



Medicaid Managed Care Quality Performance Metrics and Results

Background

Performance measurement in Medicaid managed care is not new in Ohio. Since FY 2006, when Ohio moved to mandatory Medicaid managed for certain populations, the state's contracts with managed care plans have included performance metrics. Beginning in FY 2012, the Department of Medicaid moved from home-grown measures to self-reported, audited HEDIS data to evaluate all of the CFC clinical performance measures and some, but not all, of the ABD clinical performance measures.

HEDIS is a product of the National Committee for Quality Assurance (NCQA) and enables standardized measurement and comparison of health plan performance. This paper contains the statewide Medicaid score for each measure as well as information on the national percentile for comparison. HEDIS measures may be refined over time, but they are generally consistent from year to year. As systemic performance on a measure improves, measures may be retired and new measures introduced. Percentiles are tied to national performance by payer type. Recognizing some of the inherent differences in membership and health status, NCQA separates data by payer: Commercial, Medicaid, and Medicare.

In their annual [State of Health Care Quality](#) report for 2014, NCQA identified the overuse of antibiotics through inappropriate prescribing and proper follow up care for people with mental illnesses are particular concerns across the nation. NCQA noted that inappropriate antibiotic use is more prevalent in adults than children and noted that inappropriate use adds unnecessary cost to the health care system and increases antibiotic resistance, which is a major health care concern. They also note that nationwide performance on behavioral health measures overall is poor, and for many measures, declining. A total of seven new behavioral health measures will be added in 2014 and 2015, and most will focus on the management of co-occurring physical health conditions.

Ohio Contract Requirements

The current Medicaid [contract](#) with the managed care plans for the traditional Medicaid population (ABD/CFC) includes performance measures and standards for state fiscal years (SFY) 2014, 2015, and 2016. The quality measures and standards can be found in Appendix M of the current MCP contract. ODM includes measures and standards for three years to allow plans time to plan for and implement initiatives to meet the targets.

For SFY 2014, plans are held accountable for 24 measures, six of which are also pay for performance, or P4P, metrics. The measurement period for SFY 2014 is CY 2013. For FY 2014, the Department set the

minimum performance standards at the national 25th percentile. Previously, minimum standards had been set at the 10th percentile. Plans face financial penalties for failing to meet minimum standards.

Pay for Performance (P4P) – Statewide

In addition to minimum performance standards, managed care plans are also eligible for bonus payments based on P4P metrics. In FY 2014, bonus payments are equal to 1% of the net premium and delivery payments made to the MCP. Payments paid in FY 2014 are based on 2013 performance. The bonus rate is set to increase to 1.25% in FY 2015 and remain flat in FY 2016. To receive the full bonus payment, plan performance scores must be in the 90th percentile for each of the six individual measures.

Requirements for the P4P program are included in Appendix O of the current MCP contract.

The chart below shows statewide performance on the P4P measures for FY 2013 and FY 2014. Average national scores for Medicaid and Commercial PPO plans are also included for comparison. To get a sense of the complexity of the measures, the chart also contains hyperlinks to the technical specifications.

Measures	Ohio Plans			National Average	
	FY 2013	FY 2014	Trend	Medicaid	Commercial PPO
Timeliness of Prenatal Care	87.5%	86.0%	↓	81.9%	82.2%
Comprehensive Diabetes Care - LDL-C Screening	71.2%	70.3%	↓	76.0%	81.3%
Controlling High Blood Pressure	51.6%	48.4%	↓	56.3%	57.6%
Use of Appropriate Medications for People with Asthma - Total	81.9%	83.1%	↑	84.1%	90.5%
Appropriate Treatment for Children with Upper Respiratory Infection	80.4%	81.9%	↑	85.2%	83.2%
Follow Up After Hospitalization for Mental Illness - 7 Day Follow Up	44.1%	51.8%	↑	42.0%	49.8%

Statewide Results on 2014 Performance Standards

The chart on the next page shows the statewide performance by measure for each of the measures for which Ohio’s managed care plans are held accountable. The color coding equates Ohio’s performance compared to Medicaid plan performance nationally for the same time period.

Managed Care Minimum Performance Standards for FY 2014, 2015, 2016 (CFC/ABD Populations)
 With Statewide Results for FY 2014

2014 Performance Key

Below National HEDIS 2013 Medicaid 10th Percentile
On or Above National HEDIS 2013 Medicaid 10th Percentile and Below 25th Percentile
On or Above National HEDIS 2013 Medicaid 25th Percentile and Below 50th Percentile
On or Above National HEDIS 2013 Medicaid 50th Percentile and Below 75th Percentile
On or Above National HEDIS 2013 Medicaid 75th Percentile and Below 90th Percentile
Above National HEDIS 2013 Medicaid 90th Percentile

Denotes P4P Measure

Improve Care Coordination					
Quality Strategy Focus Area	Measure	FY 2014 Minimum Perf Std	FY 2014 Statewide Results	FY 2015 Minimum Perf Std	FY 2016 Minimum Perf Std
Children's Access	Children and Adolescents' Access to Primary Care Practitioners at the following ages:				
	12-24 months	≥ 95.1%	95.7%	≥ 95.6%	TBD
	25 months - 6 years	≥ 86.8%	85.7%	≥ 86.7%	TBD
	7-11 years	≥ 87.9%	87.1%	≥ 87.6%	TBD
	12-19 years	≥ 86.5%	86.6%	≥ 87.6%	TBD
Adult Access	Adults Access to Preventive/Ambulatory Health Services - Total	≥ 80.4%	85.1%	≥ 86%	TBD
Promote Evidence Based Prevention and Treatment Practices					
Quality Strategy Focus Area	Measure	FY 2014 Minimum Perf Std	FY 2014 Statewide Results	FY 2015 Minimum Perf Std	FY 2016 Minimum Perf Std
Behavioral Health	Follow Up After Hospitalization for Mental Illness - 7 Day Follow Up	≥ 33.1%	51.8%	≥ 32.2%	TBD
Behavioral Health	Follow Up Care for Children Prescribed ADHD Medication-Initial Phase	≥ 31.8%	52.3%	≥ 33.0%	Eliminated for FY 2015
Behavioral Health	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment-Engagement of AOD Treatment, Total	≥ 5.7%	8.3%	≥ 5.8%	Eliminated for FY 2016
Behavioral Health	Adolescent Well-Care Visits	≥ 39.6%	42.0%	≥ 42.1%	TBD
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NA	NA	NA	Reporting Only for FY 2016
Behavioral Health	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics	NA	NA	NA	Reporting Only for FY 2016
High Risk Pregnancy/Premature Births	Percent of Live Births Weighing Less Than 2,500 Grams	≤9.5%	9.3%	≤9.5%	TBD
High Risk Pregnancy/Premature Births	Prenatal and Postpartum Care - Timeliness of Prenatal Care	≥ 80.3%	86.0%	≥ 80.5%	TBD

Quality Strategy Focus Area	Measure	FY 2014 Minimum Perf Std	FY 2014 Statewide Results	FY 2015 Minimum Perf Std	FY 2016 Minimum Perf Std
High Risk Pregnancy/Premature Births	Prenatal and Postpartum Care - Postpartum Care	≥ 59.6%	63.0%	≥ 58.7%	TBD
High Risk Pregnancy/Premature Births	Frequency of Ongoing Prenatal Care: ≥ 81% of expected visits	≥ 50.8%	69.6%	≥ 52.5%	TBD
Asthma	Annual Number of Asthma Patients with ≥ 1 Asthma-Related ER Visit	≤14.1%	12.4%	Eliminated in FY 2015	Eliminated in FY 2015
Asthma	Use of Appropriate Medications for People with Asthma - Total	≥ 82.2%	83.1%	≥ 82.5%	TBD
Asthma	PDI 14: Asthma Admission Rate	NA	NA	NA	Reporting Only for FY 2016
Upper Respiratory Infections	Appropriate Treatment for Children with Upper Respiratory Infection	≥ 83.4%	81.9%	≥ 80.6%	TBD
Upper Respiratory Infections	Well-Child Visits in the First 15 Months of Life - Six or More Well-Child Visits	≥ 52.2%	60.1%	≥ 54.3%	TBD
Upper Respiratory Infections	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	≥ 66.1%	69.0%	≥ 65.5%	TBD
Diabetes	Comprehensive Diabetes Care - HbA1c Control (<8%)	≥ 39.9%	37.4%	≥ 42.1%	TBD
Diabetes	Comprehensive Diabetes Care - Blood Pressure Control (<140/90 mm Hg)	≥ 54.3%	57.6%	≥ 54.5%	TBD
Diabetes	Comprehensive Diabetes Care - LDL-C Screening	≥ 70.4%	70.3%	Eliminated in FY 2015	Eliminated in FY 2015
Diabetes	Comprehensive Diabetes Care - Eye Exam (Retinal) Performed	≥ 43.8%	54.5%	≥ 45.0%	TBD
Diabetes	PQI 16: Lower Extremity Amputation, Patients with Diabetes	NA	NA	NA	Reporting Only for FY 2016
Cardiovascular Disease	Controlling High Blood Pressure	≥ 47.9%	48.4%	≥ 50.0%	TBD
Cardiovascular Disease	Cholesterol Management for Patients with Cardiovascular Conditions - LDL-C Screening	≥ 78.3%	79.9%	Eliminated in FY 2015	Eliminated in FY 2015
Cardiovascular Disease	Cholesterol Management for Patients with Cardiovascular Conditions - LDL-C Control (<100mg/dL)	≥ 35.1%	34.9%	Eliminated in FY 2015	Eliminated in FY 2015
Cardiovascular Disease	Persistence of Beta-Blocker Treatment After a Heart Attack	≥ 70.3%	89.9%	≥ 73.0%	Eliminated in FY 2016
Cardiovascular Disease	PQI 13: Angina without Procedure Admission Rate	NA	NA	NA	Reporting Only for FY 2016
Cardiovascular Disease	PQI 8: Heart Failure Admission Rate	NA	NA	NA	Reporting Only for FY 2016
Support Person and Family-Centered Care					
Quality Strategy Focus Area	Measure	FY 2014 Minimum Perf Std	FY 2014 Statewide Results	FY 2015 Minimum Perf Std	FY 2016 Minimum Perf Std
Consumer Satisfaction Survey	Adult Rating of Health Plan	≥ 2.31	2.49	≥ 2.32	TBD
Consumer Satisfaction Survey	General Child Rating of Health Plan	≥ 2.51	2.567	≥ 2.51	TBD