed an OB screener will be prioritized through the TPW/TP40 file. The Outreach Care Specialist Team will conduct outreach calls to identified members without a completed OB screener and assist them with completion of this screener. The screener will help identify needs such as: lack of prenatal care, comorbidities, behavioral health. The results of the OB screener will place the newly screened pregnant woman in the appropriate queue for additional case management. Members identified with Behavioral Health needs will be sent to the BH case management team for additional support.

DCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%
Primary Routine Care Standard-Child (Within 14 calendar days)	100%	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	80%
Behavioral Health Care-Child (Within 14 calendar days)	100%	80%

DCHP Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Above high standard on 27 performance indicators for STAR.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Quality monitoring and assessment, including data reporting, measurement, and analysis, and monitoring changes in HEDIS measurement specifications
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from DCHP were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child and CHIP in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> DCHP did not provide complete and accurate indicator goals, results, and/or analyses of results in 2018 PIPs—something that can make it difficult to assess changes in member access to health services.

DCHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

DCHP Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	NA	NA
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	2/2	100%
Prior Year PIP Recommendations (STAR) ^a	8/8	100%

DCHP Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.

Driscoll Health Plan (Driscoll)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	738	15.2%	2	1.7%	219	2.1%	12,698	6.6%	13,657	6.6%
Black, Non-Hispanic	137	2.8%	1	0.9%	79	0.7%	2,402	1.3%	2,619	1.3%
Hispanic	3,330	68.7%	94	81.0%	8,689	82.1%	150,479	78.7%	162,592	78.7%
Unknown / Other	640	13.2%	19	16.4%	1,598	15.1%	25,529	13.4%	27,786	13.4%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	-	-	1	0.9%	49	0.5%	11,724	6.1%	11,774	5.7%
1 – 9 years	2,126	43.9%	-	-	2,699	25.5%	90,064	47.1%	94,889	45.9%
10 – 17 years	2,469	51.0%	1	0.9%	5,754	54.4%	58,593	30.7%	66,817	32.3%
18 – 20 years	250	5.2%	3	2.6%	1,825	17.2%	11,098	5.8%	13,176	6.4%
21 – 44 years	-	-	110	94.8%	258	2.4%	18,724	9.8%	19,092	9.2%
45 – 64 years	-	-	1	0.9%	-	-	905	0.5%	906	0.4%
Sex	-	-	-	-	-	-	-	-	-	-
Female	2,380	49.1%	116	100.0%	3,349	31.6%	104,755	54.8%	110,600	53.5%
Male	2,464	50.9%	-	-	7,236	68.4%	86,351	45.2%	96,051	46.5%
Unknown	1	0.0%	-	-	-	-	2	0.0%	3	0.0%
All	4,845	100.0%	116	100.0%	10,585	100.0%	191,108	100.0%	206,654	100.0%

Driscoll MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

Driscoll CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
CIS - Combination 4 Immunizations	126	156	80.77%	Above High Std.
CIS - Combination 10 Immunizations	78	156	50.00%	Above High Std.
DEV - Total All Age	188	309	60.84%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	23	30	76.67%	Above High Std.
IMA - Combination 2 Immunizations	93	173	53.76%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	64,798	0.00/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	1	51,098	1.96/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	3.85	9.84	0.39 (A/E)	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	81.57%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	82.21%	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	81.06%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	90.95%	Above High Std.
WCC - BMI Screening - Total	343	411	83.45%	Above High Std.
WCC - Counseling on Nutrition - Total	320	411	77.86%	Above High Std.
WCC - Counseling on Physical Activity - Total	315	411	76.64%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	29	42	69.05%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	17	30	56.67%	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	66,629	0.00/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	66,629	0.00/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	1	51,098	1.96/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	51,098	0.00/100K MM	Meets Std.
ADD - Initiation Phase	39	125	31.20%	Below Min. Std.
CHL - Total	25	77	32.47%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	1	51,098	1.96/100K MM	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	3.07	2.82	1.09 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	217.77	160.08	1.36 (A/E)	Below Min. Std.
APM - Total	-	-	-	LD
APP - Total	-	-	-	LD

Driscoll STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	1,116	2,447	45.61%	Above High Std.
ADD - Continuation and Maintenance Phase	149	230	64.78%	Above High Std.
CCS - Total	5,398	7,453	72.43%	Above High Std.
DEV - Total All Age	12,925	24,112	53.60%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	363	703	51.64%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	524	703	74.54%	Above High Std.
HDO - Opioids High Dose	3	278	1.08%	Above High Std.
IET - Engagement Total (All Ages)	183	990	18.48%	Above High Std.
IMA - Combination 2 Immunizations	231	411	56.20%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	34	1,569,518	2.17/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Gastroenteritis Admission Rate (PDI 16)	19	1,805,159	1.05/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	80	1,091,275	7.33/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	372.57	457.39	0.81 (A/E)	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	8,947.12	10,234.38	0.87 (A/E)	Above High Std.
PPE - Potentially Preventable Complications (PPC)	27.82	42.74	0.65 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	1	19,974	5.01/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	7	277,269	2.52/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	2	277,269	0.72/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	1	257,295	0.39/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	80	277,269	28.85/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	72.19%	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	73.39%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	86.33%	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	84.48%	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	81.15%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	88.86%	Above High Std.
UOP - Multiple Pharmacies	5	313	1.60%	Above High Std.
UOP - Multiple Prescribers	41	313	13.10%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	3	313	0.96%	Above High Std.
WCC - BMI Screening - Total	348	411	84.67%	Above High Std.
WCC - Counseling on Nutrition - Total	332	411	80.78%	Above High Std.
WCC - Counseling on Physical Activity - Total	326	411	79.32%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	1,398	2,118	66.01%	Meets Min. Std.
APP - Total	165	337	48.96%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CDC - HbA1c Control (<8%)	166	411	40.39%	Meets Min. Std.
CDC - Eye Exam	407	863	47.16%	Meets Min. Std.
CHL - Total	3,463	6,066	57.09%	Meets Min. Std.
IET - Initiation Total (All Ages)	429	990	43.33%	Meets Std.
PDI - Chronic PDI Composite Rate (PDI 92)	51	1,091,275	4.67/100K MM	Meets Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	33	277,269	11.90/100K MM	Meets Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	12	277,269	4.33/100K MM	Meets Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	8	277,269	2.89/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	6	277,269	2.16/100K MM	Meets Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	1	277,269	0.36/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	13	277,269	4.69/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	67	277,269	24.16/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	48	277,269	17.31/100K MM	Meets Std.
SVY-Adult - Getting Needed Care Composite	-	-	57.89%	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	71.56%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	81.79%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	179	404	44.31%	Below Min. Std.
AMM - Effective Continuation Phase Treatment	105	404	25.99%	Below Min. Std.
APM - Total	206	712	28.93%	Below Std.
CDC - HbA1c Testing	306	411	74.45%	Below Min. Std.
CIS - Combination 4 Immunizations	5,023	7,465	67.29%	Below Min. Std.
CIS - Combination 10 Immunizations	2,031	7,465	27.21%	Below Min. Std.
FUA - 7 Days Total Ages	5	171	2.92%	Below Min. Std.
FUA - 30 Days Total Ages	11	171	6.43%	Below Min. Std.
FUM - 7 Days Total Ages	39	169	23.08%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUM - 30 Days Total Ages	75	169	44.38%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	33	1,091,275	3.02/100K MM	Below Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	58	1,805,159	3.21/100K MM	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	29	1,091,275	2.66/100K MM	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	196.61	193.94	1.01 (A/E)	Below Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	9	277,269	3.25/100K MM	Below Std.
SVY-Adult - Getting Care Quickly Composite	-	-	56.89%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	-	LD

Driscoll STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	283	634	44.64%	Above High Std.
ADD - Continuation and Maintenance Phase	47	83	56.63%	Above High Std.
DEV - Total All Age	186	321	57.94%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	157	283	55.48%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	231	283	81.63%	Above High Std.
FUM - 7 Days Total Ages	24	45	53.33%	Above High Std.
IMA - Combination 2 Immunizations	214	411	52.07%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	2	100,545	1.99/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	8	102,850	7.78/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	13	89,816	14.47/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	5	89,816	5.57/100K MM	Above High Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	55.30%	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	82.51%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	80.50%	Above High Std.
SVY-Child - Customer Service Composite	-	-	81.60%	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	70.18%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	79.13%	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	51.69%	Above High Std.
WCC - BMI Screening - Total	342	411	83.21%	Above High Std.
WCC - Counseling on Nutrition - Total	330	411	80.29%	Above High Std.
WCC - Counseling on Physical Activity - Total	326	411	79.32%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	284	424	66.98%	Meets Min. Std.
APP - Total	94	217	43.32%	Meets Min. Std.
CHL - Total	204	443	46.05%	Meets Min. Std.
FUM - 30 Days Total Ages	27	45	60.00%	Meets Min. Std.
IET - Initiation Total (All Ages)	74	172	43.02%	Meets Min. Std.
IET - Engagement Total (All Ages)	36	172	20.93%	Meets Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	4	89,816	4.45/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	8	89,816	8.91/100K MM	Meets Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	752.16	818.99	0.92 (A/E)	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	51.68%	Meets Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers	-	-	67.00%	Meets Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	90.45%	Meets Min. Std.
APM - Total	301	924	32.58%	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	10	102,850	9.72/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	177.15	163.69	1.08 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	100.26	95	1.06 (A/E)	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	49.78%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - Getting Care Quickly Composite	-	-	72.08%	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	-	-	-	LD

Driscoll 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	100%	82.1%	91.1%
STAR	PPVs for upper respiratory tract infection	URTI PPVs	93.6%	84.4%	89.0%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	97.8%	82.1%	90.0%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Provider Education Awareness	Provider	Provide providers HEDIS® Documentation and Coding Guidelines – that will assist in documentation and CPT category II coding of claims
CHIP	WCC	Provider awareness of WCC exams	Provider	Establish a baseline identifying members in need of a WCC exam <ul style="list-style-type: none"> • Letter notifications to targeted providers identifying members in need of a WCC exam Provider Relations (PR) to provide: <ul style="list-style-type: none"> • Provider Portal training in accessing HEDIS measure (WCC) to identify members missing a WCC exam • Monthly work group meetings to include discussions on portal training targeting providers and office managers
CHIP	WCC	Member awareness of WCC exams	Member	Identify eligible member's population for the WCC measure from each age group i.e., ages 3-11 years of age and 12-17 years of age Letter notification to targeted members describing importance of preventive visits with their provider for the WCC assessment to include information on healthy eating and lifestyle changes to prevent overweight or obesity in children/adolescents

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	URTI PPVs	Member Urgent Care Awareness	Member	<p>In collaboration with DCH, develop and distribute informational brochure/flyer highlighting:</p> <ul style="list-style-type: none"> • After hours alternates for care • Advantages of choosing alternates to the emergency department • Information to highlight alternative care clinics around the Nueces SA to assist those members in rural areas. • Brochure/flyer will be in English and Spanish • Content will be culturally sensitive and at an appropriate reading level no higher than 6th grade. • Brochure will be mailed to members and families following a known ED visit. • DHP will provide additional informational brochure/flyer to those members who meet sample criteria only. <p>Provide members alternative after-hour services available in their location</p>
STAR	URTI PPVs	Member Education URTI	Member	<p>Develop and distribute educational material for members and families on the various condition diagnoses associated with URTI:</p> <ul style="list-style-type: none"> • Causes of the common cold. Signs and symptoms, possible complications. • Factors that increase the spread of colds, sore throats, and flu. • Importance of hand washing to prevent the spread of viral infections. • Precautions to reduce risk of infection. • Problems with overuse of antibiotics. • When to call your PCP.
STAR	URTI PPVs	Provider Awareness of ED Utilization Trends	Provider	<p>DHP primary care providers (PCP) in Nueces County and immediately contiguous counties receive practice level detail reports through the DHP Interactive provider portal Reports include member level detail and diagnoses to allow PCP to trend member behaviors in their practice.</p> <ul style="list-style-type: none"> • The level of detail allows the PCP an opportunity for targeted intervention within the practice. • Educational sessions are provided to PCPs during monthly office manage meetings, quarterly PCP meetings, and during face to face meeting. <p>Individual educational session of portal usage and ED data are made available on request through Provider Relations</p>

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	URTI PPVs	Provider Awareness of accessibility/availability of After-Hour/Urgent Care Services	Provider	Letter notification to providers to provide listing of accessible/available After-Hour services Provider-Relations (PR) to assist in distributing listing of accessibility/availability of After-Hour Services to providers
STAR Kids	URTI PPVs	Member Urgent Care	Member	Distribute informational brochure/flyer highlighting: <ul style="list-style-type: none"> • After hours alternates for care • Advantages of choosing alternates to the emergency department • Information to highlight alternative care clinics around the Nueces SA and Hidalgo SA to assist those members in rural areas.
STAR Kids	URTI PPVs	Member Education URTI	Member	Develop and distribute educational material for members and families on the various condition diagnoses associated with URTI: <ul style="list-style-type: none"> • Causes of the common cold. Signs and symptoms, possible complications. • Factors that increase the spread of colds, sore throats, and flu. • Importance of hand washing to prevent the spread of viral infections. • Precautions to reduce risk of infection.
STAR Kids	URTI PPVs	Awareness of ED Utilization Trends	Provider	DHP primary care providers (PCP) in Nueces SA, Hidalgo SA and immediate contiguous counties receive practice level detail reports through the DHP Interactive provider portal. <ul style="list-style-type: none"> • Reports include member level detail and diagnoses to allow PCP to trend member behaviors in their practice. • The level of detail allows the PCP and opportunity for targeted intervention with in the practice. • Educational sessions are provided to PCPs during monthly office manager meetings, quarterly PCP meetings, and during face to face meeting. • Individual educational session of portal usage and ED data are made available on request through Provider Relations

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	URTI PPVs	Provider Awareness of availability/accessibility of After-Hour/Urgent Care Services	Provider	<p>Letter notification to providers to provide listing of accessible/availability of After-Hour/Urgent Care Services</p> <p>Provider Relations (PR) to assist in distributing listing of accessibility/availability of After-Hour/Urgent Care Services to providers</p> <p>Service Coordinators to encourage providers to utilize the Nurse Advice Line to address member concerns in differentiating between Emergent Care visits vs. Urgent Care visits: Contact information to Nurse Advice Line to be provided to providers and staff</p>

Driscoll Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	100%	100%	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	86.5%	-
Behavioral Health Care-Child (Within 14 calendar days)	74.2%	82.1%	61.7%

Driscoll Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Above high standard on 32 performance indicators for STAR.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Driscoll did not address all prior recommendations on the QAPs or the PIPs.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from Driscoll were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child and CHIP in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Driscoll did not provide complete and accurate indicator goals, results, and/or analyses of results in 2018 PIPs—something that can make it difficult to assess changes in member access to health services.

Driscoll Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

Driscoll Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	4/5	80.0%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	4.5/5	90%
Prior Year PIP Recommendations (STAR) ^a	7.5/8	93.8%
Prior Year PIP Recommendations (STAR Kids) ^a	17.5/18	97.2%

Driscoll Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.
Finding(s)	STAR Kids MCOs have room to improve compliance with wait time standards in behavioral health. STAR Kids had the lowest percentage of compliant providers for behavioral health care among all programs. The percentage of STAR Kids providers compliant with UMCM standards was 13.1 percentage points lower in 2021 than in 2018.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	STAR Kids MCOs should conduct root cause analyses (RCAs) to identify the driving factors behind lower rates of provider compliance among behavioral health providers and use the results to identify strategies for improving provider compliance.
Finding(s)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.

Category	Description
MCQS Goal(s)	Goals 2, 6
Recommendation(s)	<ul style="list-style-type: none"> • STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage. • STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

El Paso Health

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-
White, Non-Hispanic	311	4.7%	5	2.2%	2,968	4.0%	3,284	4.1%
Black, Non-Hispanic	51	0.8%	3	1.3%	1,070	1.5%	1,124	1.4%
Hispanic	5,529	84.0%	198	86.5%	62,092	84.7%	67,819	84.7%
Unknown / Other	688	10.5%	23	10.0%	7,169	9.8%	7,880	9.8%
Age Group	-	-	-	-	-	-	-	-
<1 year	2	0.0%	2	0.9%	3,981	5.4%	3,985	5.0%
1 – 9 years	2,773	42.1%	1	0.4%	32,780	44.7%	35,554	44.4%
10 – 17 years	3,419	52.0%	-	-	24,190	33.0%	27,609	34.5%
18 – 20 years	385	5.9%	11	4.8%	5,105	7.0%	5,501	6.9%
21 – 44 years	-	-	215	93.9%	6,811	9.3%	7,026	8.8%
45 – 64 years	-	-	-	-	432	0.6%	432	0.5%
Sex	-	-	-	-	-	-	-	-
Female	3,233	49.1%	227	99.1%	39,782	54.3%	43,242	54.0%
Male	3,346	50.9%	2	0.9%	33,512	45.7%	36,860	46.0%
Unknown	-	-	-	-	5	0.0%	5	0.0%
All	6,579	100.0%	229	100.0%	73,299	100.0%	80,107	100.0%

El Paso Health MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

El Paso Health CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	66	71	92.96%	Above High Std.
CIS - Combination 4 Immunizations	107	140	76.43%	Above High Std.
DEV - Total All Age	200	325	61.54%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	28	39	71.79%	Above High Std.
IMA - Combination 2 Immunizations	216	365	59.18%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	0	84,453	0.00/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	2	69,039	2.90/100K MM	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	87.06%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	81.69%	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	78.04%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	88.85%	Above High Std.
WCC - BMI Screening - Total	341	411	82.97%	Above High Std.
WCC - Counseling on Nutrition - Total	326	411	79.32%	Above High Std.
ADD - Initiation Phase	37	91	40.66%	Meets Min. Std.
APM - Total	12	31	38.71%	Meets Std.
CHL - Total	39	95	41.05%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CIS - Combination 10 Immunizations	49	140	35.00%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	23	39	58.97%	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	4	69,039	5.79/100K MM	Meets Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	197.11	211.87	0.93 (A/E)	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	295	411	71.78%	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	2	69,039	2.90/100K MM	Below Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	4	86,595	4.62/100K MM	Below Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	1	86,595	1.15/100K MM	Below Std.
PDI - Acute PDI Composite Rate (PDI 91)	2	69,039	2.90/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	19.66	12.15	1.62 (A/E)	Below Min. Std.
APP - Total	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD

El Paso Health STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	55	96	57.29%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	725	907	79.93%	Above High Std.
APP - Total	162	243	66.67%	Above High Std.
CCS - Total	2,062	2,996	68.83%	Above High Std.
DEV - Total All Age	4,814	8,036	59.91%	Above High Std.
FUM - 7 Days Total Ages	18	40	45.00%	Above High Std.
FUM - 30 Days Total Ages	25	40	62.50%	Above High Std.
IMA - Combination 2 Immunizations	255	411	62.04%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	32	630,613	5.07/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Overall PDI Composite Rate (PDI 90)	45	463,138	9.72/100K MM	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	70.84	94.5	0.75 (A/E)	Above High Std.
PPE - Potentially Preventable Complications (PPC)	9.01	12.12	0.74 (A/E)	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	0	103,795	0.00/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	50	112,979	44.26/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	74.33%	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	72.56%	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	60.47%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	83.34%	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	88.11%	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	83.88%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	90.95%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	88.21%	Above High Std.
UOP - Multiple Pharmacies	2	137	1.46%	Above High Std.
UOP - Multiple Prescribers	23	137	16.79%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	1	137	0.73%	Above High Std.
WCC - BMI Screening - Total	344	411	83.70%	Above High Std.
WCC - Counseling on Nutrition - Total	329	411	80.05%	Above High Std.
WCC - Counseling on Physical Activity - Total	305	411	74.21%	Above High Std.
ADD - Initiation Phase	333	872	38.19%	Meets Min. Std.
HDO - Opioids High Dose	2	121	1.65%	Meets Min. Std.
IET - Initiation Total (All Ages)	193	408	47.30%	Meets Std.
PDI - Chronic PDI Composite Rate (PDI 92)	25	463,138	5.40/100K MM	Meets Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	3,589.24	3,877.27	0.93 (A/E)	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	8	112,979	7.08/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Hypertension Admission Rate (PQI 7)	2	112,979	1.77/100K MM	Meets Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	3	112,979	2.66/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	0	112,979	0.00/100K MM	Meets Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	9	112,979	7.97/100K MM	Meets Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	9	112,979	7.97/100K MM	Meets Std.
SVY-Adult - Getting Care Quickly Composite	-	-	61.45%	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	68.15%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	83	198	41.92%	Below Min. Std.
AMM - Effective Continuation Phase Treatment	50	198	25.25%	Below Min. Std.
APM - Total	130	502	25.90%	Below Std.
CDC - HbA1c Control (<8%)	57	283	20.14%	Below Min. Std.
CDC - Eye Exam	135	317	42.59%	Below Min. Std.
CDC - HbA1c Testing	213	283	75.27%	Below Min. Std.
CHL - Total	1,108	2,394	46.28%	Below Min. Std.
CIS - Combination 4 Immunizations	1,681	2,490	67.51%	Below Min. Std.
CIS - Combination 10 Immunizations	656	2,490	26.35%	Below Min. Std.
FUA - 7 Days Total Ages	0	44	0.00%	Below Min. Std.
FUA - 30 Days Total Ages	0	44	0.00%	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	118	437	27.00%	Below Min. Std.
FUH - Follow Up within 30 Days Total Ages	202	437	46.22%	Below Min. Std.
IET - Engagement Total (All Ages)	53	408	12.99%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	12	463,138	2.59/100K MM	Below Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	33	710,647	4.64/100K MM	Below Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	23	710,647	3.24/100K MM	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	20	463,138	4.32/100K MM	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	255.74	175.77	1.45 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	18	112,979	15.93/100K MM	Below Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	3	9,184	32.67/100K MM	Below Min. Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	6	112,979	5.31/100K MM	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	1	112,979	0.89/100K MM	Below Std.
PQI - Chronic PQI Composite Rate (PQI 92)	41	112,979	36.29/100K MM	Below Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	33	112,979	29.21/100K MM	Below Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	-	LD

El Paso Health 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	100%	83.3%	91.7%
STAR	Prenatal and postpartum care	PPC	100%	92.7%	96.4%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Medical Record Review	Provider	The Quality Improvement Department will conduct a medical record review assessing for the components of the WCC measure. The MCO will align efforts with the HEDIS 2018 review season. A separate tool will be developed to track each WCC record that is requested to assess compliance. In the past, the MCO has only relied on member level compliance indicated by the HEDIS software. Since the HEDIS software and methodology does not indicate which specific records and/or providers made a member compliant, the MCO will develop a separate tool that will allow for more detailed tracking. The MCO will track all WCC records that are received and use the results to identify providers for education. If certain providers are identified to have a common trend of missing components, additional records will be requested from them during the Fall for re-assessment. The same efforts will be repeated during the HEDIS 2019 season.
CHIP	WCC	Sports Physicals	Member, System	All members between the ages of 4 and 18 years will be eligible to receive one free physical for sports each year. To access this service, the member simply needs to contact their provider to schedule an appointment. Providers will report the utilization of these services by billing the following: ICD10 code Z02.5 CPT codes 99,382 to 99,385 and 99,392 to 99,395 By offering these services, the MCO intends to promote physical activity among its members and cooperation among its providers. Providers will be educated on still performing proper documentation whenever a sports physical is completed.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Collaborative Data Sharing	Provider, System	<p>The MCO will share data with one of its largest OB provider groups who perform the most deliveries each year. Data will be shared with the provider on the 1st and 15th of each month with the first report intended to go out on 11/15/17. This intervention will begin before the official start date of the PIP due to how the eligible population for the HEDIS PPC measure is defined. The first dataset shared with the provider will include deliveries from 10/15/17 – 11/14/17. Each subsequent dataset will include any deliveries newly identified since the last report was sent. Demographic data (name, DOB, Medicaid ID, phone number, etc.) along with the delivery date and 21 – 56 timeframe will be included. The provider staff will be asked to verify the date of delivery and provide a corrected one if needed. They will also be asked to provide a date and status for the postpartum visit for each member identified on each dataset. If any members are identified to not have a postpartum visit scheduled or completed, the staff will be asked to call the members to schedule their appointments within the 21-to-56-day timeframe. The MCO will expect the provider to return each dataset with comments on each member. The MCO will verify with claims data that postpartum visits did take place on the dates indicated by the provider.</p>
STAR	PPC	"First Steps" Gift Cards	Member	<p>Pregnant members will be eligible to receive a variety of Walmart gift cards for completing the following milestones in their prenatal and postpartum care:</p> <ul style="list-style-type: none"> \$25 - Prenatal visit in the first trimester or within 42 days of enrollment, \$20 - 3rd prenatal visit, \$20 - 6th prenatal visit, \$20 - 9th prenatal visit, \$20 - flu shot during pregnancy (limited to one shot per flu season from September to April) \$25 - a timely postpartum visit within 21-56 days of delivery. <p>Members will be identified for this intervention through an internal report. This report will be generated on a weekly basis and upon identification, the member will be sent a post-card that spells out each of the milestones above. Members will be instructed to take this postcard with them to each visit and have their provider sign off on each milestone. Once all milestones are complete and signatures are obtained, the provider will fax the postcard to the MCO who will confirm each visit through claims data. Upon confirmation, the MCO will mail out the gift cards accordingly to the member address on file. Members will receive a gift card for each of the completed milestones. An all or nothing approach is not going to be used.</p>

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

^a The regulations that address state contract requirements are not included in the reported scores. HHSC is working on obtaining compliance documentation for the EQRO to assess these regulations and the EQRO will report on these regulations for all health plans once in the three-year reporting cycle.

^b The EQRO collects MCO and DMO responses and documentation to select regulations in this category and will assess MCO/DMO compliance and report results in next year's SOA report.

^c The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, Data Certification, and Encounter Data Validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the report.

^d Two regulations have an implementation date of January 1, 2021 and are not included in the reported scores.

^e See **Appendix H: Scoring Compliance with 42 C.F.R. § 438 Subpart D and QAPI Standards** in the SOA report for all regulations not included in the results listed above.

Program	438.206	438.207 ^{a, b}	438.208 ^a	438.210 ^a	438.214	438.224 ^b	438.228	438.230 ^a	438.236	438.242 ^{a, c, d}	438.330 ^{a, b, c}	Overall ^{a, b, c, d}
Overall	100	-	100	97.9	100	-	93.2	-	100	100	100	98.6
CHIP	100	-	100	95.8	100	-	84.6	-	100	100	100	98.6
STAR	100	-	100	100	100	-	98.3	-	100	100	100	98.6

El Paso Health Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%
Primary Routine Care Standard-Child (Within 14 calendar days)	100%	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	70.6%
Behavioral Health Care-Child (Within 14 calendar days)	83.9%	70.6%

El Paso Health Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> El Paso Health scored above average on QAPI evaluations.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> El Paso did not address all the prior recommendations from the AI study.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from El Paso Health were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child and CHIP in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> El Paso did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions.

El Paso Health Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

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

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	14/20	85.1%
Prior Year QAPI Recommendations (MCO)	NA	NA
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	5/5	100%
Prior Year PIP Recommendations (STAR) ^a	3/3	100%

El Paso Health Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding(s)	Several MCOs and DMOs did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOS, including Community First Health Plans, Cook Children's Health Plan, El Paso Health, FirstCare Health Plans, and UnitedHealthcare Dental, should ensure their representatives make expedited service authorization decisions and notifications within the federally required timeframes.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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.

FirstCare Health Plans (FirstCare)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-
White, Non-Hispanic	752	24.4%	5	3.9%	18,576	22.2%	19,333	22.2%
Black, Non-Hispanic	166	5.4%	7	5.5%	6,109	7.3%	6,282	7.2%
Hispanic	1,545	50.0%	80	62.5%	43,802	52.3%	45,427	52.3%
Unknown / Other	624	20.2%	36	28.1%	15,223	18.2%	15,883	18.3%
Age Group	-	-	-	-	-	-	-	-
<1 year	-	-	1	0.8%	4,919	5.9%	4,920	5.7%
1 – 9 years	1,419	46.0%	1	0.8%	38,932	46.5%	40,352	46.4%
10 – 17 years	1,506	48.8%	2	1.6%	25,860	30.9%	27,368	31.5%
18 – 20 years	162	5.2%	9	7.0%	5,002	6.0%	5,173	6.0%
21 – 44 years	-	-	115	89.8%	8,500	10.2%	8,615	9.9%
45 – 64 years	-	-	-	-	497	0.6%	497	0.6%
Sex	-	-	-	-	-	-	-	-
Female	1,527	49.5%	126	98.4%	46,039	55.0%	47,692	54.9%
Male	1,560	50.5%	2	1.6%	37,666	45.0%	39,228	45.1%
Unknown	-	-	-	-	5	0.0%	5	0.0%
All	3,087	100.0%	128	100.0%	83,710	100.0%	86,925	100.0%

FirstCare MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

FirstCare CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
CIS - Combination 4 Immunizations	68	88	77.27%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	1	42,912	2.33/100K MM	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.56%	Above High Std.
ADD - Initiation Phase	20	47	42.55%	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	29	40	72.50%	Meets Min. Std.
CIS - Combination 10 Immunizations	36	88	40.91%	Meets Min. Std.
IMA - Combination 2 Immunizations	68	207	32.85%	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	72.28%	Meets Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	74.40%	Meets Min. Std.
CHL - Total	14	57	24.56%	Below Min. Std.
DEV - Total All Age	79	182	43.41%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	3	33,507	8.95/100K MM	Below Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	2	44,073	4.54/100K MM	Below Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	1	44,073	2.27/100K MM	Below Std.
PDI - Overall PDI Composite Rate (PDI 90)	6	33,507	17.91/100K MM	Below Std.
PDI - Acute PDI Composite Rate (PDI 91)	3	33,507	8.95/100K MM	Below Std.
PDI - Chronic PDI Composite Rate (PDI 92)	3	33,507	8.95/100K MM	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	5.81	5.24	1.11 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	120.32	99.78	1.21 (A/E)	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	73.75%	Below Min. Std.
WCC - BMI Screening - Total	91	411	22.14%	Below Min. Std.
WCC - Counseling on Nutrition - Total	79	411	19.22%	Below Min. Std.
WCC - Counseling on Physical Activity - Total	71	411	17.27%	Below Min. Std.
APM - Total	-	-	-	LD
APP - Total	-	-	-	LD
FUH - Follow Up within 7 Days Total Ages	-	-	-	LD
FUH - Follow Up within 30 Days Total Ages	-	-	-	LD
PPE - Potentially Preventable Readmissions (PPR)	-	-	-	LD

FirstCare STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	76	118	64.41%	Above High Std.
HDO - Opioids High Dose	1	287	0.35%	Above High Std.
IMA - Combination 2 Immunizations	150	411	36.50%	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	17	809,417	2.10/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	17	809,417	2.10/100K MM	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	71.98	92.5	0.78 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	2	10,257	19.50/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	5	128,495	3.89/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	1	128,495	0.78/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Overall PQI Composite Rate (PQI 90)	59	128,495	45.92/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	73.90%	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	68.10%	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	61.00%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	81.80%	Above High Std.
SVY-Child - % Good Access to Routine Care	-	-	73.46%	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	81.21%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	84.17%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.01%	Above High Std.
UOP - Multiple Pharmacies	6	321	1.87%	Above High Std.
UOP - Multiple Prescribers	39	321	12.15%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	3	321	0.93%	Above High Std.
ADD - Initiation Phase	327	797	41.03%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	143	286	50.00%	Meets Min. Std.
FUA - 7 Days Total Ages	4	85	4.71%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	121	369	32.79%	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	205	369	55.56%	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	3	128,495	2.33/100K MM	Meets Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	1	128,495	0.78/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	14	128,495	10.90/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	45	128,495	35.02/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	25	128,495	19.46/100K MM	Meets Std.
SVY-Adult - Getting Care Quickly Composite	-	-	60.80%	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	86	286	30.07%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	749	1,250	59.92%	Below Min. Std.
APM - Total	114	455	25.05%	Below Std.
APP - Total	86	207	41.55%	Below Min. Std.
CCS - Total	2,037	3,416	59.63%	Below Min. Std.
CDC - HbA1c Control (<8%)	63	376	16.76%	Below Min. Std.
CDC - Eye Exam	149	385	38.70%	Below Min. Std.
CDC - HbA1c Testing	295	376	78.46%	Below Min. Std.
CHL - Total	1,456	3,243	44.90%	Below Min. Std.
CIS - Combination 4 Immunizations	1,749	2,822	61.98%	Below Min. Std.
CIS - Combination 10 Immunizations	728	2,822	25.80%	Below Min. Std.
DEV - Total All Age	3,369	9,967	33.80%	Below Min. Std.
FUA - 30 Days Total Ages	4	85	4.71%	Below Min. Std.
FUM - 7 Days Total Ages	34	104	32.69%	Below Min. Std.
FUM - 30 Days Total Ages	51	104	49.04%	Below Min. Std.
IET - Initiation Total (All Ages)	183	444	41.22%	Below Std.
IET - Engagement Total (All Ages)	43	444	9.68%	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	63	711,421	8.86/100K MM	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	26	507,237	5.13/100K MM	Below Std.
PDI - Overall PDI Composite Rate (PDI 90)	75	507,237	14.79/100K MM	Below Min. Std.
PDI - Acute PDI Composite Rate (PDI 91)	13	507,237	2.56/100K MM	Below Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	62	507,237	12.22/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	237.26	185.79	1.28 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	4,989.98	4,307.01	1.16 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	20.12	16.76	1.20 (A/E)	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	20	128,495	15.56/100K MM	Below Std.
PQI - Hypertension Admission Rate (PQI 7)	5	128,495	3.89/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	9	128,495	7.00/100K MM	Below Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	9	128,495	7.00/100K MM	Below Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	4	118,238	3.38/100K MM	Below Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	70.38%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	24.40%	Below Min. Std.
WCC - BMI Screening - Total	137	411	33.33%	Below Min. Std.
WCC - Counseling on Nutrition - Total	103	411	25.06%	Below Min. Std.
WCC - Counseling on Physical Activity - Total	79	411	19.22%	Below Min. Std.

FirstCare 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	89.1%	85.4%	87.3%
STAR	Prenatal and postpartum care	PPC	88.1%	92.9%	90.5%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Develop/Disseminate Member education materials on the importance of attending well-child visits	Member	A. FirstCare and Superior HealthPlan will develop/disseminate educational materials to CHIP members on the importance of well-child visits B. Incentive—Quarterly drawing for members attending well-care visits Member is included in a chance to be selected by drawing for a desirable prize. (FirstCare HealthPlan only)
CHIP	WCC	Create co-branding provider education materials (FirstCare Health Plans and Superior HealthPlan)	Provider	A. FirstCare and Superior HealthPlan will create co-branding provider educational materials with specific information regarding the WCC measure requirements, billing codes and educating providers on using forms (THSteps) and the importance of the documentation
CHIP	WCC	On-site Provider Education—Top 3 Provider Groups/ Disseminate Provider Education Materials	Provider	A. Collaboratively FirstCare Health Plans and Superior HealthPlan will conduct on-site provider education to the top three provider groups for each specific plan and distribute provider educational materials B. Provider education materials regarding the WCC measure requirements will be disseminated to providers in the CHIP Lubbock SDA. C. Bill above bonus: This is currently in the development stage.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Member Calls to Address Barriers to Prenatal Care	Member	A report of pregnant members newly enrolled will be produced daily. FirstCare/FirstCare vendor staff will use the list to contact members to encourage timely prenatal care and address barriers to prenatal care. The staff will be bilingual in English/Spanish, and will help with transportation, difficulty locating a provider, need for after-hours care, and knowledge deficit/health literacy issue and need for clinical education. If unable to reach a member after three attempts at different times of day, FirstCare will send a letter to ask them to call. There were 1,650 members out of 6,296 in 2016 that did not have a prenatal visit, had an untimely visit, or did not see the appropriate specialty. Based on 2,017 HEDIS® data, FirstCare will target all 6,296 members in 2018 to promote timely prenatal care., FirstCare will obtain new member enrollment to identify members who need prenatal care as early as possible.
STAR	PPC	Member Calls to Address Barriers to Postpartum Care	Member	FirstCare/FirstCare vendor staff will contact members to encourage postpartum care and address barriers to postpartum care. The staff will be bilingual in English/Spanish, and will help with transportation, difficulty locating a provider, need for after-hours care, and knowledge deficit/health literacy issue and need for clinical education. If unable to reach a member after three attempts at different times of day, FirstCare will send a letter to ask them to call. There were 2,411 members out of 6,296 in 2016 that did not have a postpartum visit or had an untimely visit. Based on 2,017 HEDIS® data, FirstCare will target all 6,296 members in 2018 to promote timely postpartum care. Where possible, FirstCare will obtain census reports from high volume facilities to identify members who have delivered as early as possible.
STAR	PPC	Discharge Planner Education and Provision of Member Materials	System	FirstCare will provide education regarding timing for postpartum visits to Discharge Planners in high volume healthcare systems. FirstCare will provide member educational materials for DC planners to provide to FirstCare members. FirstCare will consider training in lower volume facilities using other venues/methods. FirstCare will target the top 11 facilities that had 100 or more deliveries in 2016, out of the total 28 facilities. These facilities account for approximately 90.84% of the 7,791 deliveries using claims data in 2016.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Provider, Scheduler, and Coder Education	Provider	<p>FirstCare will provide education on timing of prenatal and postpartum visits to providers, schedulers, and coders for high volume provider groups for all relevant specialties.</p> <p>FirstCare will consider training in lower volume practices using other venues/methods.</p> <p>FirstCare will send an educational newsletter to provider scheduling/billing staff at all offices in relevant specialties.</p> <p>FirstCare will target the top 20 providers with 100 members or greater in 2016. The top 20 providers cared for 21.28% of the 12,592 members (6,296 prenatal & 6,296 for postpartum) in 2016.</p>

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

^a The regulations that address state contract requirements are not included in the reported scores. HHSC is working on obtaining compliance documentation for the EQRO to assess these regulations and the EQRO will report on these regulations for all health plans once in the three-year reporting cycle.

^b The EQRO collects MCO and DMO responses and documentation to select regulations in this category and will assess MCO/DMO compliance and report results in next year's SOA report.

^c The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, Data Certification, and Encounter Data Validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the report.

^d Two regulations have an implementation date of January 1, 2021 and are not included in the reported scores.

^e See **Appendix H: Scoring Compliance with 42 C.F.R. § 438 Subpart D and QAPI Standards** in the SOA report for all regulations not included in the results listed above.

Program	438.206	438.207 ^{a, b}	438.208 ^a	438.210 ^a	438.214	438.224 ^b	438.228	438.230 ^a	438.236	438.242 ^{a, c, d}	438.330 ^{a, b, c}	Overall ^{a, b, c, d}
Overall	100	-	100	91.7	100	-	90.6	-	100	100	90.3	96.6
CHIP	100	-	100	91.7	100	-	88.1	-	100	100	90.3	96.6
STAR	100	-	100	91.7	100	-	93.3	-	100	100	90.3	96.6

FirstCare Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	94.4%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%
Primary Routine Care Standard-Child (Within 14 calendar days)	100%	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	92%
Behavioral Health Care-Child (Within 14 calendar days)	89.5%	92%

FirstCare Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Above high standard on 17 performance indicators for STAR.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> FirstCare scored the lowest on QAPI evaluations in 2021, due to reporting incorrect data on POA screening criteria and because it did not report the results of its Texas Department of Insurance (TDI) audit. Had the most measures that did not meet performance standards for CHIP (14/28).
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from FirstCare were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> First Care did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions.

FirstCare Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

FirstCare Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	20/27	74.1%
Prior Year QAPI Recommendations (MCO)	8/15	53.3%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	9/9	100%
Prior Year PIP Recommendations (STAR) ^a	9/9	100%

FirstCare Current Recommendations

The Texas MCQS referenced in the recommendations are:

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

Category	Description
Finding(s)	Several MCOs and DMOs reported challenges obtaining and incorporating provider URL information into provider directories.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs, including Aetna Better Health, Community First Health Plans, FirstCare Health Plans, and UnitedHealthcare Dental, should establish systems to incorporate provider website URLs in their provider directories.
Finding	Many MCOs and DMOs requested clarification on the appropriate machine-readable format posted on their publicly facing websites.
MCQS Goal(s)	Goals 3, 4
Recommendation	Aetna Better Health, Community First Health Plans, Cook Children's Health Plan, DentaQuest, FirstCare Health Plans, and UnitedHealthcare Dental should provide machine-readable provider directories on their websites.
Finding(s)	Several MCOs and DMOs did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOS, including Community First Health Plans, Cook Children's Health Plan, El Paso Health, FirstCare Health Plans, and UnitedHealthcare Dental, should ensure their representatives make expedited service authorization decisions and notifications within the federally required timeframes.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4

Category	Description
Recommendation(s)	MCOs and DMOs 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	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.
Finding(s)	FirstCare did not obtain and submit enough records to meet the sample size requirements, resulting in the EQRO deeming all FirstCare's match rates unreliable.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	FirstCare should ensure that all provider addresses are the most accurate addresses available at the start of each EDVMRR study. Further, FirstCare should take advantage of the opportunity to retrieve any outstanding records and submit them to the EQRO within the specified timeframe to ensure it meets the required sample size.

Category	Description
Finding(s)	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare should examine why what is in the encounter data is not documented in the medical record.

Molina Healthcare of Texas (Molina)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR+PLUS	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	2,631	17.1%	107	2.5%	5,909	17.1%	9,318	8.9%	17,965	11.3%
Black, Non-Hispanic	1,305	8.5%	116	2.7%	9,134	26.4%	14,274	13.6%	24,829	15.6%
Hispanic	9,090	59.1%	3,564	83.0%	10,697	31.0%	65,587	62.5%	88,938	55.9%
Unknown / Other	2,363	15.4%	509	11.8%	8,810	25.5%	15,814	15.1%	27,496	17.3%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	-	-	14	0.3%	-	-	5,968	5.7%	5,982	3.8%
1 – 9 years	6,535	42.5%	2	0.0%	-	-	44,986	42.8%	51,523	32.4%
10 – 17 years	7,985	51.9%	73	1.7%	-	-	35,866	34.2%	43,924	27.6%
18 – 20 years	869	5.6%	348	8.1%	-	-	7,349	7.0%	8,566	5.4%
21 – 44 years	-	-	3,833	89.2%	14,630	42.3%	9,593	9.1%	28,056	17.6%
45 – 64 years	-	-	26	0.6%	19,310	55.9%	1,231	1.2%	20,567	12.9%
65+ years	-	-	-	-	610	1.8%	-	-	610	0.4%
Sex	-	-	-	-	-	-	-	-	-	-
Female	7,567	49.2%	4,289	99.8%	16,723	48.4%	57,241	54.5%	85,820	53.9%
Male	7,822	50.8%	7	0.2%	17,826	51.6%	47,746	45.5%	73,401	46.1%
Unknown	-	-	-	-	1	0.0%	6	0.0%	7	0.0%
All	15,389	100.0%	4,296	100.0%	34,550	100.0%	104,993	100.0%	159,228	100.0%

Molina MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

Molina CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	49	64	76.56%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	30	51	58.82%	Above High Std.
IMA - Combination 2 Immunizations	165	411	40.15%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	2	194,303	1.03/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	5	156,533	3.19/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	13.34	25.78	0.52 (A/E)	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.83%	Above High Std.
ADD - Initiation Phase	72	204	35.29%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	20	51	39.22%	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	199,154	0.50/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	199,154	0.00/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	5	156,533	3.19/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	156,533	0.00/100K MM	Meets Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	424.95	445.46	0.95 (A/E)	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	72.28%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	291	411	70.80%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	273	411	66.42%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
APM - Total	10	46	21.74%	Below Std.
APP - Total	11	32	34.38%	Below Min. Std.
CHL - Total	58	152	38.16%	Below Min. Std.
CIS - Combination 4 Immunizations	142	261	54.41%	Below Min. Std.
CIS - Combination 10 Immunizations	67	261	25.67%	Below Min. Std.
DEV - Total All Age	289	631	45.80%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	4	156,533	2.56/100K MM	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	11.63	11.57	1.01 (A/E)	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	76.79%	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	68.96%	Below Min. Std.
WCC - BMI Screening - Total	303	411	73.72%	Below Min. Std.

Molina STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	421	921	45.71%	Above High Std.
ADD - Continuation and Maintenance Phase	55	91	60.44%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	485	695	69.78%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	203	417	48.68%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	295	417	70.74%	Above High Std.
HDO - Opioids High Dose	0	280	0.00%	Above High Std.
IMA - Combination 2 Immunizations	189	411	45.99%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	9	861,480	1.04/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	9	989,946	0.91/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	6	989,946	0.61/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Overall PDI Composite Rate (PDI 90)	23	639,779	3.59/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	5	639,779	0.78/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	188.89	243.9	0.77 (A/E)	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	91.74	106.59	0.86 (A/E)	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	4,770.78	5,361.26	0.89 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	2	23,752	8.42/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	8	169,693	4.71/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	2	169,693	1.18/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	1	145,941	0.69/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	75	169,693	44.20/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	69.40%	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	59.10%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	83.50%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	84.29%	Above High Std.
UOP - Multiple Pharmacies	8	306	2.61%	Above High Std.
UOP - Multiple Prescribers	29	306	9.48%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	3	306	0.98%	Above High Std.
WCC - BMI Screening - Total	330	411	80.29%	Above High Std.
WCC - Counseling on Physical Activity - Total	302	411	73.48%	Above High Std.
CDC - Eye Exam	327	663	49.32%	Meets Min. Std.
FUA - 30 Days Total Ages	13	143	9.09%	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	13	639,779	2.03/100K MM	Meets Std.
PDI - Chronic PDI Composite Rate (PDI 92)	18	639,779	2.81/100K MM	Meets Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	10	169,693	5.89/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Hypertension Admission Rate (PQI 7)	3	169,693	1.77/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	4	169,693	2.36/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	12	169,693	7.07/100K MM	Meets Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	63.70%	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	59.10%	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	80.15%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	79.60%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	311	411	75.67%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	141	301	46.84%	Below Min. Std.
AMM - Effective Continuation Phase Treatment	92	301	30.56%	Below Min. Std.
APM - Total	90	363	24.79%	Below Std.
APP - Total	99	211	46.92%	Below Min. Std.
CCS - Total	2,490	4,399	56.60%	Below Min. Std.
CDC - HbA1c Control (<8%)	139	411	33.82%	Below Min. Std.
CDC - HbA1c Testing	339	411	82.48%	Below Min. Std.
CHL - Total	1,469	2,951	49.78%	Below Min. Std.
CIS - Combination 4 Immunizations	1,254	3,160	39.68%	Below Min. Std.
CIS - Combination 10 Immunizations	420	3,160	13.29%	Below Min. Std.
DEV - Total All Age	4,875	10,182	47.88%	Below Min. Std.
FUA - 7 Days Total Ages	3	143	2.10%	Below Min. Std.
FUM - 7 Days Total Ages	26	98	26.53%	Below Min. Std.
FUM - 30 Days Total Ages	46	98	46.94%	Below Min. Std.
IET - Initiation Total (All Ages)	223	567	39.33%	Below Std.
IET - Engagement Total (All Ages)	75	567	13.23%	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	24.8	20.4	1.22 (A/E)	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	34	169,693	20.04/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	8	169,693	4.71/100K MM	Below Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	5	169,693	2.95/100K MM	Below Std.
PQI - Chronic PQI Composite Rate (PQI 92)	63	169,693	37.13/100K MM	Below Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	49	169,693	28.88/100K MM	Below Std.
SVY-Child - % Good Access to Urgent Care	-	-	67.89%	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	62.54%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	21.20%	Below Min. Std.

Molina STAR+PLUS

Measure	Numerator	Denominator	Rate
FUH - Follow Up within 7 Days Total Ages	625	1,681	37.18%
FUH - Follow Up within 30 Days Total Ages	982	1,681	58.42%
PCE - Systemic Corticosteroids	592	830	71.33%
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	197	415,240	47.44/100K MM
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	169	268,055	63.05/100K MM
PQI - Hypertension Admission Rate (PQI 7)	59	415,240	14.21/100K MM
PQI - Urinary Tract Infection Admission Rate (PQI 12)	73	415,240	17.58/100K MM
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	57	415,240	13.73/100K MM
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	6	147,185	4.08/100K MM
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	65	415,240	15.65/100K MM
PQI - Overall PQI Composite Rate (PQI 90)	1,489	415,240	358.59/100K MM
PQI - Acute PQI Composite Rate (PQI 91)	204	415,240	49.13/100K MM
PQI - Chronic PQI Composite Rate (PQI 92)	1,285	415,240	309.46/100K MM

Measure	Numerator	Denominator	Rate
SPC - Total Statin Therapy	932	1,189	78.39%
SPD - Received Statin Therapy	2,709	3,931	68.91%
SVY-Adult - % Good Access to Urgent Care	-	-	68.04%
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling	-	-	52.09%
UOP - Multiple Pharmacies	82	4,171	1.97%
UOP - Multiple Prescribers	471	4,171	11.29%
UOP - Multiple Prescribers and Pharmacies	48	4,171	1.15%
AAP - Members Aged 45-64	14,678	16,962	86.53%
HDO - Opioids High Dose	54	3,518	1.53%
IET - Initiation Total (All Ages)	1,152	2,914	39.53%
PPE - Potentially Preventable Admissions (PPA)	3,557.89	3,713.32	0.96 (A/E)
PPE - Potentially Preventable Readmissions (PPR)	1,351.96	1,426.34	0.95 (A/E)
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	119	415,240	28.66/100K MM
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	131	415,240	31.55/100K MM
PQI - Diabetes PQI Composite Rate (PQI 93)	409	415,240	98.50/100K MM
SVY-Adult - % Good Access to Routine Care	-	-	62.02%
SVY-Adult - How Well Doctors Communicate Composite	-	-	76.98%
AAP - Members Aged 20-44	9,457	13,123	72.06%
AMM - Effective Acute Phase Treatment	762	1,593	47.83%
AMM - Effective Continuation Phase Treatment	565	1,593	35.47%
AMR - Total 5 to 64 Ratios >= 50%	365	788	46.32%
BCS - Total	2,828	5,700	49.61%
CCS - Total	4,655	12,766	36.46%
CDC - HbA1c Control (<8%)	139	411	33.82%
CDC - Eye Exam	3,649	7,506	48.61%

Measure	Numerator	Denominator	Rate
CDC - HbA1c Testing	340	411	82.73%
CHL - Total	119	321	37.07%
FUA - 7 Days Total Ages	13	554	2.35%
FUA - 30 Days Total Ages	25	554	4.51%
FUM - 7 Days Total Ages	185	594	31.14%
FUM - 30 Days Total Ages	275	594	46.30%
IET - Engagement Total (All Ages)	166	2,914	5.70%
PCE - Bronchodilators	699	830	84.22%
PPE - Potentially Preventable Emergency Department Visits (PPV)	6,892.26	6,838.44	1.01 (A/E)
PPE - Potentially Preventable Complications (PPC)	220.05	193.62	1.14 (A/E)
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	643	415,240	154.85/100K MM
SAA - 80% Coverage	1,808	3,206	56.39%
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	112	151	74.17%
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	666	1,126	59.15%
SPC - Total Adherence	530	932	56.87%
SPD - Statin Adherence	1,519	2,709	56.07%
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	155	654	23.70%
SSD - Diabetes Screening	2,828	3,834	73.76%
SVY-Adult - % Good Access to Specialist Appointment	-	-	51.98%
SVY-Adult - % Good Access to Special Therapies	-	-	32.81%
SVY-Adult - % Good Access to Service Coordination	-	-	31.47%
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	64.64%
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	56.62%
SVY-Smoke - % Advised to Quit Smoking	-	-	38.37%

Molina 2018 PIP Summary

PIP topics and scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	94.0%	84.8%	89.4%
STAR	Prenatal and postpartum care	PPC	74.8%	73.3%	74.1%
STAR+PLUS	Prenatal and postpartum care	PPC	65.7%	66.2%	66.0%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Part 1: HEDIS WCC Tips Sheet Development	Provider	Community and Molina will create a HEDIS WCC Tips Sheet to educate PCPs on WCC measures.
CHIP	WCC	Part 2: Face-to-Face Provider Education on HEDIS WCC Tips Sheet	Provider	N/A
CHIP	WCC	Wellness Fair During Back-to-School Season	Member, Provider	This intervention is being developed collaboratively. The collaborative partners have identified 19 mutual high-volume providers. When the participating provider/provider group is identified then Community and Molina will be able to state the impacted membership that is identified as target participants. The data will be restated with more details at the Year 1 Mid-Year PIP Progress Report.
CHIP	WCC	Provider Education Materials on HEDIS WCC	Provider	Medical Directors from Community and Molina will collaborate and develop provider education materials around WCC topics. The education materials will be available via provider newsletters and/or fax blasts. The topics include but not limited to: Best practices documentation, especially WCC measures (BMI percentile documentation, counseling on nutrition, and counseling on physical activity.) Tips on billing WCC measures using the correct Current Procedural Terminology (CPT) codes to identify those elements.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Live Recurring Webinars	Provider	Community and Molina will develop recurring webinars around WCC measures. Medical Directors from each health plan will be the primary facilitators of these webinars. These live webinars will allow PCPs to learn best practices from each other, as well as discuss challenges facing when serving the members.
STAR	PPC	OB Incentive	Provider	Addendum outlining a performance incentive to selected high volume OB/GYN providers will be offered. Additionally, Providers are usually the first to know when a member/patient is pregnant. By notifying the health plan, it allows for additional resources to help co-manage the member's care so she can receive the best care possible during her pregnancy. This information is also very important because it allows the member to be enrolled in a special program during her pregnancy so she can earn rewards. Regular checkups during her pregnancy will increase her chances of having a healthy baby. This provider intervention will include an incentive related to notification of the MHT of its members identified as pregnant.
STAR	PPC	Member mailings of flyers for Prenatal and Postpartum exams	Member	MHT queries claims, membership, and authorization data to identify members identified as pregnant. This data is used for outreach to educate the members via calls and flyers to encourage the importance of the timely prenatal exam.
STAR	PPC	Health In Hand iPhone and Android App	Member	Implementation of a HealthinHand iPhone/Android application that allows members to set up a personalized prenatal care card to track and manage their care during and after their pregnancy. Once a member sets up their individualized Care Card, reminders for upcoming events such as prenatal/postpartum visits will be included.
STAR	PPC	Care Connections – Providing TORCH panel for pregnant women during 1st Trimester of pregnancy (Dallas Pilot)	Member	Care Connections, a wholly owned subsidiary of Molina Healthcare, comprised of Nurse Practitioners, will visit newly identified pregnant women in Dallas to provide in home TORCH panel. Individuals with results on this panel revealing potential issues will be contacted by the Care Connections who will assist them getting into see an OB/GYN.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR+PLUS	PPC	OB Incentive	Provider	Addendum outlining a performance incentive to selected high volume OB/GYN providers will be offered. Additionally, Providers are usually the first to know when a member/patient is pregnant. By notifying the health plan, it allows for additional resources to help co-manage the member's care so she can receive the best care possible during her pregnancy. This information is also very important because it allows the member to be enrolled in a special program during her pregnancy so she can earn rewards. Regular checkups during her pregnancy will increase her chances of having a healthy baby. This provider intervention will include an incentive related to notification of the MHT of its members identified as pregnant.
STAR+PLUS	PPC	Member mailings of flyers for Prenatal and Postpartum exams	Member	MHT queries claims, membership, and authorization data to identify members identified as pregnant. This data is used for outreach to educate the members via calls and flyers to encourage the importance of the timely prenatal exam.
STAR+PLUS	PPC	Health In Hand iPhone and Android App	Member	Implementation of a HealthinHand iPhone/Android application that allows members to set up a personalized prenatal care card to track and manage their care during and after their pregnancy. Once a member sets up their individualized Care Card, reminders for upcoming events such as prenatal/postpartum visits will be included.
STAR+PLUS	PPC	Care Connections – Providing TORCH panel for pregnant women during 1st Trimester of pregnancy (Dallas Pilot)	Member	Care Connections, a wholly owned subsidiary of Molina Healthcare, comprised of Nurse Practitioners, will visit newly identified pregnant women in Dallas to provide in home TORCH panel. Individuals with results on this panel revealing potential issues will be contacted by the Care Connections who will assist them getting into see an OB/GYN.

Molina Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR+PLUS
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	100%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%	-
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%	98.5%
Primary Routine Care Standard-Child (Within 14 calendar days)	100%	100%	-
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	100%
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	-
Behavioral Health Care-Adult (Within 14 calendar days)	-	91.9%	81.2%
Behavioral Health Care-Child (Within 14 calendar days)	80.8%	92.6%	-

Molina Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Above high standard on 28 performance indicators in STAR.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Both Molina and Molina MMP scored below average on QAPI evaluations in SFY 2021. Had the most measures that did not meet performance standards for STAR+PLUS. Received the lowest score on the 2018 STAR PIP Plan (74.8 percent) and subsequently had the lowest Final PIP score (73.3 percent) for STAR. Molina also had the lowest Final PIP score on the 2018 two-year STAR+PLUS PIP Plan due to not submitting all the required documentation and submitting a Final PIP with the same intervention information as the MCO reported on the Progress Report 2 submission with no updates for the sole implemented intervention.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from Molina were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child and CHIP.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Only 80.8 percent of the providers in the behavioral health care study sample from Molina were compliant with appointment wait time standards for children in CHIP. This is below the average compliance rate for CHIP (88.1 percent) in the SFY 2021 behavioral health study.

Molina Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

Molina Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	9/11	81.8%
Prior Year QAPI Recommendations (MMP)	2/4	50%
Prior Year PIP Recommendations (CHIP) ^a	12/14	85.7%
Prior Year PIP Recommendations (STAR) ^a	19/22	86.4%
Prior Year PIP Recommendations (STAR+PLUS) ^a	25.5/33	77.3%

Molina Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.

Category	Description
Finding(s)	Molina had the lowest scoring Final PIP for its STAR and STAR+PLUS PPC PIPs, 73.3 and 66.2 percent, respectively. The main reason for the low score resulted from the MCO not submitting a revised PIP Plan and not including an update since the Progress Report 2 submission for the sole implemented intervention. After a review of all Molina's PIP report submissions, the EQRO found the MCO had inconsistently reported multiple delays in intervention implementation and implemented only one out of the four originally proposed interventions. Further, for the sole intervention implemented, it was not clear if Molina implemented the intervention for the entire duration of the two-year PIP since the MCO did not provide data for year two, MY 2019. Since the MCO did not submit a revised PIP Plan with its Final PIP Report and only implemented one out of four interventions, Molina lost points on nearly all components pertaining to its interventions on the Final PIP evaluation in addition to losing points due to not achieving a statistically significant improvement for one or more measures. Thus, the MCO was the lowest performer for both STAR and STAR+PLUS.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	Molina should ensure it submits all requested documentation and update each section of the applicable PIP reports before submission to the EQRO. To achieve continuous quality improvement, Molina should apply the PDSA methodology to identify and address the factors that impact the successful implementation of all proposed interventions. When possible, Molina should modify rather than retire interventions to ensure optimal reach and opportunity for success.

Category	Description
Finding(s)	<p>During the 2018 PIPs, NCQA modified the HEDIS® technical specifications for the PPC measure for MY 2019 (re-measurement 2 of the 2018 PIPs). The revisions affected both the prenatal and postpartum sub-measures as follows:</p> <ul style="list-style-type: none"> • PPC, Timeliness of Prenatal Care – NCQA revised the enrollment criteria for inclusion in the sub-measure, which captured any visit during pregnancy rather than the timeliness of the prenatal visit. As a result, the prenatal sub-measure rates were inflated and not a true representation of the timeliness of prenatal care. After consultation with the EQRO, their NCQA-certified auditor, and NCQA, HHSC determined that the EQRO should run the MY 2019 prenatal sub-measure using the same enrollment criteria from the previous measurement year. HHSC instructed the MCOs to report their administrative rates for MY 2,017 and MY 2018 if the MCO originally reported the prenatal rate as a hybrid rate. The EQRO provided the administrative rates by program for MY 2019 for all MCOs that corrected the change in the technical specifications. • PPC, Timeliness of Postpartum Care – NCQA revised the technical specifications to include visits that occurred between seven to 84 days after delivery (previously limited to 21-56 days after delivery). As a result, the MY 2019 postpartum sub-measure hybrid and administrative rates were inflated compared to the MY 2,017 and MY 2018 rates. However, HHSC determined that since the MY 2019 rates were more aligned with current guidelines, the MCOs should report the rates using the updated technical specifications for MY 2019. <p>Due to these HEDIS® technical specification modifications for the PPC measure, rates for the postpartum sub-measure were inflated in the second re-measurement year of the 2018 PIPs (MY 2019) compared to baseline (MY 2,017). Several MCOs that focused on PPC significantly improved from baseline in the postpartum sub-measure but not in the prenatal sub-measure. However, when asked to describe factors that may have influenced the results, nine MCOs did not discuss the technical specification modifications (Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC).</p>
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	The EQRO recommends MCOs monitor HEDIS® technical specification modifications that can influence PIP results and discuss the potential impacts in the Final PIPs when reviewing MCO performance, even if they did not achieve a significant improvement. This recommendation applies to Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.

Parkland Community Health Plan (PCHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-
White, Non-Hispanic	1,686	10.5%	33	2.1%	18,966	10.5%	20,685	10.4%
Black, Non-Hispanic	2,311	14.4%	92	5.8%	41,150	22.8%	43,553	22.0%
Hispanic	9,031	56.3%	1,243	77.8%	85,113	47.2%	95,387	48.2%
Unknown / Other	3,025	18.8%	230	14.4%	35,139	19.5%	38,394	19.4%
Age Group	-	-	-	-	-	-	-	-
<1 year	4	0.0%	10	0.6%	12,179	6.8%	12,193	6.2%
1 – 9 years	7,261	45.2%	.	.	82,846	45.9%	90,107	45.5%
10 – 17 years	8,036	50.1%	8	0.5%	58,511	32.4%	66,555	33.6%
18 – 20 years	752	4.7%	72	4.5%	10,175	5.6%	10,999	5.6%
21 – 44 years	-	-	1,500	93.9%	16,026	8.9%	17,526	8.9%
45 – 64 years	-	-	8	0.5%	631	0.3%	639	0.3%
Sex	-	-	-	-	-	-	-	-
Female	7,783	48.5%	1,594	99.7%	97,829	54.2%	107,206	54.1%
Male	8,270	51.5%	4	0.3%	82,524	45.8%	90,798	45.9%
Unknown	-	-	-	-	15	0.0%	15	0.0%
All	16,053	100.0%	1,598	100.0%	180,368	100.0%	198,019	100.0%

PCHP MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

PCHP CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	109	139	78.42%	Above High Std.
DEV - Total All Age	655	1,084	60.42%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	33	42	78.57%	Above High Std.
IMA - Combination 2 Immunizations	182	411	44.28%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	5	211,224	2.37/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	4	166,750	2.40/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	17.4	27.09	0.64 (A/E)	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	76.35%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.87%	Above High Std.
ADD - Initiation Phase	66	155	42.58%	Meets Min. Std.
CHL - Total	68	167	40.72%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	15	42	35.71%	Meets Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	1	166,750	0.60/100K MM	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	0	217,710	0.00/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	217,710	0.00/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	4	166,750	2.40/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	166,750	0.00/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	75.94%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	306	411	74.45%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	279	411	67.88%	Meets Min. Std.
APM - Total	9	45	20.00%	Below Std.
CIS - Combination 4 Immunizations	351	545	64.40%	Below Min. Std.
CIS - Combination 10 Immunizations	184	545	33.76%	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	15.96	8.91	1.79 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	514.28	491.19	1.05 (A/E)	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	73.10%	Below Min. Std.
WCC - BMI Screening - Total	305	411	74.21%	Below Min. Std.
APP - Total	-	-	-	LD

PCHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	578	1,218	47.45%	Above High Std.
ADD - Continuation and Maintenance Phase	110	163	67.48%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	1,759	2,410	72.99%	Above High Std.
DEV - Total All Age	12,715	22,545	56.40%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	214	505	42.38%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	313	505	61.98%	Above High Std.
HDO - Opioids High Dose	1	120	0.83%	Above High Std.
IMA - Combination 2 Immunizations	156	411	37.96%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	32	1,470,931	2.18/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	12	1,716,402	0.70/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Urinary Tract Infection Admission Rate (PDI 18)	12	1,716,402	0.70/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	68	1,054,686	6.45/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	5	1,054,686	0.47/100K MM	Above High Std.
PPE - Potentially Preventable Admissions (PPA)	199.36	349.39	0.57 (A/E)	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	126.34	162.03	0.78 (A/E)	Above High Std.
PPE - Potentially Preventable Complications (PPC)	15.33	19.04	0.81 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	3	14,272	21.02/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	8	237,734	3.37/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	2	237,734	0.84/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	6	223,462	2.69/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	75	237,734	31.55/100K MM	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	64.70%	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	60.58%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	82.81%	Above High Std.
UOP - Multiple Prescribers	27	143	18.88%	Above High Std.
CCS - Total	3,634	5,934	61.24%	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	63	1,054,686	5.97/100K MM	Meets Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	15	237,734	6.31/100K MM	Meets Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	9	237,734	3.79/100K MM	Meets Std.
PQI - Hypertension Admission Rate (PQI 7)	3	237,734	1.26/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	4	237,734	1.68/100K MM	Meets Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	2	237,734	0.84/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	12	237,734	5.05/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	63	237,734	26.50/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Diabetes PQI Composite Rate (PQI 93)	26	237,734	10.94/100K MM	Meets Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	67.89%	Meets Min. Std.
SVY-Adult - Getting Care Quickly Composite	-	-	58.67%	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	80.81%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	81.60%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	300	411	72.99%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	284	411	69.10%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	115	244	47.13%	Below Min. Std.
AMM - Effective Continuation Phase Treatment	75	244	30.74%	Below Min. Std.
APM - Total	130	729	17.83%	Below Std.
APP - Total	109	399	27.32%	Below Min. Std.
CDC - HbA1c Control (<8%)	102	411	24.82%	Below Min. Std.
CDC - Eye Exam	138	480	28.75%	Below Min. Std.
CDC - HbA1c Testing	299	411	72.75%	Below Min. Std.
CHL - Total	1,975	5,051	39.10%	Below Min. Std.
CIS - Combination 4 Immunizations	4,239	7,181	59.03%	Below Min. Std.
CIS - Combination 10 Immunizations	1,983	7,181	27.61%	Below Min. Std.
FUA - 7 Days Total Ages	1	109	0.92%	Below Min. Std.
FUA - 30 Days Total Ages	3	109	2.75%	Below Min. Std.
FUM - 7 Days Total Ages	37	174	21.26%	Below Min. Std.
FUM - 30 Days Total Ages	63	174	36.21%	Below Min. Std.
IET - Initiation Total (All Ages)	209	524	39.89%	Below Std.
IET - Engagement Total (All Ages)	59	524	11.26%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	42	1,054,686	3.98/100K MM	Below Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	8,996.25	8,771.57	1.03 (A/E)	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	25	237,734	10.52/100K MM	Below Std.
SVY-Child - % Good Access to Urgent Care	-	-	65.42%	Below Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	66.57%	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	72.24%	Below Min. Std.
UOP - Multiple Pharmacies	13	143	9.09%	Below Min. Std.
UOP - Multiple Prescribers and Pharmacies	8	143	5.59%	Below Min. Std.
WCC - BMI Screening - Total	296	411	72.02%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	-	LD

PCHP 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	100%	82.1%	91.1%
STAR	Prenatal and postpartum care	PPC	100%	94.0%	97.0%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Face-to-Face meeting with High Volume PCPs	Provider	Provider Relations and QM Nurses will meet with high volume PCP to discuss education and documentation of WCC.
CHIP	WCC	Provider Webinar	Provider	PCPs will be educated annually on importance of proper documentation of the WCC measure that is aligned with HEDIS Technical Specification.
CHIP	WCC	Fax Blast	Provider	The Fax Blast will be sent out quarterly to all PCPs. The newsletter will include different articles pertaining to the WCC measure each quarter.
CHIP	WCC	Member Newsletters (WCC Articles)	Member	Quarterly Newsletters will be distributed to existing and new members. The newsletter will educate members on benefits of receiving education on WCC. Newsletters will be in English and Spanish and at or below the 6th grade reading level.
CHIP	WCC	Collaborate with Community Resources	Member, System	The Plan will collaborate with community recreation resources to provide additional opportunities to access physical activities. The Plan will provide a list of community recreation resources. The list will be distributed to existing members bi-annually and given to Case Management as a reference tool. Resource examples are local YMCAs, Community Recreation Centers, Community Camps, etc. Some of these resources may or may not require membership and/or fees or sign-up requirements.
STAR	PPC	Member Educational Flyer	Member	The Member Educational Flyer is a prenatal flyer that will educate members on proper first trimester care, healthy mood and warning signs of depression. This flyer will be sent out to all pregnant members. Flyers will be in English and Spanish and at or below the 6th grade reading level.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Post Delivery Flyer to New Mothers	Member	The Member Post Delivery Flyer will educate and encourage new mothers to follow-up with their Provider for a timely post-partum check-up, as well as educate them on signs and symptoms of depression. This flyer will be sent out to all new mothers who delivered a live birth. Flyers will be in English and Spanish and at or below the 6th grade reading level.
STAR	PPC	Education materials at Member Advisory Group Meetings	Member	Pregnant moms will be educated at Plan's quarterly Member Advisory Group Meetings to educate them on the importance of pre-natal and post-partum visits.
STAR	PPC	Fax Blast	Provider	The Fax Blast will be sent out to Providers quarterly to all The newsletter will include different articles pertaining to the pregnant mothers and depression.
STAR	PPC	Collaborate with Local Mental Health Authorities	System	Collaborate with Local Mental Health Authorities to see what community resources are available for members diagnosed with depression.
STAR	PPC	Collaborative Provider Luncheon including BH	Provider	Providers will be educated annually on importance of Prenatal and Post-partum depression screening and how to access to BH resources within the network and the importance of continuity and coordination of care.

PCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

Compliance with wait time standards 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.

Standards	CHIP	STAR
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	100%	100%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	-	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100%	100%
Primary Routine Care Standard-Child (Within 14 calendar days)	-	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	100%	94.4%
Primary Urgent Care Standard-Child (Within 24 hours)	-	100%
Behavioral Health Care-Adult (Within 14 calendar days)	100%	100%
Behavioral Health Care-Child (Within 14 calendar days)	-	100%

PCHP Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Had more performance indicator scores that were above the high standard than they had below the minimum standard.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Scored below average on QAPI evaluations in SFY 2021, and lost points because they did not address prior year recommendations.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the behavioral health study sample from PCHP were compliant with appointment wait time standards for STAR Adult and CHIP in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> PCHP did not provide complete and accurate indicator goals, results, and/or analyses of results in 2018 PIPs—something that can make it difficult to assess changes in member access to health services.

PCHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

PCHP Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	15.5/17	91.2%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	4/4	100%
Prior Year PIP Recommendations (STAR) ^a	4/4	100%

PCHP Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding(s)	A common reason for loss of points on the Final PIP evaluation was due to measurement issues, which included MCOs/DMOs not conducting the statistical analyses according to their data analysis plan, reporting inconsistent data when compared to EQRO data files, and MCOs/DMOs not achieving a statistically significant improvement for all reported measures. Aetna, CCHP, CFHP, and Parkland did not conduct the appropriate statistical test for their respective measures.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	All MCOs/DMOs, especially Aetna, CCHP, CFHP, and Parkland, should ensure their data analysis plans are appropriate for the reported measures and conduct the statistical analyses according to their data analysis plan for the Final PIP.

Category	Description
Finding(s)	<p>During the 2018 PIPs, NCQA modified the HEDIS® technical specifications for the PPC measure for MY 2019 (re-measurement 2 of the 2018 PIPs). The revisions affected both the prenatal and postpartum sub-measures as follows:</p> <ul style="list-style-type: none"> • PPC, Timeliness of Prenatal Care – NCQA revised the enrollment criteria for inclusion in the sub-measure, which captured any visit during pregnancy rather than the timeliness of the prenatal visit. As a result, the prenatal sub-measure rates were inflated and not a true representation of the timeliness of prenatal care. After consultation with the EQRO, their NCQA-certified auditor, and NCQA, HHSC determined that the EQRO should run the MY 2019 prenatal sub-measure using the same enrollment criteria from the previous measurement year. HHSC instructed the MCOs to report their administrative rates for MY 2,017 and MY 2018 if the MCO originally reported the prenatal rate as a hybrid rate. The EQRO provided the administrative rates by program for MY 2019 for all MCOs that corrected the change in the technical specifications. • PPC, Timeliness of Postpartum Care – NCQA revised the technical specifications to include visits that occurred between seven to 84 days after delivery (previously limited to 21-56 days after delivery). As a result, the MY 2019 postpartum sub-measure hybrid and administrative rates were inflated compared to the MY 2,017 and MY 2018 rates. However, HHSC determined that since the MY 2019 rates were more aligned with current guidelines, the MCOs should report the rates using the updated technical specifications for MY 2019. <p>Due to these HEDIS® technical specification modifications for the PPC measure, rates for the postpartum sub-measure were inflated in the second re-measurement year of the 2018 PIPs (MY 2019) compared to baseline (MY 2,017). Several MCOs that focused on PPC significantly improved from baseline in the postpartum sub-measure but not in the prenatal sub-measure. However, when asked to describe factors that may have influenced the results, nine MCOs did not discuss the technical specification modifications (Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC).</p>
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	The EQRO recommends MCOs monitor HEDIS® technical specification modifications that can influence PIP results and discuss the potential impacts in the Final PIPs when reviewing MCO performance, even if they did not achieve a significant improvement. This recommendation applies to Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.
Finding(s)	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare should examine why what is in the encounter data is not documented in the medical record.

RightCare from Scott & White Health Plan (SWHP)

Member Demographics

Demographic Category	STAR	%	All Members	%
Race	-	-	-	-
White, Non-Hispanic	12,364	26.1%	12,364	26.1%
Black, Non-Hispanic	10,888	23.0%	10,888	23.0%
Hispanic	13,952	29.4%	13,952	29.4%
Unknown / Other	10,191	21.5%	10,191	21.5%
Age Group	-	-	-	-
<1 year	2,744	5.8%	2,744	5.8%
1 – 9 years	22,988	48.5%	22,988	48.5%
10 – 17 years	12,900	27.2%	12,900	27.2%
18 – 20 years	2,583	5.4%	2,583	5.4%
21 – 44 years	5,749	12.1%	5,749	12.1%
45 – 64 years	431	0.9%	431	0.9%
Sex	-	-	-	-
Female	26,388	55.7%	26,388	55.7%
Male	21,003	44.3%	21,003	44.3%
Unknown	4	0.0%	4	0.0%
All	47,395	100.0%	47,395	100.0%

SWHP MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

SWHP STAR

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

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	54	96	56.25%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	167	278	60.07%	Above High Std.
HDO - Opioids High Dose	0	176	0.00%	Above High Std.
IMA - Combination 2 Immunizations	176	411	42.82%	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	3	465,295	0.64/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	2	465,295	0.43/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	27	288,234	9.37/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	3	288,234	1.04/100K MM	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	50.93	70.13	0.73 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	1	10,004	10.00/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	2	86,022	2.32/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	38	86,022	44.17/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	75.80%	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	74.30%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - Getting Needed Care Composite	-	-	65.10%	Above High Std.
SVY-Adult - Getting Care Quickly Composite	-	-	71.10%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	88.10%	Above High Std.
SVY-Child - % Good Access to Urgent Care	-	-	84.08%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	82.22%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	87.53%	Above High Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	47.90%	Above High Std.
UOP - Multiple Pharmacies	7	198	3.54%	Above High Std.
UOP - Multiple Prescribers	40	198	20.20%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	6	198	3.03%	Above High Std.
ADD - Initiation Phase	271	711	38.12%	Meets Min. Std.
CDC - HbA1c Control (<8%)	111	279	39.78%	Meets Min. Std.
CIS - Combination 10 Immunizations	490	1,615	30.34%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	93	278	33.45%	Meets Min. Std.
FUM - 30 Days Total Ages	52	104	50.00%	Meets Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	10	86,022	11.62/100K MM	Meets Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	5	86,022	5.81/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	2	86,022	2.32/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	4	86,022	4.65/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	18	86,022	20.92/100K MM	Meets Std.
SVY-Child - % Good Access to Routine Care	-	-	69.82%	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	77.00%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	124	260	47.69%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Continuation Phase Treatment	74	260	28.46%	Below Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	360	580	62.07%	Below Min. Std.
APM - Total	53	192	27.60%	Below Std.
APP - Total	29	62	46.77%	Below Min. Std.
CCS - Total	1,454	2,565	56.69%	Below Min. Std.
CDC - Eye Exam	123	275	44.73%	Below Min. Std.
CDC - HbA1c Testing	221	279	79.21%	Below Min. Std.
CHL - Total	721	1,684	42.81%	Below Min. Std.
CIS - Combination 4 Immunizations	933	1,615	57.77%	Below Min. Std.
DEV - Total All Age	1,541	5,497	28.03%	Below Min. Std.
FUA - 7 Days Total Ages	1	44	2.27%	Below Min. Std.
FUA - 30 Days Total Ages	3	44	6.82%	Below Min. Std.
FUM - 7 Days Total Ages	35	104	33.65%	Below Min. Std.
IET - Initiation Total (All Ages)	102	265	38.49%	Below Std.
IET - Engagement Total (All Ages)	27	265	10.19%	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	32	409,122	7.82/100K MM	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	12	288,234	4.16/100K MM	Below Std.
PDI - Chronic PDI Composite Rate (PDI 92)	24	288,234	8.33/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	193.19	118.14	1.64 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	3,092.63	2,503.4	1.24 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	27.38	16.23	1.69 (A/E)	Below Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	3	86,022	3.49/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	8	86,022	9.30/100K MM	Below Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	3	86,022	3.49/100K MM	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	4	76,018	5.26/100K MM	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	1	86,022	1.16/100K MM	Below Std.
PQI - Chronic PQI Composite Rate (PQI 92)	34	86,022	39.52/100K MM	Below Std.
WCC - BMI Screening - Total	284	411	69.10%	Below Min. Std.
WCC - Counseling on Nutrition - Total	253	411	61.56%	Below Min. Std.
WCC - Counseling on Physical Activity - Total	214	411	52.07%	Below Min. Std.

SWHP 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
STAR	Prenatal and postpartum care with a focus on members with a high risk of postpartum depression	PPC	96.1%	83.3%	89.7%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Community Approach to Identifying and Managing PPD	Member, Provider	<p>To transition from a health care system where PPD is not widely talked about until excessive negative emotions are experienced by new or expecting mothers, SWHP in collaboration with Baylor Scott & White Medical Center and the Nurse Family Partnership, will implement a program that will help our community organizations identify and manage members at risk for PPD at multiple points along the care continuum. This intervention will begin with telephonic outreach and screening conducted by SWHP prior to 29 weeks of pregnancy. This outreach will assess the needs of each expecting mother and serve as the initial touch point for PPD screening. Members that score ≥ 10 on the PHQ-9 will be flagged in their medical record and referred to the Nurse Family Partnership for home visitation. The Nurse Family Partnership (NFP) will then provide a standardized educational tool kit addressing the warning signs of PPD and clinical / non-clinical resources. For members not able to be seen by the NFP, SWHP will provide the same outreach and education via telephonic means until the NFP has capacity.</p> <p>At the time of delivery, clinical staff in the hospitals will screen all members without out a flag indicating they are high risk for PPD and provide any member who has the flag or scores ≥ 10 on the PHQ-9 with the same tool kit previously mentioned. All members with identified risk will be referred to their OB/GYN or PCP for follow-up.</p> <p>With depressive symptoms not appearing in some members until after delivery, SWHP will conduct two additional screenings (2 and 4 weeks post-delivery). If at this time a member is identified as high risk, the members will receive follow-up case management with the health plan over the next 11 months and a referral to their OB/GYN or PCP. At 11 months post-delivery, all participants will be screened to determine if their risk for PPD has decreased.</p>

SWHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

Compliance with wait time standards 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%
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	100%
Primary Routine Care Standard-Child (Within 14 calendar days)	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	100%
Primary Urgent Care Standard-Child (Within 24 hours)	100%
Behavioral Health Care-Adult (Within 14 calendar days)	93.3%
Behavioral Health Care-Child (Within 14 calendar days)	93.3%

SWHP Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Above high standard on 24 performance indicators for STAR.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Scored below average on QAPI evaluations. SWHP had the second lowest score on the SFY 2021 QAPI evaluations and lost points for reporting incorrect data for some of the indicators for POA screening criteria.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from SWHP were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> SWHP did not provide complete and accurate indicator goals, results, and/or analyses of results in 2018 PIPs—something that can make it difficult to assess changes in member access to health services.

SWHP Recommendations

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

This section provides MCO- and DMO- specific information on: (a) compliance with prior-year recommendations for the mandatory EQR activities specified under Protocol 1: Validation of Performance Measures and Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Requirements and (b) current MCO and DMO-specific findings and recommendations from the current EQR reporting cycle and their connection to specific goals outlined in the current Texas Medicaid and CHIP Managed Care Quality Strategy (MCQS), available online at hhs.texas.gov. Detailed information on the activities associated with these recommendations is available in the External Quality Review of Texas Medicaid and CHIP Managed Care Summary of Activities Report for SFY 2021.

SWHP Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	-
Prior Year QAPI Recommendations (MCO)	7/7	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (STAR) ^a	15.5/16	96.9%

SWHP Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding(s)	<p>During the 2018 PIPs, NCQA modified the HEDIS® technical specifications for the PPC measure for MY 2019 (re-measurement 2 of the 2018 PIPs). The revisions affected both the prenatal and postpartum sub-measures as follows:</p> <ul style="list-style-type: none"> • PPC, Timeliness of Prenatal Care – NCQA revised the enrollment criteria for inclusion in the sub-measure, which captured any visit during pregnancy rather than the timeliness of the prenatal visit. As a result, the prenatal sub-measure rates were inflated and not a true representation of the timeliness of prenatal care. After consultation with the EQRO, their NCQA-certified auditor, and NCQA, HHSC determined that the EQRO should run the MY 2019 prenatal sub-measure using the same enrollment criteria from the previous measurement year. HHSC instructed the MCOs to report their administrative rates for MY 2,017 and MY 2018 if the MCO originally reported the prenatal rate as a hybrid rate. The EQRO provided the administrative rates by program for MY 2019 for all MCOs that corrected the change in the technical specifications. • PPC, Timeliness of Postpartum Care – NCQA revised the technical specifications to include visits that occurred between seven to 84 days after delivery (previously limited to 21-56 days after delivery). As a result, the MY 2019 postpartum sub-measure hybrid and administrative rates were inflated compared to the MY 2,017 and MY 2018 rates. However, HHSC determined that since the MY 2019 rates were more aligned with current guidelines, the MCOs should report the rates using the updated technical specifications for MY 2019. <p>Due to these HEDIS® technical specification modifications for the PPC measure, rates for the postpartum sub-measure were inflated in the second re-measurement year of the 2018 PIPs (MY 2019) compared to baseline (MY 2,017). Several MCOs that focused on PPC significantly improved from baseline in the postpartum sub-measure but not in the prenatal sub-measure. However, when asked to describe factors that may have influenced the results, nine MCOs did not discuss the technical specification modifications (Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC).</p>

Category	Description
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	The EQRO recommends MCOs monitor HEDIS® technical specification modifications that can influence PIP results and discuss the potential impacts in the Final PIPs when reviewing MCO performance, even if they did not achieve a significant improvement. This recommendation applies to Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC.
Finding	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.

Superior HealthPlan (Superior)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Health		STAR Kids	%	STAR+PLUS	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	14,069	20.4%	150	3.5%	11,969	29.5%	1,391	4.6%	14,303	21.8%	138,141	16.6%	180,023	17.2%
Black, Non-Hispanic	4,131	6.0%	56	1.3%	10,418	25.7%	937	3.1%	9,077	13.8%	68,548	8.2%	93,167	8.9%
Hispanic	39,606	57.3%	3,608	83.2%	17,102	42.2%	20,487	67.7%	27,429	41.8%	490,857	58.9%	599,089	57.4%
Unknown / Other	11,265	16.3%	522	12.0%	1,033	2.5%	7,464	24.7%	14,828	22.6%	136,351	16.4%	171,463	16.4%
Age Group	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<1 year	5	0.0%	35	0.8%	2,930	7.2%	213	0.7%	-	-	51,150	6.1%	54,333	5.2%
1 – 9 years	31,536	45.7%	2	0.0%	23,343	57.6%	8,178	27.0%	-	-	378,153	45.3%	441,212	42.3%
10 – 17 years	34,069	49.3%	38	0.9%	11,189	27.6%	15,602	51.5%	-	-	259,663	31.1%	320,561	30.7%
18 – 20 years	3,461	5.0%	273	6.3%	2,788	6.9%	5,312	17.5%	1	0.0%	50,721	6.1%	62,556	6.0%
21 – 44 years	-	-	3,973	91.6%	272	0.7%	974	3.2%	29,681	45.2%	87,788	10.5%	122,688	11.8%
45 – 64 years	-	-	15	0.3%	-	-	-	-	35,111	53.5%	6,422	0.8%	41,548	4.0%
65+ years	-	-	-	-	-	-	-	-	844	1.3%	-	-	844	0.1%
Sex	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	33,835	49.0%	4,317	99.6%	20,124	49.7%	10,431	34.4%	33,990	51.8%	458,194	54.9%	560,891	53.7%
Male	35,227	51.0%	19	0.4%	20,398	50.3%	19,848	65.6%	31,646	48.2%	375,643	45.0%	482,781	46.3%
Unknown	9	0.0%	-	-	-	-	-	-	1	0.0%	60	0.0%	70	0.0%
All	69,071	100.0%	4,336	100.0%	40,522	100.0%	30,279	100.0%	65,637	100.0%	833,897	100.0%	1,043,742	100.0%

Superior MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

Superior CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	380	473	80.34%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	196	325	60.31%	Above High Std.
IMA - Combination 2 Immunizations	182	411	44.28%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	23	928,427	2.48/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	33	724,890	4.55/100K MM	Above High Std.
PPE - Potentially Preventable Readmissions (PPR)	28.5	35.01	0.81 (A/E)	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	79.79%	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	79.49%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	86.68%	Above High Std.
ADD - Initiation Phase	428	1,091	39.23%	Meets Min. Std.
APM - Total	76	227	33.48%	Meets Std.
CIS - Combination 4 Immunizations	1,488	2,077	71.64%	Meets Min. Std.
CIS - Combination 10 Immunizations	790	2,077	38.04%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	133	325	40.92%	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	7	956,599	0.73/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	43	724,890	5.93/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Acute PDI Composite Rate (PDI 91)	10	724,890	1.38/100K MM	Meets Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	75.40%	Meets Min. Std.
APP - Total	51	129	39.53%	Below Min. Std.
CHL - Total	341	975	34.97%	Below Min. Std.
DEV - Total All Age	1,909	4,558	41.88%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	18	724,890	2.48/100K MM	Below Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	11	956,599	1.15/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	128.27	122.13	1.05 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,492.69	2,186.93	1.14 (A/E)	Below Min. Std.
WCC - BMI Screening - Total	279	411	67.88%	Below Min. Std.
WCC - Counseling on Nutrition - Total	268	411	65.21%	Below Min. Std.
WCC - Counseling on Physical Activity - Total	251	411	61.07%	Below Min. Std.

Superior STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	688	1,114	61.76%	Above High Std.
AMM - Effective Acute Phase Treatment	1,454	2,756	52.76%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	6,932	9,117	76.03%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	1,771	4,349	40.72%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	2,754	4,349	63.32%	Above High Std.
HDO - Opioids High Dose	9	2,544	0.35%	Above High Std.
IMA - Combination 2 Immunizations	178	411	43.31%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	193	6,904,515	2.80/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	103	7,925,638	1.30/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Urinary Tract Infection Admission Rate (PDI 18)	157	7,925,638	1.98/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	325	4,953,615	6.56/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	82	4,953,615	1.66/100K MM	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	14	131,147	10.68/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	65	1,349,775	4.82/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	20	1,349,775	1.48/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	16	1,218,628	1.31/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	538	1,349,775	39.86/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	70.20%	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	68.20%	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	64.10%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	83.60%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	84.58%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	84.20%	Above High Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	39.30%	Above High Std.
UOP - Multiple Pharmacies	49	2,887	1.70%	Above High Std.
UOP - Multiple Prescribers	499	2,887	17.28%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	27	2,887	0.94%	Above High Std.
ADD - Initiation Phase	3,817	8,705	43.85%	Meets Min. Std.
AMM - Effective Continuation Phase Treatment	899	2,756	32.62%	Meets Min. Std.
APM - Total	1,625	4,448	36.53%	Meets Std.
APP - Total	878	1,755	50.03%	Meets Min. Std.
CCS - Total	25,043	38,648	64.80%	Meets Min. Std.
IET - Initiation Total (All Ages)	2,097	4,784	43.83%	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
IET - Engagement Total (All Ages)	782	4,784	16.35%	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	243	4,953,615	4.91/100K MM	Meets Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	74	1,349,775	5.48/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	39	1,349,775	2.89/100K MM	Meets Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	5	1,349,775	0.37/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	104	1,349,775	7.70/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	434	1,349,775	32.15/100K MM	Meets Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	291	1,349,775	21.56/100K MM	Meets Std.
SVY-Adult - Getting Care Quickly Composite	-	-	60.20%	Meets Min. Std.
SVY-Child - % Good Access to Urgent Care	-	-	82.80%	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	68.57%	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	80.35%	Meets Min. Std.
CDC - HbA1c Control (<8%)	111	411	27.01%	Below Min. Std.
CDC - Eye Exam	2,113	4,596	45.97%	Below Min. Std.
CDC - HbA1c Testing	314	411	76.40%	Below Min. Std.
CHL - Total	14,930	29,307	50.94%	Below Min. Std.
CIS - Combination 4 Immunizations	19,401	30,799	62.99%	Below Min. Std.
CIS - Combination 10 Immunizations	8,706	30,799	28.27%	Below Min. Std.
DEV - Total All Age	42,503	104,311	40.75%	Below Min. Std.
FUA - 7 Days Total Ages	26	777	3.35%	Below Min. Std.
FUA - 30 Days Total Ages	44	777	5.66%	Below Min. Std.
FUM - 7 Days Total Ages	308	1,000	30.80%	Below Min. Std.
FUM - 30 Days Total Ages	458	1,000	45.80%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	137	4,953,615	2.77/100K MM	Below Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	2,246.4	2,023.26	1.11 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	1,132.42	1,069.33	1.06 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	48,208.61	44,044.05	1.09 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	217.59	203.9	1.07 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	196	1,349,775	14.52/100K MM	Below Std.
PQI - Hypertension Admission Rate (PQI 7)	39	1,349,775	2.89/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	74	1,349,775	5.48/100K MM	Below Std.
WCC - BMI Screening - Total	272	395	68.86%	Below Min. Std.
WCC - Counseling on Nutrition - Total	263	395	66.58%	Below Min. Std.
WCC - Counseling on Physical Activity - Total	249	395	63.04%	Below Min. Std.

Superior STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	638	1,426	44.74%	Above High Std.
ADD - Continuation and Maintenance Phase	110	194	56.70%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	943	1,212	77.81%	Above High Std.
APM - Total	1,020	2,578	39.57%	Above High Std.
DEV - Total All Age	470	978	48.06%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	521	1,056	49.34%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	780	1,056	73.86%	Above High Std.
IET - Initiation Total (All Ages)	175	360	48.61%	Above High Std.
IMA - Combination 2 Immunizations	189	411	45.99%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	19	278,578	6.82/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	22	285,643	7.70/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Overall PDI Composite Rate (PDI 90)	58	246,210	23.56/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	32	246,210	13.00/100K MM	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	83.64%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	75.64%	Above High Std.
SVY-Child - Customer Service Composite	-	-	75.85%	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	69.84%	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	77.45%	Above High Std.
APP - Total	253	569	44.46%	Meets Min. Std.
FUM - 7 Days Total Ages	68	172	39.53%	Meets Min. Std.
FUM - 30 Days Total Ages	101	172	58.72%	Meets Min. Std.
IET - Engagement Total (All Ages)	66	360	18.33%	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	20	285,643	7.00/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	26	246,210	10.56/100K MM	Meets Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,244.42	2,284.82	0.98 (A/E)	Meets Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	52.72%	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	54.15%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	78.70%	Meets Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	43.24%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	254	360	70.56%	Meets Min. Std.
WCC - Counseling on Physical Activity - Total	235	360	65.28%	Meets Min. Std.
CHL - Total	533	1,328	40.14%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	18	246,210	7.31/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	585.58	531.68	1.10 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	424.41	378.82	1.12 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	27.37	23.54	1.16 (A/E)	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	42.98%	Below Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers	-	-	65.38%	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	86.80%	Below Min. Std.
WCC - BMI Screening - Total	257	360	71.39%	Below Min. Std.

Superior STAR+PLUS

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	2,128	3,519	60.47%	Above High Std.
AMM - Effective Continuation Phase Treatment	1,488	3,519	42.28%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	971	2,685	36.16%	Above High Std.
HDO - Opioids High Dose	57	7,955	0.72%	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	491	485,383	101.16/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	168	786,459	21.36/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,199	786,459	406.76/100K MM	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	456	786,459	57.98/100K MM	Above High Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,744	786,459	348.91/100K MM	Above High Std.
SAA - 80% Coverage	3,115	5,015	62.11%	Above High Std.
SPC - Total Statin Therapy	1,692	2,166	78.12%	Above High Std.
SPC - Total Adherence	1,143	1,692	67.55%	Above High Std.
SPD - Statin Adherence	3,383	5,026	67.31%	Above High Std.
SVY-Adult - % Good Access to Specialist Appointment	-	-	58.99%	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	64.38%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	81.10%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
UOP - Multiple Pharmacies	157	9,535	1.65%	Above High Std.
UOP - Multiple Prescribers	1,322	9,535	13.86%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	78	9,535	0.82%	Above High Std.
AAP - Members Aged 20-44	21,146	27,068	78.12%	Meets Min. Std.
AAP - Members Aged 45-64	27,711	30,889	89.71%	Meets Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	1,257	1,996	62.98%	Meets Min. Std.
CDC - Eye Exam	7,562	14,824	51.01%	Meets Min. Std.
FUA - 7 Days Total Ages	30	734	4.09%	Meets Min. Std.
FUA - 30 Days Total Ages	48	734	6.54%	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	1,502	2,685	55.94%	Meets Min. Std.
IET - Initiation Total (All Ages)	1,997	4,887	40.86%	Meets Min. Std.
PCE - Bronchodilators	1,200	1,389	86.39%	Meets Min. Std.
PPE - Potentially Preventable Admissions (PPA)	6,355.59	6,629.66	0.96 (A/E)	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	12,170.39	12,617.19	0.96 (A/E)	Meets Min. Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	1,036	786,459	131.73/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	288	786,459	36.62/100K MM	Meets Std.
SPD - Received Statin Therapy	5,026	7,544	66.62%	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care	-	-	57.33%	Meets Min. Std.
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling	-	-	49.63%	Meets Min. Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	68.67%	Meets Min. Std.
BCS - Total	5,259	10,997	47.82%	Below Min. Std.
CCS - Total	10,112	25,630	39.45%	Below Min. Std.
CDC - HbA1c Control (<8%)	164	411	39.90%	Below Min. Std.
CDC - HbA1c Testing	340	411	82.73%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
CHL - Total	337	832	40.50%	Below Min. Std.
FUM - 7 Days Total Ages	271	880	30.80%	Below Min. Std.
FUM - 30 Days Total Ages	416	880	47.27%	Below Min. Std.
IET - Engagement Total (All Ages)	270	4,887	5.52%	Below Min. Std.
PCE - Systemic Corticosteroids	911	1,389	65.59%	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	2,771.99	2,677.56	1.04 (A/E)	Below Min. Std.
PPE - Potentially Preventable Complications (PPC)	528.92	518.91	1.02 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	326	786,459	41.45/100K MM	Below Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	458	786,459	58.24/100K MM	Below Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	180	786,459	22.89/100K MM	Below Min. Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	140	786,459	17.80/100K MM	Below Min. Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	28	301,076	9.30/100K MM	Below Min. Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	176	786,459	22.38/100K MM	Below Min. Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	1,009	786,459	128.30/100K MM	Below Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	173	227	76.21%	Below Min. Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	1,241	1,777	69.84%	Below Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	277	1,111	24.93%	Below Min. Std.
SSD - Diabetes Screening	5,000	6,272	79.72%	Below Min. Std.
SVY-Adult - % Good Access to Urgent Care	-	-	62.55%	Below Min. Std.
SVY-Adult - % Good Access to Special Therapies	-	-	27.57%	Below Min. Std.
SVY-Adult - % Good Access to Service Coordination	-	-	46.82%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	35.63%	Below Min. Std.

Superior Star Health

Measure Superior SH	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	574	914	62.80%	Above High Std.
ADD - Continuation and Maintenance Phase	242	357	67.79%	Above High Std.
APM - Total	2,318	3,719	62.33%	Above High Std.
APP - Total	809	888	91.10%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	2,157	3,434	62.81%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	2,941	3,434	85.64%	Above High Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	14	211,596	6.62/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	4	401,994	1.00/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	8	401,994	1.99/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	6	211,596	2.84/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	19	211,596	8.98/100K MM	Above High Std.
FUM - 7 Days Total Ages	165	320	51.56%	Meets Min. Std.
FUM - 30 Days Total Ages	232	320	72.50%	Meets Min. Std.
PDI - Overall PDI Composite Rate (PDI 90)	25	211,596	11.81/100K MM	Meets Std.
DEV - Total All Age	2,946	5,652	52.12%	Below Min. Std.
PDI - Asthma Admission Rate (PDI 14)	18	329,059	5.47/100K MM	Below Std.

Superior 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	87.6%	92.7%	90.2%
STAR	Prenatal and postpartum care	PPC	97.3%	89.3%	93.3%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	99.4%	94.0%	96.7%
STAR+PLUS	Prenatal and postpartum care	PPC	97.3%	89.3%	93.3%
STAR Health	Prenatal and postpartum care	PPC	94.6%	89.3%	92.0%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Member Education – Well Child Visits	Member	Superior HealthPlan and FirstCare Health Plans will develop an education piece to be distributed to CHIP members explaining the importance of regularly attending well-child visits with their physician.
CHIP	WCC	Provider Education Material	Provider	Superior HealthPlan and FirstCare Health Plans will develop an education piece to be sent to providers. The education material will focus on the importance of obtaining BMI percentile and providing anticipatory guidance related to children’s weight, nutrition, and amount of physical exercise during the well-child visit.
CHIP	WCC	Onsite Provider Education	Provider	Superior HealthPlan and FirstCare Health Plans will conduct at least three individual onsite educational visits at providers with the highest CHIP members enrolled. Education will focus on the different portions of the well-child measure and their corresponding billing codes as well as the ease of utilizing THSteps forms to ensure a complete assessment during every member’s well-child visits.
STAR	PPC	Member Education – Frequency of Prenatal Visits	Member	Superior HealthPlan will develop an education piece to be distributed to pregnant STAR members explaining the recommended frequency of prenatal visits and the importance of timely postpartum care.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Pregnancy Outreach Tool – Wellframe App	Member	Superior HealthPlan will provide pregnant STAR members with information on how to opt in and utilize the Wellframe app.
STAR+PLUS	PPC	Member Education – Frequency of Prenatal Visits	Member	Superior HealthPlan will develop an education piece to be distributed to pregnant STAR+PLUS members explaining the recommended frequency of prenatal visits and the importance of timely postpartum care.
STAR+PLUS	PPC	Pregnancy Outreach Tool – Wellframe App	Member	Superior HealthPlan will provide pregnant STAR+PLUS members with information on how to opt in and utilize the Wellframe app.
STAR Health	PPC	Member Education – Frequency of Prenatal Visits	Member	Superior HealthPlan will develop an education piece to be distributed to pregnant STAR Health members explaining the recommended frequency of prenatal visits and the importance of timely postpartum care.
STAR Health	PPC	Pregnancy Outreach Tool – Wellframe App	Member	Superior HealthPlan will provide pregnant STAR Health members with information on how to opt in and utilize the Wellframe app.
STAR Kids	URTI PPVs	Member Education – Flu Vaccine Reminder Sticker	Member	Superior HealthPlan will create educational stickers to be distributed to the elementary schools and will be passed out to the students. These stickers will help remind the caregivers of STAR Kids to get their flu shot.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	URTI PPVs	Eliza Flu Vaccination Reminder Calls	Member	Eliza is an Interactive Voice Response (IVR) system. It is a proven multi-touch, multi-channel contract strategy with a flexible solution design that targets key HEDIS measures. Superior HealthPlan has engaged Eliza to call STAR Kid members to remind them to get their flu vaccinations.

Superior Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR+ PLUS	STAR Health	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	100%	-	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%	-	100%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%	98.8%	-	-
Primary Routine Care Standard-Child (Within 14 calendar days)	95.1%	100%	-	100%	94.5%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	100%	-	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	-	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	87.1%	88.9%	-	-
Behavioral Health Care-Child (Within 14 calendar days)	83.3%	84.6%	-	100%	78.6%

Superior Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Above high standard on 28 performance indicators in STAR.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Scored below average on QAPI scores (95.1 percent) compared to the average QAPI score of all MCOs and DMOs (97.1 percent). Superior lost points on their 2018 PIPs for STAR Kids and the QAPI evaluations because they did not address prior year recommendations.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from Superior were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child and STAR Health in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Superior did not provide complete and accurate indicator goals, results, and/or analyses of results in 2018 PIPs—something that can make it difficult to assess changes in member access to health services.

Superior Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

Superior Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	5/7	71.4%
Prior Year QAPI Recommendations (MMP)	2/2	100%
Prior Year PIP Recommendations (CHIP) ^a	11/11	100%
Prior Year PIP Recommendations (STAR) ^a	6/6	100%
Prior Year PIP Recommendations (STAR Kids) ^a	4/5	80%
Prior Year PIP Recommendations (STAR+PLUS) ^a	3/3	100%
Prior Year PIP Recommendations (STAR Health) ^a	6/6	100%

Superior Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.
Finding(s)	STAR Kids MCOs have room to improve compliance with wait time standards in behavioral health. STAR Kids had the lowest percentage of compliant providers for behavioral health care among all programs. The percentage of STAR Kids providers compliant with UCMCM standards was 13.1 percentage points lower in 2021 than in 2018.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	STAR Kids MCOs should conduct root cause analyses (RCAs) to identify the driving factors behind lower rates of provider compliance among behavioral health providers and use the results to identify strategies for improving provider compliance.
Finding(s)	In STAR Health, the percent of appointments available dropped by 17.7 percentage points.
MCQS Goal(s)	Goals 1, 2, 3

Category	Description
Recommendation(s)	The EQRO recommends that Superior (SHP) conduct an RCA to understand the decrease in available primary care appointments between SFY 2020 and SFY 2021 and use this information to identify ways to increase the percentage of providers with available appointments.
Finding(s)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.
MCQS Goal(s)	Goals 2, 6
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage. STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

Texas Children's Health Plan (TCHP)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR	%	All Members	%
Race	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	5,075	12.1%	58	2.4%	2,235	7.5%	50,626	12.2%	57,994	11.9%
Black, Non-Hispanic	6,215	14.8%	77	3.2%	4,222	14.2%	77,704	18.8%	88,218	18.1%
Hispanic	22,689	54.1%	2020	85.0%	8,919	30.0%	214,777	51.9%	248,405	50.9%
Unknown / Other	7,984	19.0%	222	9.3%	14,318	48.2%	70,644	17.1%	93,168	19.1%
Age Group	-	-	-	-	-	-	-	-	-	-
<1 year	6	0.0%	19	0.8%	167	0.6%	19,335	4.7%	19,527	4.0%
1 – 9 years	18,462	44.0%	2	0.1%	9,325	31.4%	197,056	47.6%	224,845	46.1%
10 – 17 years	21,515	51.3%	24	1.0%	14,891	50.1%	148,391	35.9%	184,821	37.9%
18 – 20 years	1,980	4.7%	134	5.6%	4,571	15.4%	23,615	5.7%	30,300	6.2%
21 – 44 years	-	-	2,187	92.0%	740	2.5%	24,024	5.8%	26,951	5.5%
45 – 64 years	-	-	11	0.5%	-	-	1,330	0.3%	1,341	0.3%
Sex	-	-	-	-	-	-	-	-	-	-
Female	20,637	49.2%	2,367	99.6%	10,194	34.3%	217,304	52.5%	250,502	51.4%
Male	21,323	50.8%	10	0.4%	19,500	65.7%	196,413	47.5%	237,246	48.6%
Unknown	3	0.0%	-	-	-	-	34	0.0%	37	0.0%
All	41,963	100.0%	2,377	100.0%	29,694	100.0%	413,751	100.0%	487,785	100.0%

TCHP MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

TCHP CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	224	283	79.15%	Above High Std.
CIS - Combination 10 Immunizations	479	1,087	44.07%	Above High Std.
DEV - Total All Age	1,529	2,437	62.74%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	113	176	64.20%	Above High Std.
IMA - Combination 2 Immunizations	198	411	48.18%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	14	561,306	2.49/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	18	444,166	4.05/100K MM	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	992.8	1,298.04	0.76 (A/E)	Above High Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	80.17%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	85.48%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.19%	Above High Std.
WCC - Counseling on Nutrition - Total	332	411	80.78%	Above High Std.
WCC - Counseling on Physical Activity - Total	323	411	78.59%	Above High Std.
ADD - Initiation Phase	204	552	36.96%	Meets Min. Std.
CHL - Total	231	537	43.02%	Meets Min. Std.
CIS - Combination 4 Immunizations	778	1,087	71.57%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
FUH - Follow Up within 7 Days Total Ages	80	176	45.45%	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	3	576,943	0.52/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	2	576,943	0.35/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	19	444,166	4.28/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	1	444,166	0.23/100K MM	Meets Std.
SVY-Child - Getting Care Quickly Composite	-	-	74.41%	Meets Min. Std.
APM - Total	41	134	30.60%	Below Std.
APP - Total	33	82	40.24%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	10	444,166	2.25/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	85.01	74.72	1.14 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	43.94	33.18	1.32 (A/E)	Below Min. Std.
WCC - BMI Screening - Total	313	411	76.16%	Below Min. Std.

TCHP STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Continuation and Maintenance Phase	246	411	59.85%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	3,160	4,208	75.10%	Above High Std.
DEV - Total All Age	20,841	39,786	52.38%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	625	1,547	40.40%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	989	1,547	63.93%	Above High Std.
IMA - Combination 2 Immunizations	178	411	43.31%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	118	3,659,301	3.22/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	37	4,091,478	0.90/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	46	4,091,478	1.12/100K MM	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Overall PDI Composite Rate (PDI 90)	184	2,656,083	6.93/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	26	2,656,083	0.98/100K MM	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	14,928.24	19,915.2	0.75 (A/E)	Above High Std.
PPE - Potentially Preventable Complications (PPC)	34	38.31	0.89 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	3	28,468	10.54/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	17	428,108	3.97/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	9	428,108	2.10/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	4	399,640	1.00/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	164	428,108	38.31/100K MM	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	69.40%	Above High Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	71.10%	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	60.50%	Above High Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	85.10%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	84.09%	Above High Std.
UOP - Multiple Pharmacies	14	319	4.39%	Above High Std.
UOP - Multiple Prescribers	54	319	16.93%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	6	319	1.88%	Above High Std.
WCC - Counseling on Nutrition - Total	318	411	77.37%	Above High Std.
WCC - Counseling on Physical Activity - Total	308	411	74.94%	Above High Std.
ADD - Initiation Phase	1,426	3,327	42.86%	Meets Min. Std.
APP - Total	397	804	49.38%	Meets Min. Std.
CHL - Total	5,121	10,008	51.17%	Meets Min. Std.
HDO - Opioids High Dose	6	273	2.20%	Meets Min. Std.
PDI - Chronic PDI Composite Rate (PDI 92)	158	2,656,083	5.95/100K MM	Meets Std.

Measure	Numerator	Denominator	Rate	Performance Level
PPE - Potentially Preventable Admissions (PPA)	805.09	822.75	0.98 (A/E)	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	21	428,108	4.91/100K MM	Meets Std.
PQI - Hypertension Admission Rate (PQI 7)	5	428,108	1.17/100K MM	Meets Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	17	428,108	3.97/100K MM	Meets Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	8	428,108	1.87/100K MM	Meets Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	2	428,108	0.47/100K MM	Meets Std.
PQI - Acute PQI Composite Rate (PQI 91)	25	428,108	5.84/100K MM	Meets Std.
PQI - Chronic PQI Composite Rate (PQI 92)	139	428,108	32.47/100K MM	Meets Std.
SVY-Adult - Getting Care Quickly Composite	-	-	60.10%	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	69.33%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	82.67%	Meets Min. Std.
AMM - Effective Acute Phase Treatment	207	475	43.58%	Below Min. Std.
AMM - Effective Continuation Phase Treatment	117	475	24.63%	Below Min. Std.
APM - Total	554	1,755	31.57%	Below Std.
CCS - Total	4,867	8,967	54.28%	Below Min. Std.
CDC - HbA1c Control (<8%)	113	411	27.49%	Below Min. Std.
CDC - Eye Exam	316	777	40.67%	Below Min. Std.
CDC - HbA1c Testing	291	411	70.80%	Below Min. Std.
CIS - Combination 4 Immunizations	8,143	13,672	59.56%	Below Min. Std.
CIS - Combination 10 Immunizations	4,051	13,672	29.63%	Below Min. Std.
FUA - 7 Days Total Ages	7	200	3.50%	Below Min. Std.
FUA - 30 Days Total Ages	12	200	6.00%	Below Min. Std.
FUM - 7 Days Total Ages	103	360	28.61%	Below Min. Std.
FUM - 30 Days Total Ages	162	360	45.00%	Below Min. Std.
IET - Initiation Total (All Ages)	473	1,184	39.95%	Below Std.

Measure	Numerator	Denominator	Rate	Performance Level
IET - Engagement Total (All Ages)	146	1,184	12.33%	Below Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	90	2,656,083	3.39/100K MM	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	382.16	370.2	1.03 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	80	428,108	18.69/100K MM	Below Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	110	428,108	25.69/100K MM	Below Std.
SVY-Child - % Good Access to Urgent Care	-	-	72.49%	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	76.36%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	34.80%	Below Min. Std.
WCC - BMI Screening - Total	302	411	73.48%	Below Min. Std.

TCHP STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	730	986	74.04%	Above High Std.
DEV - Total All Age	388	804	48.26%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	473	692	68.35%	Above High Std.
IMA - Combination 2 Immunizations	154	411	37.47%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	14	281,570	4.97/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	15	288,532	5.20/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	54	244,291	22.10/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	30	244,291	12.28/100K MM	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	73.63%	Above High Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	57.23%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	82.22%	Above High Std.
WCC - Counseling on Physical Activity - Total	296	411	72.02%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	446	1,244	35.85%	Meets Min. Std.
ADD - Continuation and Maintenance Phase	91	169	53.85%	Meets Min. Std.
APM - Total	718	2,049	35.04%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	264	692	38.15%	Meets Min. Std.
FUM - 30 Days Total Ages	73	120	60.83%	Meets Min. Std.
IET - Initiation Total (All Ages)	83	188	44.15%	Meets Min. Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	21	288,532	7.28/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	24	244,291	9.82/100K MM	Meets Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	1,996.48	2,147.23	0.93 (A/E)	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	12.31	12.37	1.00 (A/E)	Meets Min. Std.
SVY-Child - Customer Service Composite	-	-	72.36%	Meets Min. Std.
SVY-Child - Getting Needed Care Composite	-	-	64.70%	Meets Min. Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	44.35%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	304	411	73.97%	Meets Min. Std.
APP - Total	182	511	35.62%	Below Min. Std.
CHL - Total	419	1,131	37.05%	Below Min. Std.
FUM - 7 Days Total Ages	43	120	35.83%	Below Min. Std.
IET - Engagement Total (All Ages)	16	188	8.51%	Below Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	21	244,291	8.60/100K MM	Below Std.
PPE - Potentially Preventable Admissions (PPA)	602.61	537.19	1.12 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	392.7	387.01	1.01 (A/E)	Below Min. Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	48.71%	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	76.95%	Below Min. Std.
SVY-Child - Access to Specialized Services	-	-	49.16%	Below Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers	-	-	63.20%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - Personal Doctor Who Knows Child	-	-	88.65%	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	69.76%	Below Min. Std.
WCC - BMI Screening - Total	300	411	72.99%	Below Min. Std.

TCHP 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	89.0%	96.4%	92.7%
STAR	Prenatal and postpartum care	PPC	91.9%	84.5%	88.2%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	98.1%	85.4%	91.8%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	TCHP sends information to providers regarding weight watchers and fit programs	Provider	Provider education regarding available resources related to WCC performance improvement project.
CHIP	WCC	The members to receive information regarding “Keep Fit Program “.	Member	The “Keep Fit Program are communicated to members through marketing mailers, TCHP member resource website messages.
CHIP	WCC	Providers to receive education on THSteps completion	Provider	The department of Quality nurses educate providers during site visits and give information regarding THSTEPS.
STAR	PPC	Member classes to inform mom of what she can expect throughout each trimester	Member	“Becoming a mom” classes presented by care management cover various stages of pregnancy and post-delivery to inform mom of what she can expect throughout each trimester This includes proper installation of car seat, car seat sizing and reading safety labels.
STAR	PPC	Provider training on prenatal and post-partum HEDIS measures will be conducted.	Provider	The quality nurses and provider relations will conduct providers education on prenatal and post-partum HEDIS measures during office visits.
STAR	PPC	Member calls by care management based on newborn notification versus waiting for claims report.	System	The new pregnant and post-partum members will receive a call from care management using notification forms to remind about holding office appointments.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR Kids	URTI PPVs	Member education to stress the importance of using urgent care clinic versus ED visit	Member	“Close to Home” brochure to be mailed directly to members based on ZIP codes. “Close to Home” will also be sent by EBLast to members
STAR Kids	URTI PPVs	Use of STOP light tool made available to PCPs at provider TCHP website	Provider	The Quality nurses will conduct provider education during onsite visits.
STAR Kids	URTI PPVs	TCHP will provide website resources, and banner specific to STAR Kids	System	The marketing department at TCHP posts the EBLast and banner specific to STAR Kids are available at resources website.
STAR Kids	URTI PPVs	Flu Shot for TCHP STAR Kids Staff	System	TCHP will communicate access to FLU vaccines for all STAR Kids staff.
STAR Kids	URTI PPVs	PPE Truck in Integrated Enterprise Data Warehouse with Texas Children’s Hospital	System	A “truck” containing PPE data will be developed within the Enterprise Data Warehouse. Data from multiple sources will be formatted to allow uniform reporting.

TCHP Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	94.1%	100%	100%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	57.7%	-
Behavioral Health Care-Child (Within 14 calendar days)	89.7%	57.7%	62.8%

TCHP Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Above high standard on 29 performance indicators for STAR.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> TCHP lost points on their 2018 PIPs for STAR and STAR Kids because they did not address prior year recommendations.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from TCHP were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child in SFY 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Only 57.7 percent of the providers in the behavioral health care study sample from TCHP were compliant with appointment wait time standards for STAR Adult and STAR Child. This is significantly below the average compliance rate for STAR (87.2 percent) in the SFY 2021 behavioral health study.

TCHP Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

TCHP Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	6/6	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	14/14	100%
Prior Year PIP Recommendations (STAR) ^a	12.5/13	96.2%
Prior Year PIP Recommendations (STAR Kids) ^a	12.5/13	96.2%

TCHP Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.

Category	Description
Finding(s)	<p>During the 2018 PIPs, NCQA modified the HEDIS® technical specifications for the PPC measure for MY 2019 (re-measurement 2 of the 2018 PIPs). The revisions affected both the prenatal and postpartum sub-measures as follows:</p> <ul style="list-style-type: none"> • PPC, Timeliness of Prenatal Care – NCQA revised the enrollment criteria for inclusion in the sub-measure, which captured any visit during pregnancy rather than the timeliness of the prenatal visit. As a result, the prenatal sub-measure rates were inflated and not a true representation of the timeliness of prenatal care. After consultation with the EQRO, their NCQA-certified auditor, and NCQA, HHSC determined that the EQRO should run the MY 2019 prenatal sub-measure using the same enrollment criteria from the previous measurement year. HHSC instructed the MCOs to report their administrative rates for MY 2,017 and MY 2018 if the MCO originally reported the prenatal rate as a hybrid rate. The EQRO provided the administrative rates by program for MY 2019 for all MCOs that corrected the change in the technical specifications. • PPC, Timeliness of Postpartum Care – NCQA revised the technical specifications to include visits that occurred between seven to 84 days after delivery (previously limited to 21-56 days after delivery). As a result, the MY 2019 postpartum sub-measure hybrid and administrative rates were inflated compared to the MY 2,017 and MY 2018 rates. However, HHSC determined that since the MY 2019 rates were more aligned with current guidelines, the MCOs should report the rates using the updated technical specifications for MY 2019. <p>Due to these HEDIS® technical specification modifications for the PPC measure, rates for the postpartum sub-measure were inflated in the second re-measurement year of the 2018 PIPs (MY 2019) compared to baseline (MY 2,017). Several MCOs that focused on PPC significantly improved from baseline in the postpartum sub-measure but not in the prenatal sub-measure. However, when asked to describe factors that may have influenced the results, nine MCOs did not discuss the technical specification modifications (Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC).</p>
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	The EQRO recommends MCOs monitor HEDIS® technical specification modifications that can influence PIP results and discuss the potential impacts in the Final PIPs when reviewing MCO performance, even if they did not achieve a significant improvement. This recommendation applies to Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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)	STAR Kids MCOs have room to improve compliance with wait time standards in behavioral health. STAR Kids had the lowest percentage of compliant providers for behavioral health care among all programs. The percentage of STAR Kids providers compliant with UCMCM standards was 13.1 percentage points lower in 2021 than in 2018.

Category	Description
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	STAR Kids MCOs should conduct root cause analyses (RCAs) to identify the driving factors behind lower rates of provider compliance among behavioral health providers and use the results to identify strategies for improving provider compliance.
Finding(s)	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare should examine why what is in the encounter data is not documented in the medical record.
Finding(s)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.
MCQS Goal(s)	Goals 2, 6

Category	Description
Recommendation(s)	<ul style="list-style-type: none">• STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage.• STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

UnitedHealthCare Community Plan (UHC)

Member Demographics

Demographic Category	CHIP	%	CHIP-P	%	STAR Kids	%	STAR+PLUS	%	STAR	%	All Members	%
Race/Ethnicity	-	-	-	-	-	-	-	-	-	-	-	-
White, Non-Hispanic	1,395	20.9%	32	2.2%	2,254	7.5%	16,233	26.9%	25,478	14.3%	45,392	16.4%
Black, Non-Hispanic	1,325	19.9%	76	5.2%	3,507	11.6%	14,527	24.0%	28,320	15.9%	47,755	17.2%
Hispanic	2,585	38.8%	1,185	81.8%	11,003	36.5%	11,450	18.9%	94,705	53.2%	120,928	43.7%
Unknown / Other	1,363	20.4%	156	10.8%	13,421	44.5%	18,242	30.2%	29,621	16.6%	62,803	22.7%
Age Group	-	-	-	-	-	-	-	-	-	-	-	-
<1 year	-	-	10	0.7%	119	0.4%	-	-	12,129	6.8%	12,258	4.4%
1 – 9 years	3,011	45.2%	-	-	8,136	27.0%	-	-	77,998	43.8%	89,145	32.2%
10 – 17 years	3,246	48.7%	27	1.9%	15,529	51.4%	-	-	50,264	28.2%	69,066	24.9%
18 – 20 years	411	6.2%	118	8.1%	5,368	17.8%	-	-	10,960	6.2%	16,857	6.1%
21 – 44 years	-	-	1,289	89.0%	1,033	3.4%	26,628	44.0%	23,976	13.5%	52,926	19.1%
45 – 64 years	-	-	5	0.3%	-	-	32,942	54.5%	2,797	1.6%	35,744	12.9%
Sex	-	-	-	-	-	-	882	1.5%	-	-	882	0.3%
Female	-	-	-	-	-	-	-	-	-	-	-	-
Male	3,198	48.0%	1,444	99.7%	10,023	33.2%	29,926	49.5%	100,030	56.2%	144,621	52.2%
Unknown	3,470	52.0%	5	0.3%	20,162	66.8%	30,526	50.5%	78,094	43.8%	132,257	47.8%
All	6,668	100.0%	1,449	100.0%	30,185	100.0%	60,452	100.0%	178,124	100.0%	276,878	100.0%

UHC MCO Performance Summary

It is HHSC's expectation that MCOs contracted with HHSC 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 33.33% of the measures per program on the Performance Indicator Dashboard will be subject to remedies under the contract, including placement on a corrective action plan (CAP). MCOs will be subject to CAPs beginning in 2019 based on measurement year 2018 results. For STAR Kids, CAPs will be applied beginning in 2020 based on measurement year 2019 results. MCOs will not be evaluated on measures that have been retired or have undergone specification changes between the year the standard was set and the evaluation year. These measures will be excluded from the calculation of the percent of measures that meet minimum standards (UMCM Ch. 10, 2021). Additional information on the Quality of Care (QOC) measures can be found under **Protocol 7: Calculation of Performance Measures** in the SFY 2021 SOA report.

UHC CHIP

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

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	27	30	90.00%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	2	84,452	2.37/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	2	65,645	3.05/100K MM	Above High Std.
SVY-Child - Getting Care Quickly Composite	-	-	79.66%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	85.75%	Above High Std.
ADD - Initiation Phase	32	74	43.24%	Meets Min. Std.
CHL - Total	44	97	45.36%	Meets Min. Std.
IMA - Combination 2 Immunizations	102	287	35.54%	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	1	65,645	1.52/100K MM	Meets Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	1	87,495	1.14/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	0	87,495	0.00/100K MM	Meets Std.
PDI - Overall PDI Composite Rate (PDI 90)	2	65,645	3.05/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	0	65,645	0.00/100K MM	Meets Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	186.62	188.7	0.99 (A/E)	Meets Min. Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	69.28%	Meets Min. Std.
WCC - Counseling on Nutrition - Total	296	411	72.02%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
WCC - Counseling on Physical Activity - Total	282	411	68.61%	Meets Min. Std.
CIS - Combination 4 Immunizations	130	203	64.04%	Below Min. Std.
CIS - Combination 10 Immunizations	55	203	27.09%	Below Min. Std.
DEV - Total All Age	204	431	47.33%	Below Min. Std.
FUH - Follow Up within 7 Days Total Ages	10	33	30.30%	Below Std.
FUH - Follow Up within 30 Days Total Ages	18	33	54.55%	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	17.96	10.24	1.75 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	7.78	7.51	1.04 (A/E)	Below Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	74.42%	Below Min. Std.
WCC - BMI Screening - Total	314	411	76.40%	Below Min. Std.
APM - Total	-	-	-	LD
APP - Total	-	-	-	LD

UHC STAR

Measure	Numerator	Denominator	Rate	Performance Level
ADD - Initiation Phase	875	1,883	46.47%	Above High Std.
ADD - Continuation and Maintenance Phase	129	225	57.33%	Above High Std.
AMM - Effective Acute Phase Treatment	393	708	55.51%	Above High Std.
AMR - Total 5 to 64 Ratios >= 50%	987	1,346	73.33%	Above High Std.
FUH - Follow Up within 7 Days Total Ages	355	818	43.40%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	541	818	66.14%	Above High Std.
HDO - Opioids High Dose	4	844	0.47%	Above High Std.
IMA - Combination 2 Immunizations	185	411	45.01%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
PDI - Asthma Admission Rate (PDI 14)	20	1,295,137	1.54/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	20	1,526,178	1.31/100K MM	Above High Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	29	1,526,178	1.90/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	40	911,343	4.39/100K MM	Above High Std.
PDI - Acute PDI Composite Rate (PDI 91)	11	911,343	1.21/100K MM	Above High Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	8,135.47	9,138.11	0.89 (A/E)	Above High Std.
PPE - Potentially Preventable Complications (PPC)	44.01	50.27	0.88 (A/E)	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	3	52,485	5.72/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	20	343,413	5.82/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	6	343,413	1.75/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	2	290,928	0.69/100K MM	Above High Std.
SVY-Adult - Getting Needed Care Composite	-	-	63.70%	Above High Std.
SVY-Adult - Getting Care Quickly Composite	-	-	62.20%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	84.23%	Above High Std.
UOP - Multiple Pharmacies	38	959	3.96%	Above High Std.
UOP - Multiple Prescribers	161	959	16.79%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	19	959	1.98%	Above High Std.
WCC - Counseling on Nutrition - Total	321	411	78.10%	Above High Std.
WCC - Counseling on Physical Activity - Total	301	411	73.24%	Above High Std.
AMM - Effective Continuation Phase Treatment	255	708	36.02%	Meets Min. Std.
CCS - Total	6,586	10,374	63.49%	Meets Min. Std.
CDC - HbA1c Control (<8%)	161	411	39.17%	Meets Min. Std.
CHL - Total	2,777	5,299	52.41%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
DEV - Total All Age	10,118	20,254	49.96%	Meets Min. Std.
FUA - 30 Days Total Ages	14	194	7.22%	Meets Min. Std.
IET - Engagement Total (All Ages)	155	1,107	14.00%	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	15	911,343	1.65/100K MM	Meets Std.
PDI - Chronic PDI Composite Rate (PDI 92)	29	911,343	3.18/100K MM	Meets Std.
PQI - Hypertension Admission Rate (PQI 7)	7	343,413	2.04/100K MM	Meets Std.
PQI - Overall PQI Composite Rate (PQI 90)	184	343,413	53.58/100K MM	Meets Min. Std.
PQI - Acute PQI Composite Rate (PQI 91)	34	343,413	9.90/100K MM	Meets Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	67.40%	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	62.10%	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	80.80%	Meets Min. Std.
SVY-Child - % Good Access to Routine Care	-	-	70.91%	Meets Min. Std.
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	79.25%	Meets Min. Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	80.80%	Meets Min. Std.
WCC - BMI Screening - Total	321	411	78.10%	Meets Min. Std.
APM - Total	289	951	30.39%	Below Std.
APP - Total	177	390	45.38%	Below Min. Std.
CDC - Eye Exam	593	1,467	40.42%	Below Min. Std.
CDC - HbA1c Testing	336	411	81.75%	Below Min. Std.
CIS - Combination 4 Immunizations	3,686	6,121	60.22%	Below Min. Std.
CIS - Combination 10 Immunizations	1,486	6,121	24.28%	Below Min. Std.
FUA - 7 Days Total Ages	7	194	3.61%	Below Min. Std.
FUM - 7 Days Total Ages	53	180	29.44%	Below Min. Std.
FUM - 30 Days Total Ages	78	180	43.33%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
IET - Initiation Total (All Ages)	434	1,107	39.21%	Below Std.
PPE - Potentially Preventable Admissions (PPA)	506.47	484.75	1.04 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	285.12	260.52	1.09 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	59	343,413	17.18/100K MM	Below Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	26	343,413	7.57/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	44	343,413	12.81/100K MM	Below Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	14	343,413	4.08/100K MM	Below Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	5	343,413	1.46/100K MM	Below Std.
PQI - Chronic PQI Composite Rate (PQI 92)	150	343,413	43.68/100K MM	Below Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	94	343,413	27.37/100K MM	Below Std.
SVY-Child - % Good Access to Urgent Care	-	-	78.70%	Below Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	31.60%	Below Min. Std.

UHC STAR Kids

Measure	Numerator	Denominator	Rate	Performance Level
AMR - Total 5 to 64 Ratios >= 50%	736	1,027	71.67%	Above High Std.
FUH - Follow Up within 30 Days Total Ages	610	885	68.93%	Above High Std.
IMA - Combination 2 Immunizations	168	411	40.88%	Above High Std.
PDI - Asthma Admission Rate (PDI 14)	10	282,029	3.55/100K MM	Above High Std.
PDI - Gastroenteritis Admission Rate (PDI 16)	13	287,675	4.52/100K MM	Above High Std.
PDI - Overall PDI Composite Rate (PDI 90)	34	251,728	13.51/100K MM	Above High Std.
PDI - Chronic PDI Composite Rate (PDI 92)	19	251,728	7.55/100K MM	Above High Std.
PPE - Potentially Preventable Complications (PPC)	7.11	9.73	0.73 (A/E)	Above High Std.
SVY-Child - % Good Access to Behavioral Health Treatment or Counseling	-	-	60.26%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Child - % Rating Personal Doctor a 9" or "10"	-	-	82.00%	Above High Std.
SVY-Child - % Rating Their Health Plan a 9" or "10"	-	-	74.41%	Above High Std.
SVY-Child - Customer Service Composite	-	-	75.30%	Above High Std.
SVY-Child - Getting Needed Care Composite	-	-	65.62%	Above High Std.
SVY-Child - How Well Doctors Communicate Composite	-	-	83.74%	Above High Std.
SVY-Child - Doctors Discuss Eventual Transition to Adult Care for Adolescents	-	-	49.57%	Above High Std.
WCC - Counseling on Nutrition - Total	314	411	76.40%	Above High Std.
WCC - Counseling on Physical Activity - Total	304	411	73.97%	Above High Std.
ADD - Initiation Phase	665	1,651	40.28%	Meets Min. Std.
ADD - Continuation and Maintenance Phase	110	219	50.23%	Meets Min. Std.
APP - Total	233	627	37.16%	Meets Min. Std.
CHL - Total	637	1,416	44.99%	Meets Min. Std.
DEV - Total All Age	295	652	45.25%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	349	885	39.44%	Meets Min. Std.
FUM - 7 Days Total Ages	77	186	41.40%	Meets Min. Std.
FUM - 30 Days Total Ages	110	186	59.14%	Meets Min. Std.
IET - Initiation Total (All Ages)	137	294	46.60%	Meets Min. Std.
PDI - Diabetes Short-term Complications Admission Rate (PDI 15)	13	251,728	5.16/100K MM	Meets Std.
PDI - Urinary Tract Infection Admission Rate (PDI 18)	14	287,675	4.87/100K MM	Meets Std.
PDI - Acute PDI Composite Rate (PDI 91)	15	251,728	5.96/100K MM	Meets Std.
PPE - Potentially Preventable Admissions (PPA)	474.14	485.73	0.98 (A/E)	Meets Min. Std.
SVY-Child - Access to Specialized Services	-	-	56.88%	Meets Min. Std.
SVY-Child - % Very Satisfied with Communicating Among Child's Providers	-	-	69.22%	Meets Min. Std.
WCC - BMI Screening - Total	319	411	77.62%	Meets Min. Std.
APM - Total	795	2,503	31.76%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
IET - Engagement Total (All Ages)	33	294	11.22%	Below Std.
PPE - Potentially Preventable Readmissions (PPR)	354.24	349.9	1.01 (A/E)	Below Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	2,252.41	2,219.77	1.01 (A/E)	Below Min. Std.
SVY-Child - % Receiving Help Coordinating Child's Care	-	-	49.27%	Below Min. Std.
SVY-Child - Personal Doctor Who Knows Child	-	-	87.80%	Below Min. Std.
SVY-Child - Getting Care Quickly Composite	-	-	73.84%	Below Min. Std.

UHC STAR+PLUS

Measure	Numerator	Denominator	Rate	Performance Level
AMM - Effective Acute Phase Treatment	1,569	2,719	57.71%	Above High Std.
AMM - Effective Continuation Phase Treatment	1,170	2,719	43.03%	Above High Std.
PQI - Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI 5)	578	450,615	128.27/100K MM	Above High Std.
PQI - Urinary Tract Infection Admission Rate (PQI 12)	167	717,052	23.29/100K MM	Above High Std.
PQI - Uncontrolled Diabetes Admission Rate (PQI 14)	114	717,052	15.90/100K MM	Above High Std.
PQI - Asthma in Younger Adults Admission Rate (PQI 15)	17	266,437	6.38/100K MM	Above High Std.
PQI - Overall PQI Composite Rate (PQI 90)	3,254	717,052	453.80/100K MM	Above High Std.
PQI - Acute PQI Composite Rate (PQI 91)	462	717,052	64.43/100K MM	Above High Std.
SPC - Total Adherence	1,052	1,588	66.25%	Above High Std.
SPD - Statin Adherence	2,766	4,076	67.86%	Above High Std.
SVY-Adult - % Rating Personal Doctor a 9" or "10"	-	-	70.45%	Above High Std.
UOP - Multiple Pharmacies	263	9,665	2.72%	Above High Std.
UOP - Multiple Prescribers	1,501	9,665	15.53%	Above High Std.
UOP - Multiple Prescribers and Pharmacies	138	9,665	1.43%	Above High Std.

Measure	Numerator	Denominator	Rate	Performance Level
AAP - Members Aged 45-64	24,915	28,413	87.69%	Meets Min. Std.
CDC - HbA1c Control (<8%)	198	411	48.18%	Meets Min. Std.
FUH - Follow Up within 7 Days Total Ages	946	3,087	30.64%	Meets Min. Std.
FUH - Follow Up within 30 Days Total Ages	1,625	3,087	52.64%	Meets Min. Std.
HDO - Opioids High Dose	134	8,086	1.66%	Meets Min. Std.
IET - Initiation Total (All Ages)	2,065	5,012	41.20%	Meets Min. Std.
IET - Engagement Total (All Ages)	347	5,012	6.92%	Meets Min. Std.
PPE - Potentially Preventable Emergency Department Visits (PPV)	11,591.32	11,657.34	0.99 (A/E)	Meets Min. Std.
PPE - Potentially Preventable Complications (PPC)	494.62	541.5	0.91 (A/E)	Meets Min. Std.
PQI - Diabetes Long-term Complications Admission Rate (PQI 3)	399	717,052	55.64/100K MM	Meets Min. Std.
PQI - Hypertension Admission Rate (PQI 7)	153	717,052	21.34/100K MM	Meets Min. Std.
SAA - 80% Coverage	3,027	4,992	60.64%	Meets Min. Std.
SMC - Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	155	198	78.28%	Meets Min. Std.
SPC - Total Statin Therapy	1,588	2,047	77.58%	Meets Min. Std.
SPD - Received Statin Therapy	4,076	6,099	66.83%	Meets Min. Std.
SVY-Adult - % Good Access to Urgent Care	-	-	67.25%	Meets Min. Std.
SVY-Adult - % Good Access to Specialist Appointment	-	-	53.81%	Meets Min. Std.
SVY-Adult - % Good Access to Routine Care	-	-	58.04%	Meets Min. Std.
SVY-Adult - % Good Access to Special Therapies	-	-	40.58%	Meets Min. Std.
SVY-Adult - % Good Access to Behavioral Health Treatment or Counseling	-	-	47.08%	Meets Min. Std.
SVY-Adult - % Rating Their Health Plan a 9" or "10"	-	-	62.11%	Meets Min. Std.
SVY-Adult - How Well Doctors Communicate Composite	-	-	80.84%	Meets Min. Std.
SVY-Smoke - % Advised to Quit Smoking	-	-	46.64%	Meets Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
AAP - Members Aged 20-44	17,929	23,852	75.17%	Below Min. Std.
AMR - Total 5 to 64 Ratios >= 50%	715	1,319	54.21%	Below Min. Std.
BCS - Total	4,467	9,326	47.90%	Below Min. Std.
CCS - Total	9,187	21,656	42.42%	Below Min. Std.
CDC - Eye Exam	5,630	11,906	47.29%	Below Min. Std.
CDC - HbA1c Testing	355	411	86.37%	Below Min. Std.
CHL - Total	343	852	40.26%	Below Min. Std.
FUA - 7 Days Total Ages	25	810	3.09%	Below Min. Std.
FUA - 30 Days Total Ages	38	810	4.69%	Below Min. Std.
FUM - 7 Days Total Ages	286	964	29.67%	Below Min. Std.
FUM - 30 Days Total Ages	437	964	45.33%	Below Min. Std.
PCE - Systemic Corticosteroids	1,157	1,726	67.03%	Below Min. Std.
PCE - Bronchodilators	1,462	1,726	84.70%	Below Min. Std.
PPE - Potentially Preventable Admissions (PPA)	7,016.93	6,279.17	1.12 (A/E)	Below Min. Std.
PPE - Potentially Preventable Readmissions (PPR)	3,372.37	2,962.76	1.14 (A/E)	Below Min. Std.
PQI - Diabetes Short-term Complications Admission Rate (PQI 1)	292	717,052	40.72/100K MM	Below Std.
PQI - Congestive Heart Failure (CHF) Admission Rate (PQI 8)	1,182	717,052	164.84/100K MM	Below Std.
PQI - Bacterial Pneumonia Admission Rate (PQI 11)	295	717,052	41.14/100K MM	Below Std.
PQI - Rate of Lower-extremity Amputation among Patients with Diabetes (PQI 16)	134	717,052	18.69/100K MM	Below Min. Std.
PQI - Chronic PQI Composite Rate (PQI 92)	2,792	717,052	389.37/100K MM	Below Min. Std.
PQI - Diabetes PQI Composite Rate (PQI 93)	863	717,052	120.35/100K MM	Below Std.
SMD - Diabetes Monitoring for People with Diabetes and Schizophrenia	1,060	1,552	68.30%	Below Min. Std.
SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD	219	1,030	21.26%	Below Min. Std.
SSD - Diabetes Screening	4,996	6,486	77.03%	Below Min. Std.

Measure	Numerator	Denominator	Rate	Performance Level
SVY-Adult - % Good Access to Service Coordination	-	-	34.97%	Below Min. Std.

UHC 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Weight assessment and counseling for nutrition and physical activity for children/adolescents	WCC	98.3%	100%	99.2%
STAR	Prenatal and postpartum care with a focus on members with substance use issues	PPC	100%	90.5%	95.3%
STAR Kids	PPVs for upper respiratory tract infection	URTI PPVs	100%	81.0%	90.5%
STAR+PLUS	Self-directed Care	SDC	100%	95.8%	97.9%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Member Talking Points materials for PCP visit	Member	UnitedHealthcare will develop member education that provides Talking Points for office visits with their PCP that include why discussing the importance of counseling for Nutrition and Physical Activity.
CHIP	WCC	Clinical Practice Consultant (CPC) Provider Education	Provider	UnitedHealthcare's CPCs will educate Providers regarding the WCC measure with an emphasis on face-to-face counseling for nutrition and physical activity.
CHIP	WCC	Nerf Energy Program	Member	The Nerf Energy program is for CHIP members between the ages of 6-12 within the Harris and Jefferson service areas. Eligible members who are diagnosed with pre-diabetes or diabetes and get an annual HbA1c check can receive a Nerf Energy kit. Member HbA1c check, and visit will be verified before Nerf Energy Kit is sent out. Nerf Energy kits consist of a Fitbit-like game, a Nerf soccer ball, and the Nerf Energy Rush video game app. This program motivates children to move more by engaging them in a fun and interactive way. Program is limited to one kit per member in a fiscal year. Member must have own smart device or computer to synchronize with the band.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	WCC	Provider Education: Importance of and appropriate coding for HEDIS WCC measures	Provider	UnitedHealthcare's Provider Engagement Team to educate Providers on the importance of and appropriate coding and billing for the counseling for nutrition and physical activity measures for WCC.
CHIP	WCC	Value Based Contracting (VBC) program	Provider	UnitedHealthcare will utilize the Value Based Contracting program to incentivize Providers to improve WCC measures to include counseling for Nutrition and Physical Activity for eligible providers.
STAR	PPC	Maternal Health Outreach – High Risk Pregnancies	Member	UnitedHealthcare will focus on pregnant Members identified as high-risk pregnancies along with a substance use diagnosis. Health plan staff will outreach to this targeted membership to provide education and assist with appointment adherence.
STAR	PPC	Maternal Member education	Member	UnitedHealthcare will develop member materials regarding Pregnancy risks for members that have substance use issues and importance of having baby screened at birth for Substance use addiction.
STAR	PPC	Baby Box Program	Member	This is a pilot program for UnitedHealthcare that will reward eligible members with a "Baby Box." The baby box will include, but is not limited to, the following items: the baby box which serves as a crib, a small mattress, sheets, burp cloths and baby clothing. These items will help the mother and baby transition from hospital to home. The incentive program will encourage members to complete a critical postpartum depression survey as well as their postpartum follow up office visit. Eligibility criteria for the Baby Box pilot includes: Any postpartum member who lives in Harris County and Completes a telephonic postpartum depression screening (PHQ-9) within 4 weeks of delivery, which is administered by our maternal/infant telephonic outreach team. If the screening instrument suggests a risk for depression, the health plan will make a referral to the member's OB/GYN and primary care physician.
STAR	PPC	Provider Pre-Natal & Post-Partum Education	Provider	UnitedHealthcare will develop educational materials for Providers that includes appropriate coding for Pre-Natal and Post-Partum visits as well as references for the substance use Screening, Brief Intervention, and Referral for Treatment (SBIRT) benefit policy for Medicaid enrollees along with the ACOG recommendation that a SUD screening be performed at the first prenatal visit.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
STAR	PPC	Opioid Use Notification Program	Provider	UnitedHealthcare will run a pharmacy report monthly identifying pregnant members who have a prescription fill for an Opioid and send a report to the member's identified PCP or OB/GYN with a letter to notify the Providers of members that may potentially have an opioid use problem during pregnancy.
STAR+PLUS	SDC	Self-Directed Care	Member	With the help of trained, professional advisors, participants will develop personal recovery plans that identify goals, action steps, and needed resources. Individuals will control a flexible fund that can be used for different purposes directly related to their goals. Examples include mental health treatment; wellness activities, such as exercise classes; education; job training and transportation.
STAR Kids	URTI PPVs	Member Asthma Education Program	Member	Members who are identified as having asthma will receive asthma literature to educate members on their disease process and an asthma action plan. Each of these members will also be contacted by phone by the health plan to reinforce the education literature and allow time for questions. The health plan nurse will also encourage the member to make an appointment with their PCP to go over their asthma action plan. Each member will be verbally educated on functions of Nurseline and encouraged to utilize this service. Follow up of identified members will be conducted to insure they have discussed their asthma action plan with their PCP.
STAR Kids	URTI PPVs	Complex Care Management Program	Member	Members who are identified as having potentially preventable ED visits for upper respiratory tract infections will be contacted by phone by the health plan to identify cause of ED visit, determine if there is alternative care, after hours care available by PCP, and determine if there are any underlying issues that need to be addressed. The health plan nurse will also encourage the member for follow-up. Each member will be verbally educated on functions of NurseLine and encouraged to utilize this service. Member may be enrolled in Disease Management program if appropriate and any referrals identified will be initiated.
STAR Kids	URTI PPVs	Flu Prevention Education and Flu Vaccine Reminder Outreach	Member	UnitedHealthcare provide Flu Prevention education and remind members to get their Flu shot early at their PCP or a local pharmacy if available during their scheduled outreach based upon their Care Level.

UHC Compliance with State Standards for Timeliness of Appointments

Under 42 C.F.R. § 438.206 (2020), each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs and DMOs in a timely manner. The EQRO conducts an annual assessment of wait times for appointments for healthcare appointments among providers that contract with each MCO. Provider compliance with wait time standards for primary care and behavioral health care are included in the table below. A detailed description of the methods and findings from these studies can be found under **Protocol 4: Validation of Network Adequacy** in the SFY 2021 SOA report.

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

Standard	CHIP	STAR	STAR+PLUS	STAR Kids
Primary Preventative Care Standard-Adult (No later than 90 calendar days after enrollment)	-	100%	100%	-
Primary Preventative Care Standard-Child (No later than 90 calendar days after enrollment)	100%	100%	-	100%
Primary Routine Care Standard-Adult (Within 14 calendar days)	-	100%	95.7%	-
Primary Routine Care Standard-Child (Within 14 calendar days)	86.5%	100%	-	95%
Primary Urgent Care Standard-Adult (Within 24 hours)	-	100%	100%	-
Primary Urgent Care Standard-Child (Within 24 hours)	100%	100%	-	100%
Behavioral Health Care-Adult (Within 14 calendar days)	-	91.2%	95.3%	-
Behavioral Health Care-Child (Within 14 calendar days)	96.6%	93.8%	-	76.9%

UHC Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> UHC MMP scored above average on the SFY 2021 QAPI evaluations. UHC and Driscoll both the most performance measures that met or exceeded standards for Star Kids (33/40).
Areas for Improvement (Quality)	<ul style="list-style-type: none"> UHC lost points on the PIP because they reported data on their final PIP that did not match the data EQRO data files. UHC also received lower scores on because they did not address all the prior year recommendations on PIPs and QAPIs.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> All the providers in the primary care study sample from UHC were compliant with appointment wait time standards for primary preventive care, primary routine care, and primary urgent care for STAR Adult and Child in SFY 2021. UHC.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> UHC did not provide complete and accurate indicator goals, results, and/or analyses of results in 2018 PIPs—something that can make it difficult to assess changes in member access to health services.

UHC Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

UHC Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	2/2	100%
Prior Year QAPI Recommendations (MMP)	2.5/3	83.3%
Prior Year PIP Recommendations (CHIP) ^a	8/10	80%
Prior Year PIP Recommendations (STAR) ^a	6/6	100%
Prior Year PIP Recommendations (STAR+PLUS) ^a	3/3	100%
Prior Year PIP Recommendations (STAR Kids) ^a	6/6	100%

UHC Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Data reporting is a frequently noted opportunity for improvement. HHSC and the EQRO require MCOs/DMOs to utilize data from the EQRO's QOC tables or data on the THLC portal, when applicable, for the EQRO to verify and validate the data the MCOs/DMOs report. However, Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC all reported data on the Final PIP that did not match the EQRO data files. Further, MCOs have misinterpreted the effectiveness of the PIP because they base their interpretation on incorrect data. For example, on the STAR PIPs, Aetna, Molina, Parkland, and SWHP all reported results that the EQRO found to be inaccurate after review. Specifically, Molina and SWHP reported all measures achieved a statistically significant improvement when the EQRO found that Molina only achieved significant improvement for one measure and SWHP did not achieve significant improvement for any measure.
MCQS Goal(s)	Goals 1, 3, 5
Recommendation	The MCOs/DMOs should follow HHSC guidance completing PIP processes. They should utilize the data provided in the QOC tables and on the THLC portal (thlcportal.com) to calculate applicable rates and ensure they report an accurate interpretation of the results. This recommendation applies to Aetna, CFHP, CHC, CMCHP, Driscoll, HealthSpring, Molina, Superior, TCHP, and UHC.

Category	Description
Finding(s)	<p>During the 2018 PIPs, NCQA modified the HEDIS® technical specifications for the PPC measure for MY 2019 (re-measurement 2 of the 2018 PIPs). The revisions affected both the prenatal and postpartum sub-measures as follows:</p> <ul style="list-style-type: none"> • PPC, Timeliness of Prenatal Care – NCQA revised the enrollment criteria for inclusion in the sub-measure, which captured any visit during pregnancy rather than the timeliness of the prenatal visit. As a result, the prenatal sub-measure rates were inflated and not a true representation of the timeliness of prenatal care. After consultation with the EQRO, their NCQA-certified auditor, and NCQA, HHSC determined that the EQRO should run the MY 2019 prenatal sub-measure using the same enrollment criteria from the previous measurement year. HHSC instructed the MCOs to report their administrative rates for MY 2,017 and MY 2018 if the MCO originally reported the prenatal rate as a hybrid rate. The EQRO provided the administrative rates by program for MY 2019 for all MCOs that corrected the change in the technical specifications. • PPC, Timeliness of Postpartum Care – NCQA revised the technical specifications to include visits that occurred between seven to 84 days after delivery (previously limited to 21-56 days after delivery). As a result, the MY 2019 postpartum sub-measure hybrid and administrative rates were inflated compared to the MY 2,017 and MY 2018 rates. However, HHSC determined that since the MY 2019 rates were more aligned with current guidelines, the MCOs should report the rates using the updated technical specifications for MY 2019. <p>Due to these HEDIS® technical specification modifications for the PPC measure, rates for the postpartum sub-measure were inflated in the second re-measurement year of the 2018 PIPs (MY 2019) compared to baseline (MY 2,017). Several MCOs that focused on PPC significantly improved from baseline in the postpartum sub-measure but not in the prenatal sub-measure. However, when asked to describe factors that may have influenced the results, nine MCOs did not discuss the technical specification modifications (Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC).</p>
MCQS Goal(s)	Goals 1, 3, 5
Recommendation(s)	The EQRO recommends MCOs monitor HEDIS® technical specification modifications that can influence PIP results and discuss the potential impacts in the Final PIPs when reviewing MCO performance, even if they did not achieve a significant improvement. This recommendation applies to Aetna, CHC, HealthSpring, Molina, Parkland, SWHP, Superior, TCHP, and UHC.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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	Each MCO, DMO, and MMP utilizes selected indicators in its quality improvement program to monitor and assess access to, availability of, and quality of care and services provided to members. The MCOs, DMOs, and MMPs report indicator results and analyses of results in the QAPI program summary reports. These analyses serve as a resource in evaluating the overall effectiveness of the quality improvement program and may point to areas where the MCO, DMO, or MMP should revise its quality program to achieve continuous quality improvement. This year, the following MCOs and MMPs did not provide complete and accurate indicator goals, results, and/or analyses of results: Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends that Aetna, BCBSTX, CFHP, CHC, DCHP, FCHP, HealthSpring, HealthSpring MMP, Molina, Molina MMP, Parkland, Superior, Superior MMP, SWHP, and UHC report complete and accurate goals, results, and analyses of results for the indicators used to monitor members' access to care and improvements in the quality of care received by the members.
Finding	Each year, the EQRO makes recommendations on areas with opportunities for improvement for each applicable MCO, DMO, and MMP. The EQRO subsequently assesses compliance with the previous recommendations and deducts points for each applicable evaluation component if the opportunity for improvement still exists on the current QAPI. In addition, the EQRO produces a score for compliance with previous recommendations. Each MCO or DMO should strive to improve its structure and processes and utilize strategies that aim for continuous quality improvement. This year, the following MCOs and MMPs did not incorporate all recommendations from the previous year: Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC.
MCQS Goal(s)	Goals 1, 4
Recommendation	The EQRO recommends Aetna, Amerigroup, Amerigroup MMP, HealthSpring, HealthSpring MMP, Driscoll, FirstCare, Molina, Molina MMP, Parkland, Superior, and UHC incorporate recommendations from the previous year.
Finding(s)	STAR Kids MCOs have room to improve compliance with wait time standards in behavioral health. STAR Kids had the lowest percentage of compliant providers for behavioral health care among all programs. The percentage of STAR Kids providers compliant with UMCM standards was 13.1 percentage points lower in 2021 than in 2018.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	STAR Kids MCOs should conduct root cause analyses (RCAs) to identify the driving factors behind lower rates of provider compliance among behavioral health providers and use the results to identify strategies for improving provider compliance.

Category	Description
Finding(s)	The overall match rates for MCOs were high across review categories (i.e., DOS, POS, PDx and PX). However, several MCOs performed below average. The MCOs that scored below average across review categories were Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare. The primary reason for the lower match rates for these MCOs was that the encounter data included DOS, POS, PDx, and/or PXs that were not documented in the medical record.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	Community First, FirstCare, Parkland, Texas Children's, and UnitedHealthcare should examine why what is in the encounter data is not documented in the medical record.
Finding(s)	While access to specialist care has improved for STAR Kids MDCP members, significant barriers to physical, occupational, and speech therapies remain that improved network adequacy can address.
MCQS Goal(s)	Goals 3, 5
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should focus network adequacy efforts on ensuring that provider networks have sufficient special therapy providers with experience treating children with complex conditions. To achieve this, MCOs should: (1) identify and leverage strategies that have been successful in building networks of specialist providers, and particularly those who treat rare and complex conditions; and (2) share best practices in recruitment of special therapy providers with each other in collaborative contexts, such as stakeholder and advisory group meetings or jointly conducted performance improvement projects. STAR Kids MCOs should develop or improve existing policies and procedures for providing special therapies to STAR Kids MDCP members that account for specific member conditions and needs; caregiver limitations, assets, and preferences; and unexpected changes to members' health or living conditions.
Finding(s)	Although caregiver access to and satisfaction with service coordination for STAR Kids MDCP members has improved, many caregivers report functioning as their child's primary care coordinator for specific types of services, such as prescription medicines and medical supplies.
MCQS Goal(s)	Goals 2, 6
Recommendation(s)	<ul style="list-style-type: none"> STAR Kids MCOs should enhance the training of service coordinators to emphasize the challenges caregivers face in accessing medications and medical supplies for their children. Training materials and service coordination policies should address potential scenarios experienced by caregivers, such as being drawn into the coordination process by pharmacies and suppliers, filling expensive medications for rare conditions, or navigating the approval process with primary private insurance and Medicaid coverage. STAR Kids MCOs should consider or build upon programs to provide STAR Kids MDCP caregivers with services that reduce coordination and travel burden for caregivers, such as automatic medication refills, home delivery of medications, and delivery tracking for supplies.

DentaQuest

Member Demographics

Demographic Category	CHIP	%	Medicaid	%	All	%
Race	-	-	-	-	-	-
White, Non-Hispanic	25,617	15.3%	249,498	13.5%	275,115	13.6%
Black, Non-Hispanic	17,322	10.3%	244,433	13.2%	261,755	13.0%
Hispanic	95,461	56.8%	1,004,501	54.3%	1,099,962	54.5%
Unknown / Other	29,518	17.6%	350,349	19.0%	379,867	18.8%
Age Group	-	-	-	-	-	-
<1 year	14	0.0%	88,739	4.8%	88,753	4.4%
1 – 9 years	74,170	44.2%	933,608	50.5%	1,007,778	50.0%
10 – 17 years	85,301	50.8%	684,654	37.0%	769,955	38.2%
18 – 20 years	8,433	5.0%	131,832	7.1%	140,265	7.0%
21 – 44 years	-	-	9,948	0.5%	9,948	0.5%
Sex	-	-	-	-	-	-
Female	82,370	49.1%	910,312	49.2%	992,682	49.2%
Male	85,536	50.9%	938,340	50.8%	1,023,876	50.8%
Unknown	12	0.0%	129	0.0%	141	0.0%
All	167,918	100.0%	1,848,781	100.0%	2016,699	100.0%

DentaQuest 2018 PIP Summary

Current Recommendations

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Sealants	Sealants	82.6%	84.8%	83.7%
Medicaid	Sealants	Sealants	82.6%	83.8%	83.2%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	Sealants	Outbound member call campaign	Member	<p>DentaQuest will conduct an ongoing outbound call campaign to parents of members age 6 through 14 years throughout Texas who have not received a sealant (D1,351) in order to provide awareness of their child's eligibility for sealant services and assist with scheduling an appointment with their Main Dental Home provider.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • A call list will be designed specific to the PIP member criteria and implemented into our existing processes with our outbound dialer vendor and DentaQuest call center representatives who are dedicated to outbound calling efforts. • A call script of key talking points will be developed to guide the DentaQuest call center representatives' discussion with members in order to drive key points of education on sealants and preventative services' role in oral health. • Internal reporting and analytics will be established to help monitor progress of calling against the list and overall performance of the effort; frequency of the list delivery and strategy of the campaign will be adjusted as needed based on performance analysis.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	Sealants	Sealants text messaging campaign to members	Member	<p>DentaQuest will implement a text messaging program including a series of messages around sealants to members who have opted in to receiving messaging on their cell phones.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • DentaQuest has devised a series of text messages related to educating members on sealants and is obtaining HHSC approval on the messaging. • DentaQuest will implement the ability for members to 'opt-in' to receive text messages from us (no messaging will be sent without the member first opting in to receive text messages). • Text messages on sealant-related topics will be sent to members on a quarterly basis to provide education and reinforce the importance of sealants on caries prevention.
CHIP	Sealants	Provider Incentive Payment Mailer Insert	Provider	<p>DentaQuest will implement the use of inserts containing sealants-related messaging which will be included in the quarterly incentive payment mailers to providers.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • DentaQuest will devise a series of mailer inserts which focus on sealants-related messaging, education and reminders. • DentaQuest will work with selected print/mailing vendor to implement including the inserts into the quarterly provider incentive mailings.
CHIP	Sealants	(Collaborative) Provision of oral health education by DentaQuest Member Advocate in conjunction with San Antonio Metropolitan Health District's Miles of Smiles school dental clinics	Member	<p>DentaQuest's Region 8 Member Advocate will participate with Metro Health staff select Miles of Smiles school clinic events, providing general oral health education – with a focus on prevention – to students in conjunction with the clinic.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • Agree on oral health education content and format. • Integrate DentaQuest's Member Advocate into the Miles of Smiles team through training and broader introductions of this collaboration and role of the education presentations on clinic days.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	Sealants	(Collaborative) Exchange of San Antonio Metropolitan Health District Miles of Smiles patient data	Member, System	<p>DentaQuest and MetroHealth will establish an exchange of files that will provide information regarding patients seen through their program, which will allow DentaQuest to identify our members amongst patients they have seen – most specifically those who have received sealants during their clinics – in their school clinic for additional outreach interventions.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • DentaQuest and San Antonio Metropolitan Health District will meet to come to agreement on the content and format of the data exchange, as well as all other terms of the collaborative partnership. • Obtain San Antonio City Council approval on the legal agreement that specifies the details of the project and data exchange. • Establish secure method for delivery of patient files and implement the data exchange.
CHIP	Sealants	(Collaborative) Region 8 Call Campaign	Member	<p>Once the exchange of Metro Health Miles of Smiles patient data has been established, DentaQuest will conduct an ongoing outbound calling campaign to parents of those DentaQuest members age 6-9 in Region 8 who were seen/received sealants at a Miles of Smiles school clinic in order connect them with their child's main Dental Home provider, provide awareness of their child's eligibility for sealant services at their main dental home provider and assist with scheduling an appointment for follow up services.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • A Region 8 call list will be designed specific to this intervention's member criteria and implemented into our existing processes with our outbound dialer vendor and DentaQuest call center representatives who are dedicated to outbound calling efforts. • A call script of key talking points will be developed to guide the DentaQuest call center representatives' discussion with members in order to drive key points of education on sealants, preventative services' role in oral health and establishing a Main Dental Home for their dental services. • Internal reporting and analytics will be established to help monitor progress of calling against the list and overall performance of the effort.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	Sealants	(Collaborative) Region 8 Member Postcard Mailing	Member	<p>Once the exchange of Metro Health Miles of Smiles patient data has been established, DentaQuest will conduct a postcard mailing to parents of those DentaQuest members aged 6-9 in Region 8 who were NOT seen/received sealants at a Miles of Smiles school clinic and are eligible for sealants services. The postcard will include sealants-related messaging and will encourage appointment scheduling with their Main Dental Home providers for to receive these preventative services</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • Design postcard messaging to members and obtain HHSC approval. • Implement quarterly postcard mailing into our existing processes with our print vendor once Metro Health patient data exchange is operational and HHSC approval has been received. • Internal reporting and analytics will be established to help monitor overall performance of the effort.
Medicaid	Sealants	Outbound member call campaign	Member	<p>DentaQuest will conduct an ongoing outbound call campaign to parents of members age 6 through 14 years throughout Texas who have not received a sealant (D1,351) in order to provide awareness of their child's eligibility for sealant services and assist with scheduling an appointment with their Main Dental Home provider.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • A call list will be designed specific to the PIP member criteria and implemented into our existing processes with our outbound dialer vendor and DentaQuest call center representatives who are dedicated to outbound calling efforts. • A call script of key talking points will be developed to guide the DentaQuest call center representatives' discussion with members in order to drive key points of education on sealants and preventative services' role in oral health. • Internal reporting and analytics will be established to help monitor progress of calling against the list and overall performance of the effort; frequency of the list delivery and strategy of the campaign will be adjusted as needed based on performance analysis.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid	Sealants	Sealants text messaging campaign to members	Member	<p>DentaQuest will implement a text messaging program including a series of messages around sealants to members who have opted in to receiving messaging on their cell phones.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • DentaQuest has devised a series of text messages related to educating members on sealants and is obtaining HHSC approval on the messaging. • DentaQuest will implement the ability for members to ‘opt-in’ to receive text messages from us (no messaging will be sent without the member first opting in to receive text messages). • Text messages on sealant-related topics will be sent to members on a quarterly basis to provide education and reinforce the importance of sealants on caries prevention.
Medicaid	Sealants	Provider Incentive Payment Mailer Insert	Provider	<p>DentaQuest will implement the use of inserts containing sealants-related messaging which will be included in the quarterly incentive payment mailers to providers.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • DentaQuest will devise a series of mailer inserts which focus on sealants-related messaging, education, and reminders. • DentaQuest will work with selected print/mailing vendor to implement including the inserts into the quarterly provider incentive mailings.
Medicaid	Sealants	(Collaborative) Provision of oral health education by DentaQuest Member Advocate in conjunction with San Antonio Metropolitan Health District’s Miles of Smiles school dental clinics	Member	<p>DentaQuest’s Region 8 Member Advocate will participate with Metro Health staff select Miles of Smiles school clinic events, providing general oral health education – with a focus on prevention – to students in conjunction with the clinic.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • Agree on oral health education content and format. • Integrate DentaQuest’s Member Advocate into the Miles of Smiles team through training and broader introductions of this collaboration and role of the education presentations on clinic days.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid	Sealants	(Collaborative) Exchange of San Antonio Metropolitan Health District Miles of Smiles patient data	Member, System	<p>DentaQuest and MetroHealth will establish an exchange of files that will provide information regarding patients seen through their program, which will allow DentaQuest to identify our members amongst patients they have seen – most specifically those who have received sealants during their clinics – in their school clinic for additional outreach interventions.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • DentaQuest and San Antonio Metropolitan Health District will meet to come to agreement on the content and format of the data exchange, as well as all other terms of the collaborative partnership. • Obtain San Antonio City Council approval on the legal agreement that specifies the details of the project and data exchange. • Establish secure method for delivery of patient files and implement the data exchange.
Medicaid	Sealants	(Collaborative) Region 8 Call Campaign	Member	<p>Once the exchange of Metro Health Miles of Smiles patient data has been established, DentaQuest will conduct an ongoing outbound calling campaign to parents of those DentaQuest members age 6-9 in Region 8 who were seen/received sealants at a Miles of Smiles school clinic in order connect them with their child's main Dental Home provider, provide awareness of their child's eligibility for sealant services at their main dental home provider and assist with scheduling an appointment for follow up services.</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • A Region 8 call list will be designed specific to this intervention's member criteria and implemented into our existing processes with our outbound dialer vendor and DentaQuest call center representatives who are dedicated to outbound calling efforts. • A call script of key talking points will be developed to guide the DentaQuest call center representatives' discussion with members in order to drive key points of education on sealants, preventative services' role in oral health and establishing a Main Dental Home for their dental services. • Internal reporting and analytics will be established to help monitor progress of calling against the list and overall performance of the effort.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid	Sealants	(Collaborative) Region 8 Member Postcard Mailing	Member	<p>Once the exchange of Metro Health Miles of Smiles patient data has been established, DentaQuest will conduct a postcard mailing to parents of those DentaQuest members aged 6-9 in Region 8 who were NOT seen/received sealants at a Miles of Smiles school clinic and are eligible for sealants services. The postcard will include sealants-related messaging and will encourage appointment scheduling with their Main Dental Home providers for to receive these preventative services</p> <p>Implementation Plan:</p> <ul style="list-style-type: none"> • Design postcard messaging to members and obtain HHSC approval. • Implement quarterly postcard mailing into our existing processes with our print vendor once Metro Health patient data exchange is operational and HHSC approval has been received. • Internal reporting and analytics will be established to help monitor overall performance of the effort.

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

^a The regulations that address state contract requirements are not included in the reported scores. HHSC is working on obtaining compliance documentation for the EQRO to assess these regulations and the EQRO will report on these regulations for all health plans once in the three-year reporting cycle.

^b The EQRO collects MCO and DMO responses and documentation to select regulations in this category and will assess MCO/DMO compliance and report results in next year's SOA report.

^c The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, Data Certification, and Encounter Data Validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the report.

^d Two regulations have an implementation date of January 1, 2021 and are not included in the reported scores.

^e See main report for all regulations not included in the results listed above.

Program	438.206	438.207 ^{a, b}	438.208 ^a	438.210 ^a	438.214	438.224 ^b	438.228	438.230 ^a	438.236	438.242 ^{a, c, d}	438.330 ^{a, b, c}	Overall ^{a, b, c, d}
Overall	100	-	100	100	100	-	97.2	-	91.7	100	100	98.6
CHIP	100	-	100	100	100	-	96.2	-	91.7	100	100	98.6
Medicaid	100	-	100	100	100	-	97.2	-	91.7	100	100	98.6

DentaQuest Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Scored above average on QAPI evaluations.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Ensure that grievance system protocols align with updated federal guidelines Promote CRA coding with provider outreach in addition to denial of claims.
Strengths (Access and Timeliness)	<ul style="list-style-type: none"> Scored above average on QAPI evaluations.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Increase availability of provider information using machine-readable formats for provider directory information and including provider website URLs in directory information. Examine provider directories to identify factors that could influence the accuracy of provider addresses.

DentaQuest Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

DentaQuest Compliance with AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	10/10	100%
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	11/11	100%
Prior Year PIP Recommendations (Medicaid) ^a	11/11	100%

DentaQuest Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding	Many MCOs and DMOs requested clarification on the appropriate machine-readable format posted on their publicly facing websites.
MCQS Goal(s)	Goals 3, 4
Recommendation	Aetna Better Health, Community First Health Plans, Cook Children's Health Plan, DentaQuest, FirstCare Health Plans, and UnitedHealthcare Dental should provide machine-readable provider directories on their websites.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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)	The EQRO highlighted the need to improve the rate of CRA coding several years ago, and the measure improved slightly, but appropriate codes are still missing more than two percent of the time. The DMOs correctly deny these claims, but the data is still lost.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	DMOs should promote CRA coding with provider outreach in addition to denial of claims.

Category	Description
Finding(s)	For previous dental EDV studies, the EQRO provided the DMOs with the ICNs and associated member and provider details, and the DMOs provided the EQRO with the corresponding provider addresses. The EQRO followed the same approach to identify provider addresses and obtain records for the most recent dental EDV study. MCNA and DentaQuest met the required sample size and had a higher record return rate (75 percent) for this study compared to the record return rate for the 2019 EDVDRR study (71 percent), which may have been due to improved DMO provider addresses since the EQRO used the same record retrieval methodology across dental EDV studies.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	The EQRO recommends that MCNA and DentaQuest examine their provider directories to identify factors that could influence the accuracy of provider addresses. The EQRO also recommends utilizing the same approach for identifying provider addresses and requesting records for all EDV studies.

MCNA Dental (MCNA)

Member Demographics

Demographic Category	CHIP	%	Medicaid	%	All	%
Race/Ethnicity	-	-	-	-	-	-
White, Non-Hispanic	15,840	17.3%	179,408	13.7%	195,248	14.0%
Black, Non-Hispanic	10,685	11.7%	189,781	14.5%	200,466	14.3%
Hispanic	48,535	53.0%	688,047	52.6%	736,582	52.7%
Unknown / Other	16,589	18.1%	249,659	19.1%	266,248	19.0%
Age Group	-	-	-	-	-	-
<1 year	9	0.0%	56,301	4.3%	56,310	4.0%
1 – 9 years	42,231	46.1%	668,146	51.1%	710,377	50.8%
10 – 17 years	44,905	49.0%	484,459	37.1%	529,364	37.9%
18 – 20 years	4,504	4.9%	92,208	7.1%	96,712	6.9%
21 – 44 years	-	-	5,781	0.4%	5,781	0.4%
Sex	-	-	-	-	-	-
Female	44,847	48.9%	647,332	49.5%	692,179	49.5%
Male	46,793	51.1%	659,472	50.5%	706,265	50.5%
Unknown	9	0.0%	91	0.0%	100	0.0%
All	91,649	100.0%	1,306,895	100.0%	1,398,544	100.0%

MCNA 2018 PIP Summary

PIP Topics and Scores

Program	2018 PIP Topic Description	Measure	PIP Plan Score	Final PIP Score	Overall Score
CHIP	Sealants	Sealants	94.9%	96.9%	95.9%
Medicaid	Sealants	Sealants	93.9%	93.8%	93.9%

PIP Plan Interventions

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid	Sealants	DSRIP Collaboration - Distribution of Oral Health Materials in Region 6 School Based Programs - Follow-Up to see a Dentist	Member	MCNA's collaboration with SAMHD will include an educational material component that will be sent home with the child following the school based oral health screening. The material will be in multiple languages and will provide education to the parent/caregiver regarding the importance of seeing a dentist for their routine cleaning and follow up treating. The information will also include recommended timeframes for seeing a dentist and how to find a dentist.
Medicaid	Sealants	DSRIP Collaboration - Distribution of Oral Health Materials in Region 6 School Based Programs - Risks to Dental Caries	Member	MCNA's collaboration with SAMHD will include oral health educational material that explains that dental carries can worsen over time without the child incurring pain. The material will emphasize the need for the child to see a dentist regularly to screen and detect caries early. Lastly, the material will educate the parent/caregiver regarding the long-term implications of untreated caries.
Medicaid	Sealants	Region 6 Targeted Community Outreach - Health fairs	Member	Region specific participation in health fairs and other community events to provide wide-spread education regarding seeing a dentist and the long-term impact of untreated dental caries.
Medicaid	Sealants	Text Message Campaign	Member	Tailored text campaigns will occur for members who have not yet seen a dentist or who have seen a dentist but not yet received age-appropriate sealants.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
Medicaid	Sealants	Dental Home Performance Profiling with Peer Benchmarking	Provider	MCNA has developed a provider performance/profiling tool that will be rolled out to Texas main dental home providers in 2018. The tool includes a clinical component assessing a provider's performance against clinical guidelines to that of their peers. This rollout will include an ongoing educational component with targeting of low performing practices.
Medicaid	Sealants	Non-Dental Home Performance Profiling with Peer Benchmarking	Provider	MCNA's provider performance/profiling tool will also include administrative segments that highlight their office staff performance against that of their peers in terms of avoidable administrative denials such as member not eligible, not the assigned main dental home, duplicate submission, lack of information, etc. This intervention is focused on ways the provider can achieve administrative savings and make participating in the program more affordable.
Medicaid	Sealants	DSRIP Collaboration - Care Connection (MCNA scheduling Post School Visit)	System	MCNA has entered this collaborative PIP for ongoing collaboration with the SAMHD program. Through those collaborative efforts MCNA will provide initial outreach through our Care Connections team so that all members seen in the school are targeted to see a dentist in follow up to the screening. Additionally, that team will assist members outreach to our offices for assistance in finding a dentist or scheduling an appointment because of the materials we shared with SAMHD to send home to the parent/caregiver.
Medicaid	Sealants	DSRIP Collaboration – Care Coordination	System	MCNA has entered a collaborative PIP for ongoing collaboration with the SAMHD school-based program. Through those collaborative efforts, parents/caregivers will be directed to MCNA's case management program for assistance in coordinating care when untreated caries are detected during the school-based screening.
CHIP	Sealants	DSRIP Collaboration – Distribution of Oral Health Materials in Region 6 School Based Programs – Follow up to see a dentist	Member	MCNA's collaboration with SAMHD will include an educational material component that will be sent home with the child following the school based oral health screening. The material will be in multiple languages and will provide education to the parent/caregiver regarding the importance of seeing a dentist for their routine cleaning and follow up treating. The information will also include recommended timeframes for seeing a dentist and how to find a dentist.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	Sealants	DSRIP Collaboration – Distribution of Oral Health Materials in Region 6 School Based Programs – Risks to Dental Caries	Member	MCNA's collaboration with SAMHD will include oral health educational material that explains that dental caries can worsen over time without the child incurring pain. The material will emphasize the need for the child to see a dentist regularly to screen and detect caries early. Lastly, the material will educate the parent/caregiver regarding the long-term implications of untreated caries.
CHIP	Sealants	Region 6 Targeted Community Outreach – Health Fairs	Member	Region specific participation in health fairs and other community events to provide wide-spread education regarding seeing a dentist and the long-term impact of untreated dental caries.
CHIP	Sealants	Text Message Campaign	Member	Tailored text campaigns will occur for members who have not yet seen a dentist or who have seen a dentist but not yet received age-appropriate sealants.
CHIP	Sealants	Dental Home Performance Profiling with Peer Benchmarking	Provider	MCNA has developed a provider performance/profiling tool that will be rolled out to Texas main dental home providers in 2018. The tool includes a clinical component assessing a provider's performance against clinical guidelines to that of their peers. This rollout will include an ongoing educational component with targeting of low performing practices.
CHIP	Sealants	Non-Dental Home Performance Profiling with Peer Benchmarking	Provider	MCNA's provider performance/profiling tool will also include administrative segments that highlight their office staff performance against that of their peers in terms of avoidable administrative denials such as member not eligible, not the assigned main dental home, duplicate submission, lack of information, etc. This intervention is focused on ways the provider can achieve administrative savings and make participating in the program more affordable
CHIP	Sealants	DSRIP Collaboration – Care Connections (MCNA scheduling post school visit)	System	MCNA has entered this collaborative PIP for ongoing collaboration with the SAMHD program. Through those collaborative efforts MCNA will provide initial outreach through our Care Connections team so that all members seen in the school are targeted to see a dentist in follow up to the screening. Additionally, that team will assist members outreaching to our offices for assistance in finding a dentist or scheduling an appointment because of the materials we shared with SAMHD to send home to the parent/caregiver.

Program	Measure	Intervention Topic	Intervention Level	Intervention Description
CHIP	Sealants	DSRIP Collaboration – Coordination of Care through Case Management	System	MCNA has entered a collaborative PIP for ongoing collaboration with the SAMHD school-based program. Through those collaborative efforts parents/caregivers will be directed to MCNA’s case management program for assistance in coordinating care when untreated caries are detected during the school-based screening.

MCNA Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	<ul style="list-style-type: none"> Scored 100 percent on QAPI evaluations in 2020 and 2021.
Areas for Improvement (Quality)	<ul style="list-style-type: none"> MCNA (CHIP) had the lowest PX match rate at 89.4 percent.
Access Strengths (Access and Timeliness)	<ul style="list-style-type: none"> Scored 100 percent on QAPI evaluations in 2020 and 2021.
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> Increase availability of provider information using machine-readable formats for provider directory information and including provider website URLs in directory information. Examine provider directories to identify factors that could influence the accuracy of provider addresses.

MCNA Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

MCNA Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	NA	NA
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations (CHIP) ^a	7/7	100%
Prior Year PIP Recommendations (Medicaid) ^a	9/9	100%

MCNA Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

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

Category	Description
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs 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)	The EQRO highlighted the need to improve the rate of CRA coding several years ago, and the measure improved slightly, but appropriate codes are still missing more than two percent of the time. The DMOs correctly deny these claims, but the data is still lost.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	DMOs should promote CRA coding with provider outreach in addition to denial of claims.
Finding(s)	For previous dental EDV studies, the EQRO provided the DMOs with the ICNs and associated member and provider details, and the DMOs provided the EQRO with the corresponding provider addresses. The EQRO followed the same approach to identify provider addresses and obtain records for the most recent dental EDV study. MCNA and DentaQuest met the required sample size and had a higher record return rate (75 percent) for this study compared to the record return rate for the 2019 EDVDRR study (71 percent), which may have been due to improved DMO provider addresses since the EQRO used the same record retrieval methodology across dental EDV studies.
MCQS Goal(s)	Goals 1, 3, 4, 6

Category	Description
Recommendation(s)	The EQRO recommends that MCNA and DentaQuest examine their provider directories to identify factors that could influence the accuracy of provider addresses. The EQRO also recommends utilizing the same approach for identifying provider addresses and requesting records for all EDV studies.
Finding(s)	Match rates for all review categories (e.g., DOS, POS, and PX) were 90 percent or higher across programs and DMOs except MCNA (CHIP), which had the lowest PX match rate at 89.4 percent.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	MCNA should explore why what is in the encounter data is not documented in the dental record for CHIP.

UnitedHealthcare Dental (UHC Dental)

Member Demographics

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

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

^a The regulations that address state contract requirements are not included in the reported scores. HHSC is working on obtaining compliance documentation for the EQRO to assess these regulations and the EQRO will report on these regulations for all health plans once in the three-year reporting cycle.

^b The EQRO collects MCO and DMO responses and documentation to select regulations in this category and will assess MCO/DMO compliance and report results in next year's SOA report.

^c The EQRO assesses MCO compliance with select regulations through the work done for the PIP evaluations, Data Certification, and Encounter Data Validation. The EQRO has reported the results of these regulations under protocols 1, 2, or 5 of the report.

^d Two regulations have an implementation date of January 1, 2021 and are not included in the reported scores.

^e See **Appendix H: Scoring Compliance with 42 C.F.R. § 438 Subpart D and QAPI Standards** in the SOA report for all regulations not included in the results listed above.

Program	438.206	438.207 ^{a, b}	438.208 ^a	438.210 ^a	438.214	438.224 ^b	438.228	438.230 ^a	438.236	438.242 ^{a, c, d}	438.330 ^{a, b, c}	Overall ^{a, b, c, d}
Overall	100	-	100	95.5	90.0	-	99.0	-	83.3	100	100	96.0
CHIP	100	-	100	95.5	90.0	-	98.7	-	83.3	100	100	96.0
STAR	100	-	100	95.5	90.0	-	99.0	-	83.3	100	100	96.0

UHC Dental Overall Plan Strengths & Areas for Improvement

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

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

Category	Comments
Strengths (Quality)	-
Areas for Improvement (Quality)	<ul style="list-style-type: none"> Scored below average on QAPI evaluations. Promote CRA coding with provider outreach in addition to denial of claims.
Strengths (Access and Timeliness)	-
Areas for Improvement (Access and Timeliness)	<ul style="list-style-type: none"> MCNA needs to ensure that MCO representatives make expedited service authorization decisions and notifications within the federally required timeframes.

UHC Dental Recommendations

According to 42 C.F.R. § 438.364, which describes the EQR information that must be produced, the state must ensure that the EQR results in an annual detailed technical report that summarizes findings on access and quality of care, including an assessment of the degree to which each MCO 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 Summary of Activities Report for SFY 2021.

Compliance with Prior AI, QAPI & PIP Recommendations

^a The MCOs and DMOs received recommendations on the 2018 PIP Plan, Revised PIP Plan, Progress Report 1, and Progress Report 2 evaluations that HHSC and the EQRO required the MCOs/DMOs to address on the subsequent PIP report submission. The overall number of previous recommendations and recommendations implemented represents the total number of recommendations received across all PIP reports and the total number of recommendations implemented.

Category	Ratio	Percentage Met
Prior Year AI Recommendations	NA	NA
Prior Year QAPI Recommendations (MCO)	NA	NA
Prior Year QAPI Recommendations (MMP)	NA	NA
Prior Year PIP Recommendations ^a	NA	NA

UHC Dental Current Recommendations

The Texas MCQS Goals referenced in the recommendations are:

7. Promoting optimal health for Texans at every stage of life through prevention and by engaging individuals, families, communities, and the healthcare system to address root causes of poor health;
8. Strengthening person and family engagement as partners in their care to enhance respect for individual's values, preferences, and expressed needs;
9. Keeping patients free from harm by contributing to a safer delivery system that limits human error;
10. Providing the right care in the right place at the right time to ensure people can easily navigate the health system to receive timely services in the least intensive or restrictive setting appropriate;
11. Promoting effective practices for people with chronic, complex, and serious conditions to improve people's quality of life and independence, reduce mortality rates, and better manage the leading drivers of health care costs; and,
12. Attracting and retaining high-performing Medicaid providers, including medical, behavioral health, dental, and long-term services and supports providers to participate in team based, collaborative, and high-value care.

Category	Description
Finding(s)	Several MCOs and DMOs reported challenges obtaining and incorporating provider URL information into provider directories.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOs, including Aetna Better Health, Community First Health Plans, FirstCare Health Plans, and UnitedHealthcare Dental, should establish systems to incorporate provider website URLs in their provider directories.
Finding	Many MCOs and DMOs requested clarification on the appropriate machine-readable format posted on their publicly facing websites.
MCQS Goal(s)	Goals 3, 4
Recommendation	Aetna Better Health, Community First Health Plans, Cook Children's Health Plan, DentaQuest, FirstCare Health Plans, and UnitedHealthcare Dental should provide machine-readable provider directories on their websites.
Finding(s)	Several MCOs and DMOs did not have compliant procedures for the associated timeframes and notification protocols for expedited service authorization decisions.
MCQS Goal(s)	Goals 3, 4
Recommendation(s)	MCOs and DMOS, including Community First Health Plans, Cook Children's Health Plan, El Paso Health, FirstCare Health Plans, and UnitedHealthcare Dental, should ensure their representatives make expedited service authorization decisions and notifications within the federally required timeframes.
Finding(s)	Several MCOs and DMOs reported state-compliant CHIP grievance system protocols; however, these system protocols were not compliant with updated federal guidelines.
MCQS Goal(s)	Goals 3, 4

Category	Description
Recommendation(s)	MCOs and DMOs 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)	The EQRO highlighted the need to improve the rate of CRA coding several years ago, and the measure improved slightly, but appropriate codes are still missing more than two percent of the time. The DMOs correctly deny these claims, but the data is still lost.
MCQS Goal(s)	Goals 1, 3, 4, 6
Recommendation(s)	DMOs should promote CRA coding with provider outreach in addition to denial of claims.