



Texas Medicaid Managed Care and Children's Health Insurance Program

External Quality Review Organization Summary of Activities and Trends in Healthcare Quality

Managed Care Organization Profiles

Contract Year 2016

Measurement Period:

2011 through 2016

The Institute for Child Health Policy

University of Florida

**The External Quality Review Organization
for Texas Medicaid Managed Care and CHIP**

Submitted:

List of Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
AHRQ	Agency for Healthcare Research and Quality
AWC	HEDIS® <i>Adolescent Well-Care Visits</i>
BH	Behavioral Health
BMI	Body Mass Index
CAHPS	Consumer Assessment of Healthcare Providers and Systems (AHRQ survey)
CBP	HEDIS® <i>Controlling High Blood Pressure</i>
CDC	HEDIS® <i>Comprehensive Diabetes Care</i>
CMS	Centers for Medicare and Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
EQRO	External Quality Review Organization
FUH	HEDIS® <i>Follow-Up After Hospitalization for Mental Illness</i>
HEDIS	Healthcare Effectiveness Data and Information Set (NCQA measures)
HHS	Texas Health and Human Services
LD	Low Denominator
MCO	Managed Care Organization
MH	Mental Health
MMA	HEDIS® <i>Medication Management for People With Asthma</i>
N/A	Not Applicable
NCQA	National Committee for Quality Assurance
NR	Not Reported
PCP	Primary Care Provider
PDI	Pediatric Quality Indicator
PQI	Prevention Quality Indicator
URI	HEDIS® <i>Appropriate Treatment for Children With Upper Respiratory Infection</i>
W15	HEDIS® <i>Well-Child Visits in the First 15 Months of Life</i>

Key

- **N/A:** Not Applicable. Some measures are not relevant to some populations. For example, adult measures are not applicable for child populations.
- **NR:** Not Reported. Medicaid managed care members living in the Dallas service delivery area in 2015 accessed mental and behavioral services through the NorthSTAR carve-out program. As the MCO is not responsible for these services, they are not included when calculating performance. Parkland Community Health Plan operates solely in the Dallas service delivery area; mental and behavioral health services measures are not reportable for this MCO.
- **LD:** Low Denominator. The denominator refers to the number of members eligible for the measure or the number of respondents to a survey item. Rates are suppressed when the denominator is below 30 eligible members for administrative measures or below 49 respondents for survey measures.
- **– :** Indicates a measure not appearing on the HHS Performance Indicator Dashboard for the measure, year, and population.

HHS Performance Indicator Dashboard Standards

The EQRO annually updates standards for the HHS Performance Indicator Dashboard by comparing program-level performance with applicable national benchmarks. A distinct Dashboard comprising different measures and allowing different standards for each program, CHIP, STAR, STAR+PLUS, and STAR Health, reflects the differing needs of the respective populations served. The EQRO calculates Dashboard standards for the coming year using prior year data, allowing HHS to set in advance clear expectations for MCO performance.

NCQA publishes benchmarks for the 5th, 10th, 25th, 33rd, 50th, 66th, 75th, 90th, and 95th percentiles for each HEDIS[®] measure. The EQRO sets the Dashboard standard for the coming year at the next benchmark higher than the statewide mean, to a minimum of the 50th percentile and a maximum of the 95th percentile and subject to the constraint that standards may not decrease.

Following CMS guidance, the EQRO calculates AHRQ PDI and PQI measures using member-months rather than total population. Absent comparable national benchmark values, the EQRO sets these Dashboard standards as the more stringent of: five percent tighter than the statewide average; or the prior year Dashboard standard.

HHS uses “top box” reporting (proportion of “always” responses on a four point never-to-always scale) for CAHPS® survey composites. This approach focuses on the highest level of performance, but the values are not comparable to the NCQA benchmarks. AHRQ publishes benchmarks for the 25th, 50th, 75th, and 90th percentiles for each CAHPS® composite or rating. The EQRO sets the Dashboard standard for the coming year at the next benchmark higher than the statewide mean, to a minimum of the 50th percentile and a maximum of the 90th percentile and subject to the constraint that standards may not decrease.

Advising Smokers to Quit

The HHS Performance Indicator *Advising Smokers to Quit* uses a CAHPS® 5.0H item. This item reflects the proportion of active tobacco users who were “always” advised to quit by a doctor or other health provider associated with the MCO.

Good Access to Behavioral Health Treatment or Counseling

The HHS Performance Indicator *Good Access to Behavioral Health Treatment or Counseling* uses a CAHPS® 5.0H item for children and the corresponding CAHPS 4.0 Supplemental item for adults. This indicator shows the proportion of members or caregivers who were “always” easily able to access counseling, on a four point never-to-always scale.

Good Access to Routine Care

The HHS Performance Indicator *Good Access to Routine Care* uses a CAHPS® 5.0H item. This indicator shows the proportion of members or caregivers who were “always” able to access routine care as soon as needed, on a four point never-to-always scale.

Good Access to Service Coordination

The HHS Performance Indicator *Good Access to Service Coordination* uses a survey item developed by the EQRO. This item reflects the proportion of STAR+PLUS members who were able to access service coordination as soon as needed.

Good Access to Special Therapies

The HHS Performance Indicator *Good Access to Special Therapies* uses a CAHPS® 5.0H item. This indicator shows the proportion of members who were “always” easily able to access special therapies such as physical, occupational, or speech therapy, on a four point never-to-always scale.

Good Access to Specialist Appointments

The HHS Performance Indicator *Good Access to Specialist Appointments* uses a CAHPS® 5.0H item. This indicator shows the proportion of members or caregivers who were “always” able to access specialist care as soon as needed, on a four point never-to-always scale.

Good Access to Urgent Care

The HHS Performance Indicator *Good Access to Urgent Care* uses a CAHPS® 5.0H item. This indicator shows the proportion of members or caregivers who were “always” able to access urgent care as soon as needed, on a four point never-to-always scale.

Good Experience with Doctors’ Communication

The HHS Performance Indicator *Good Experience with Doctors’ Communication* uses the CAHPS® 5.0H composite *How Well Doctors Communicate*. This indicator shows the proportion of members or caregivers who “always” had positive experience when communicating with their or their child’s doctor.

Rating of Health Plan

The HHS Performance Indicator *Rating of Health Plan* uses a CAHPS® 5.0H item. This indicator shows the proportion of members or caregivers rating the MCO at nine or ten on a zero-to-ten point numeric scale.

Rating of Personal Doctor

The HHS Performance Indicator *Rating of Personal Doctor* uses a CAHPS® 5.0H item. This indicator shows the proportion of members or caregivers rating their or their child’s personal doctor at nine or ten on a zero-to-ten point numeric scale.

Notes and Caveats

Data Year and Dashboard Year

The year listed for MCO performance corresponds to the data year – the time period during which members received care. The year listed for the HHS Performance Indicator Dashboards corresponds to the year the standard applied. Measures using claims data show performance in 2015. The EQRO surveys members and caregivers in each program on a biennial cycle; measures using survey data show performance in the most recently surveyed year, indicated for each population.

Dual-Eligible Members

Approximately half of members in the STAR+PLUS program are dually eligible for Medicare and Medicaid both. The data in these profiles reflect only experiences of care and services received through Medicaid managed care.

Measure Names

Several NCQA HEDIS® measures appear on the HHS Performance Indicator Dashboards. Names in this document are sometimes abbreviated for presentation reasons.

Hybrid Methodology and Reporting

The profiles for MCOs serving CHIP include historical trends of performance on HEDIS® Adolescent Well-Care Visits. The 2011 and 2012 values in these charts reflect rates calculated without using the optional hybrid specification for the measure; values for 2013 and subsequent years reflect rates calculated using the hybrid methodology. This change in methodology may obscure any changes in real performance.

Dell Children's Health Plan

Dell Children's Health Plan was Seton Health Plan prior to 1 December 2016.

STAR+PLUS Service Areas

The STAR+PLUS program began operating statewide by adding the three MRSAs in September 2014. With 2015 being the first complete calendar year with data for these service areas, the 2016 MCO profiles are the first to include MRSA Central, MRSA Northeast, and MRSA West for STAR+PLUS health plans.

NorthSTAR

Medicaid managed care members living in the Dallas service delivery area in 2015 accessed mental and behavioral services through the NorthSTAR carve-out program. As the MCO is not responsible for these services, they are not included when calculating performance.

Historical Data

Each MCO profile includes one or two charts showing trend data for five years, or fewer years for MCOs that did not participate in a program until after 2011. HHS Performance Indicator Dashboard standards calculation methodology has evolved since 2011. Dashboard values listed are those that applied during each data year and have not

been recalculated using the most recent approach. There was no dashboard standard for STAR Health in 2013.

References

1. NCQA. 2015. HEDIS 2015 Volume 3: Specifications for Survey Measures. CAHPS® Health Plan Survey 5.0H, Child Survey. Washington, DC: National Committee for Quality Assurance.
2. NCQA. 2016. HEDIS 2016 Volume 3: Specifications for Survey Measures. CAHPS® Health Plan Survey 5.0H, Adult and Child Surveys. Washington, DC: National Committee for Quality Assurance.
3. NCQA. 2015. HEDIS 2016 Volume 2: Technical Specifications for Health Plans. Washington, DC: National Committee for Quality Assurance.
4. AHRQ. 2015. Agency for Healthcare Research and Quality. – Quality Indicators Development. <http://www.qualityindicators.ahrq.gov/modules/Default.aspx>.
The EQRO followed 2014 CMS Guidance for the AHRQ PDI and PDQ measures, which includes expressing rates per 100,000 member-months rather than per 100,000 members in the population.