Commonwealth of Pennsylvania
Department of Human Services
Office of Long-Term Living

External Quality Review

Community HealthChoices Managed Care Organization Technical Report for Vista Health Plan, Inc. known as AmeriHealth Caritas, January – December 2020

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Introduction

Purpose and background

The final rule of the Balanced Budget Act (BBA) of 1997 requires that State agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by the contracted Medicaid Managed Care Organization (MCO). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that the MCO furnishes to Medicaid Managed Care recipients.

The EQR-related activities that must be included in detailed technical reports are as follows:

- Review to determine MCO compliance with Structure and Operations Standards established by the State (42 CFR §438.358),
- Validation of Performance Improvement Projects, and
- Validation of MCO Performance Measures.

Community HealthChoices (CHC) is the mandatory managed care program in the Commonwealth of Pennsylvania (PA) for adults dually-eligible for Medicare and Medicaid, and for older adults, and adults with physical disabilities, in need of long-term services and supports. Long-term services and supports (LTSS) help individuals perform daily activities in their home such as bathing, dressing, preparing meals, and administering medications (PA Department of Human Services & PA Department of Aging [PA DHS & PA DA], 2020). CHC aims to serve more people in communities, give them the opportunity to work, spend more time with their families, and experience an overall better quality of life. CHC was developed to improve and enhance medical care access and coordination, as well as create a person-driven LTSS system, in which people have a full array of quality services and supports that foster independence, health, and quality of life. CHC was phased in over a three year period: Phase 1 began January 1, 2018 in the Southwest region (Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington and Westmoreland Counties); Phase 2 began January 1, 2019, in the Southeast region (Bucks, Chester, Delaware, Montgomery and Philadelphia Counties); and Phase 3 began January 1, 2020, in the remaining part of the state (Lehigh/Capital, Northwest, and Northeast). Statewide, PA DHS OLTL contracts with MCOs to provide CHC benefits to members.

The PA Department of Human Services (DHS) Office of Long-Term Living (OLTL; hereafter "the Department") contracted with its EQRO, IPRO (hereafter "the EQRO"), to conduct the 2020 EQRs for the MCOs and to prepare the technical reports. This EQR CHC MCO Technical Report presents a review for the period of January – December 2020. Hereafter, AmeriHealth Caritas is synonymous with "the MCO". In the SE Region, the MCO is known as Keystone First Community HealthChoices (KF CHC).

This technical report includes six core sections:

I. Performance Improvement Projects
II. Performance Measures and Consumer Assessment of Healthcare Providers and Systems ® Survey
III. Structure and Operations Standards
IV. 2019 Opportunities for Improvement – MCO Response
V. 2020 Strengths and Opportunities for Improvement
VI. Summary of Activities

Information for Section I of this report is derived from activities conducted with and on behalf of DHS to research, select, and define Performance Improvement Projects (PIPs) for a new validation cycle, as well as IPRO's validation of each CHC MCO's PIPs, including review of the PIP design and implementation using documents provided by the MCO.

Information for Section II of this report is derived from IPRO's validation of each CHC MCO's performance measure submissions. Performance measure validation as conducted by IPRO includes applicable PA-specific performance

measures as well as Healthcare Effectiveness Data and Information Set (HEDIS®) measures for each CHC MCO. Within Section II, CAHPS Survey results follow the performance measures.

For the CHC MCOs, the information for the compliance with Structure and Operations Standards in Section III of the report is derived from the Department's monitoring of the MCO, from the CHC Agreement, and from National Committee for Quality Assurance (NCQA™) accreditation results for the MCO.

Section IV, 2019 Opportunities for Improvement – MCO Response, includes the MCO's responses to the 2019 EQR Technical Report's opportunities for improvement and presents the degree to which the MCO addressed each opportunity for improvement.

Section V has a summary of the MCO's strengths and opportunities for improvement for this review period as determined by IPRO. Section VI provides a summary of EQR activities for the CHC MCO for this review period.

I: Performance Improvement Projects

In accordance with current regulations per the Centers for Medicare & Medicaid Services (CMS) and EQR protocol, the EQRO will conduct validation of PIPs for the MCO. For the purposes of the EQR, AmeriHealth Caritas is required to participate in studies selected by the Department for proposal review and validation of methodology in 2020 (CHC Agreement, 2020). Two PIPs (first initiated in 2018) were expanded and improved as part of this requirement. Over the course of implementation of all PIPs, the MCO must implement improvement actions and conduct follow-up in order to demonstrate initial and sustained improvement or the need for further action.

The MCO is required to develop and implement PIPs to assess and improve outcomes of care rendered by the MCO. PIP topics were discussed and selected in collaboration with the Department and the EQRO. For the current EQR PIP cycle, the MCO was required to implement interventions and measure performance on two topics: Strengthening Care Coordination (clinical) and Transition of Care from the NF to the Community (non-clinical). An evaluation is conducted for each PIP upon proposal submission, and then again for interim and final re-measurement, using a tool developed by the EQRO and consistent with CMS EQR protocols for PIP validation (CMS, 2012). Initial PIP proposals were submitted on September 15, 2018, ahead of PIP implementation on January 1, 2019 in the SW (for Phase 1); eligible populations for both topics included the Nursing Facility Clinically Eligible (NFCE) participants. The MCO submitted proposals for PIP expansion for Phase 2 (expansion into the SE Region) in September 2019, and proposals for PIP expansion for Phase 3 (expansion into the NE, NW, and Lehigh Capital Regions; statewide) in September 2020.

Methodology

The EQRO conducted validation of the MCO's PIPs in accordance with current CMS regulations and EQR protocol (CMS, 2012). As part of its review, the EQRO evaluates each submitted PIP report against eight review elements and associated requirements. The first seven elements relate to the baseline and demonstrable improvement phases of the PIP. The last element relates to sustaining improvement from the baseline measurement.

The MCO is encouraged to continuously assess their rates for performance indicators each year and adjust goals accordingly, as goals should be robust, yet attainable.

For the first element, the following requirements are reviewed for topic/rationale:

1a. Attestation signed and PIP identifiers completed.
1b. Impacts the maximum feasible proportion of members.
1c. Potential for meaningful impact on member health, functional status, or satisfaction.
1d. Reflects high-volume or high-risk conditions.
1e. Supported with MCO member data (e.g., historical data related to disease prevalence).

For the second element, the following requirements are reviewed for aim:

2a. Aim specifies performance indicators for improvement, with corresponding goals.
2b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark).
2c. Objectives align aim and goals with interventions.

For the third element, the following requirements are reviewed for methodology:

3a. Performance indicators are clearly defined and measurable (specifying numerator and denominator criteria).
3b. Performance indicators are measured consistently over time.
3c. Performance indicators measure changes in health status, functional status, satisfaction, or processes of care with strong associations with improved outcomes.
3d. Eligible population (i.e., Medicaid enrollees to whom the PIP is relevant) is clearly defined.
3e. Procedures indicate data source, hybrid vs. administrative, reliability (e.g., inter-rater reliability [IRR]).

3f. If sampling was used, the MCO identified a representative sample, utilizing statistically sound methodology to limit bias, and the sampling technique specifies estimated/true frequency, margin of error, and confidence interval.
3g. Study design specifies data collection methodologies that are valid, reliable, representative of the entire eligible population, and presented with a corresponding timeline.
3h. Study design specifies data analysis procedures with a corresponding time line.

For the fourth element, the following requirements are reviewed for barrier analysis:

4a. Susceptible subpopulations identified using claims data on PMs, stratified by demographic and clinical characteristics;
4b. Member input at focus groups and/or quality meetings, and/or from care management (CM) outreach;
4c. Provider input at focus groups and/or quality meetings;
4d. Quality improvement process data ("5 Why's," fishbone diagram);
4e. HEDIS rates or other performance metric (e.g., CAHPS); and
4f. Literature review.

For the fifth element, the following requirements are reviewed for robust interventions:

5a. Informed by barrier analysis;
5b. Actions that target member, provider, and MCO;
5c. New or enhanced, starting after baseline year; and
5d. With corresponding monthly or quarterly intervention tracking measures (also known as process measures), with numerator/denominator (specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports).

For the sixth element, the following requirement is reviewed for results table:

6a. Table shows performance indicator rates, numerators, and denominators, all with corresponding goals.

For the seventh element, the following requirements are reviewed for discussion and validity of reported improvement:

7a. Interpretation of extent to which PIP is successful, and the factors associated with success (e.g., interventions).
7b. Data presented adhere to the statistical techniques outlined in the MCO's data analysis plan.
7c. Analysis identifies changes in indicator performance, factors that influence comparability, and that threaten internal/external validity.
7d. Lessons learned and follow-up activities planned as a result.

For the eighth element, the following requirements are reviewed for sustainability:

8a. There are ongoing, additional, or modified interventions documented.
8b. Sustained improvement was demonstrated through repeated measurements over comparable time periods.

Review Element Designation/Weighting

For each review element, the assessment of compliance is determined through the weighted responses to each review item. Each element carries a separate weight. Scoring for each element is based on assessment results of full, partial, and non-compliance. Points are awarded for the two phases of the PIP noted above and combined to arrive at an overall score. The overall score is expressed in terms of levels of compliance.

Table 1.1 presents the terminologies used in the scoring process, their respective definitions, and their weight percentage.

Table 1.1: Element Designation

Element Designation	Definition	Designation Weight
Full	Met or exceeded the element requirements	100%
Partial	Met essential requirements, but is deficient in some areas	50%
Non-compliant	Has not met the essential requirements of the element	0%

Overall Performance Score

The total points earned for each review element are weighted to determine the MCO's overall performance scores for a PIP. For the EQR PIPs, the review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all demonstrable improvement elements is 80 points (80% x 100 points for full compliance; refer to **Table 1.2**).

Table 1.2: Review Element Scoring Weights (Scoring Matrix)

Review Element	Standard	Scoring Weight
1	Topic/rationale	5%
2	Aim	5%
3	Methodology	15%
4	Barrier analysis	15%
5	Robust interventions	15%
6	Results table	5%
7	Discussion and validity of reported improvement	20%
Total demonstrable improvement score		**80%**
8	Sustainability[1]	20%
Total sustained improvement score		**20%**
Overall project performance score		**100%**

[1]At the time of this report, these standards were not yet applicable in the current phase of PIP implementation.

As also noted in Table 1.2 (Scoring Matrix), PIPs are also reviewed for the achievement of sustained improvement. For the EQR of the MCO's PIPs, sustained improvement elements have a total weight of 20%, for a possible maximum total of 20 points. The MCO must sustain improvement relative to baseline after achieving demonstrable improvement. The evaluation of the sustained improvement area has two review elements. The standards for demonstrable and sustainable improvement will be reported by the MCO and evaluated by IPRO at the end of the current PIP cycle in 2022; therefore, this section will be reported in the subsequent BBA report.

Scoring Matrix

When the PIPs are reviewed, all projects are evaluated for the same elements. The scoring matrix is completed for those review elements for which activities have occurred during the review year. At the time of the review, a project can be reviewed for only a subset of elements. The same project will then be evaluated for other elements at a later date, according to the PIP submission schedule. Each element is scored. Elements that are met receive an evaluation score of 100%, elements that are partially met receive a score of 50%, and elements that are not met receive a score of 0%. Overall, for PIP implementation, compliance determinations are as follows: compliance is deemed met for scores ≥ 85%, partially met for scores 60–84%, and not met for scores < 60%. Corrective action plans are not warranted for CHC-MCOs that are compliant with PIP implementation requirements. At the discretion of OLTL, PIP proposals (including PIP expansion proposals) are approved for implementation.

Findings

For 2020, PIP activities included updating PIP performance indicator goals, baseline rates, barrier analyses, and intervention development and implementation. For measurement in the PIP, multiple data sources were allowable, including: MCO pharmacies, service coordinator entities, copayments (i.e. after day 20 for Medicare-covered skilled nursing stays), and traditional long-term care claims. Preliminary measurements were based on participants that were

Medicaid-only CHC participants and/or aligned D-SNP CHC participants (as PIP implementation expanded, CHC-MCOs utilized internal claims while the expansion regions' supplemental data source access was scaled accordingly). Regional and statewide baseline rates upon expansion will be recalculated (and integrated into the PIP) with improved access to data. Annual PIP reports on Year 1 of Implementation, which were subjected to EQR and scored for reporting the year's PIP compliance determinations, were submitted to IPRO in July 2020 (after a four-month postponement due to the emergency circumstances of the COVID-19 pandemic; these July 2020 submissions also included intervention activity updates through the first half of 2020).

The following two paragraphs summarize PIP compliance assessments for the MCO's Annual PIP Reports (Year 1 Implementation) review findings.

Strengthening Care Coordination (Clinical Topic), Year 1 Implementation Findings

For the Year 1 PIP implementation review, the MCO scored 90.6% (72.5 points out of a maximum possible weighted score of 80.0 points). The MCO ensured that the report was sufficiently identified and attested to, with the title page appropriately indicating the project phase and submission date (and the PIP's name updated from 'Strengthening Care Coordination' to 'Strengthening Service Coordination'). In the SE Region, the MCO is known as KF CHC, and the updated naming convention indicates that PIP reporting appropriately encompasses and distinguishes KF CHC information. The MCO demonstrated sufficient consideration to adjusting goals based on re-measurements and identified limitations. The MCO clarified information pertaining to the first 18 months of implementation using the Phase 3 Expansion proposal form, which was deemed acceptable for purposes of reviewing the information. The MCO should improve aspects of its interventions to ensure PIP activities are strongly associated with the intended PIP outcomes. Impacts of data access and availability limitations were incorporated into the findings. During the COVID-19 emergency, conducting the face-to-face visit in-person may not be feasible at all times; the MCO should incorporate any telephonic/telehealth activity and tracking into current or planned interventions (applicable across regions) since the onset of the emergency. The MCO should continuously improve its response to emerging barriers as they are identified and integrate information from the ongoing barrier evaluations into the PIP's methodology to ensure continuously robust interventions. Upon request, the MCO's Year 1 PIP Implementation Review report can be made available.

Transitioning from Nursing Facility to the Community (Non-Clinical Topic), Year 1 Implementation Findings

For the Year 1 PIP implementation review, the MCO scored 90.6% (72.5 points out of a maximum possible weighted score of 80.0 points). The MCO ensured that the report was sufficiently identified and attested to, with the title page appropriately indicating the project phase and submission date (and the PIP's name updated from 'Transitioning Individuals from the Nursing Facility to the Community' to 'Transitioning from Nursing Facility to the Community'). In the SE Region, the MCO is known as KF CHC, and the updated naming convention indicates that PIP reporting appropriately encompasses and distinguishes KF CHC information. The MCO demonstrated sufficient consideration to adjusting goals based on re-measurements and identified limitations, and the MCO addressed previously identified discrepancies clarified nominal rates in terms of performance outcomes, including for key interventional tracking measures. The MCO clarified information pertaining to the first 18 months of implementation using the Phase 3 Expansion proposal form, which was deemed acceptable for purposes of reviewing the information. The MCO should improve aspects of its interventions to ensure PIP activities are strongly associated with the intended PIP outcomes. Impacts of data access and availability limitations were incorporated into the findings. During the COVID-19 emergency, conducting the face-to-face visit in-person may not be feasible at all times; the MCO should incorporate any telephonic/telehealth activity and tracking into current or planned interventions (applicable across regions) since the onset of the emergency. The MCO should continuously improve its response to emerging barriers as they are identified and integrate information from the ongoing barrier evaluations into the PIP's methodology to ensure continuously robust interventions. Upon request, the MCO's Year 1 PIP Implementation Review report can be made available.

Discussion

Overall, challenges with data access and availability across PIPs were identified similarly for all CHC-MCOs during 2020. Existing data challenges were further compounded by the COVID-19 pandemic. The measurement methodology's

limitations were found to curtail the capability of the PIPs to be measured as originally designed. In response, activities during 2020 included CHC-MCOs' participation in development of improved reporting parameters that will be implemented as new PIP requirements in 2021 (and first reported on by all CHC-MCOs in July 2021, accordingly). Common themes of the aforementioned challenges were due to the data being largely limited to Medicaid members and dually eligible members in an aligned D-SNP. For those that are not aligned or discharged from out-of-network facilities, CHC-MCOs were not always notified about the admission or discharge to schedule an in-person visit. This issue was exacerbated with the COVID-19 emergency and the requirement to reduce both social density and close contact in healthcare. Other data issues resulted in differential biases across the numerators, denominators, and rates. The common need for the MCOs to rely on manual processes to obtain real-time data for the PIP resulted in challenges with translation between and among different data systems, the increased possibility of human error associated with the manual processes, and the increased need for greater automation and standardization for programming of reports to accurately assess the outcomes was necessary.

Several of the intended intervention tracking measures systematically utilized by the MCOs were generally identified to be of more use as overall PIP performance indicators, rather than for activity monitoring; therefore, the requirements were changed and standardized specifications and utilization of these ensure both improved intervention tracking and measurement methodology throughout the course of the PIP, across the CHC population, and for all MCOs. These methodological improvements will facilitate more meaningful and viable measurement to evaluate the overall efficacy of each PIP.

In September 2020, CHC-MCOs submitted proposals for PIP expansion statewide into NE, NW, and L/C Regions for CHC Phase 3, which were reviewed by IPRO and factored input from the Department. These proposal submissions included: all information previously covered in the September 2019 submission for proposed expansion into the SE Region for CHC Phase 2; analyzed barriers in the Phase 3 expansion regions; and, proposed corresponding intervention plans and intervention tracking measures. These proposals were additionally assigned a score to guide decision-making for proposal approvals, derived from Review Elements 1-5 in **Table 1.2**, adding up to a total possible 55.0 points for each proposal review. The MCO scored 100% (55.0 points out of out of a maximum possible weighted score of 55.0 points) on the clinical topic's proposal and 95.5% (52.5 points out of a maximum possible weighted score of 55.0 points) on the non-clinical topic's proposal; following the review of these, the MCO received approval on its September 2020 proposals to expand PIP implementation for CHC Phase 3 (into NE, NW, and L/C Regions; Statewide), with the premise that methodological improvements will be incorporated. Anecdotal information from the September 2020 CHC Phase 3 expansion proposals confirms that CHC-MCOs were making general improvements aligned with IPRO feedback and input from the Department in advance of implementing methodological improvements. In accordance with CMS Protocol, annual PIP reports are evaluated by the EQRO for determining annual PIP compliance determinations per the established PIP cycle: CHC-MCOs submitted Annual CHC PIP Reports for Project Year 2 to IPRO in March 2021; Project Year 2 review findings will be fully reported on next year's BBA report; subsequently, discussion of reported sustainability will be comprehensively reported on by the CHC-MCOs and evaluated by the EQRO later in the PIP cycle as early as 2022.

II: Performance Measures and CAHPS Survey

Methodology

IPRO conducted performance measure validation for each of the MCOs and facilitated associated data collection.

Starting in December 2019, technical specifications for performance measures, as well as submission instructions, were provided to the MCOs. As part of the process, the EQRO requested submissions of the MCO's materials, including preliminary measure calculations, and internal data and code corresponding to the calculations. Using materials and anecdotal information provided to the EQRO, measure-specific code was run against the data, and the EQRO implemented a stepwise series of tests on key criteria per technical specifications. Following the review, the EQRO provided the MCO with formal written feedback, and the MCO was given the opportunity for resubmission of the materials upon detection of errors, as necessary.

HEDIS 2020 measures from the NCQA publication, *HEDIS 2020 Volume 2: Technical Specifications*, were validated through a standard HEDIS compliance audit of each MCO. The audit protocol includes pre-onsite review of the HEDIS Roadmap, onsite interviews with staff and a review of systems, and post-onsite validation of the Interactive Data Submission System (IDSS). For HEDIS 2020, audit activities were performed virtually due to the public health emergency. A Final Audit Report was submitted to NCQA for each MCO. For the measures from the NCQA publication, *HEDIS 2020 Technical Specifications for Long-Term Services and Supports Measures*, rates were not certified nor required to be audited per NCQA guidelines; data was collected for informational purposes only for the Department's purposes.

Evaluation of MCO performance is based on selected performance measures for the EQR. As there were no PA Performance Measures collected during 2020, all required measures were HEDIS measures. A list of the performance measures included in this year's EQR report is presented in **Table 2.1**.

Table 2.1: Performance Measure Groupings

Source	Measures
Effectiveness of Care	
HEDIS	Adult BMI Assessment (ABA)
HEDIS	Breast Cancer Screening (BCS)
HEDIS	Cervical Cancer Screening (CCS)
HEDIS	Chlamydia Screening in Women (CHL)
HEDIS	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
HEDIS	Pharmacotherapy Management of COPD Exacerbation (PCE)
HEDIS	Medication Management for People With Asthma (MMA)
HEDIS	Asthma Medication Ratio (AMR)
HEDIS	Controlling High Blood Pressure (CBP)
HEDIS	Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
HEDIS	Statin Therapy for Patients With Cardiovascular Disease (SPC)
HEDIS	Comprehensive Diabetes Care (CDC)
HEDIS	Statin Therapy for Patients With Diabetes (SPD)
HEDIS	Antidepressant Medication Management (AMM)
HEDIS	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
HEDIS	Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)
HEDIS	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)
HEDIS	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
HEDIS	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)
HEDIS	Use of Imaging Studies for Low Back Pain (LBP)
HEDIS	Use of Opioids at High Dosage (HDO)
HEDIS	Use of Opioids From Multiple Providers (UOP)
HEDIS	Risk of Continued Opioid Use (COU)
HEDIS	Pharmacotherapy for Opioid Use Disorder (POD)
HEDIS	Care for Older Adults (COA)

HEDIS	Transitions of Care (TRC)
Access/Availability of Care	
HEDIS	Adults' Access to Preventive/ Ambulatory Health Services (AAP)
Utilization and Risk-Adjusted Utilization	
HEDIS	Frequency of Selected Procedures (FSP)
HEDIS	Ambulatory Care (AMB)
HEDIS	Inpatient Utilization—General Hospital/Acute Care (IPU)
HEDIS	Antibiotic Utilization (ABX)
HEDIS	Plan All-Cause Readmissions (PCR)
Long-Term Services and Supports	
HEDIS	Comprehensive Assessment and Update (CAU)
HEDIS	Comprehensive Care Plan and Update (CPU)
HEDIS	Shared Care Plan with Primary Care Practitioner (SCP)
HEDIS	Reassessment/Care Plan Update After Inpatient Discharge (RAC)

Additionally, MCOs are required to produce and submit results of PA-specific performance measures (PAPMs) on an annual basis. Production of PAPMs entail adjusting HEDIS measure logic to capture elements specific to PA interests, and these findings are reported to the Department. The EQRO conducts a thorough review of the submissions of the MCO's materials, including preliminary rate calculations, and internal data and code corresponding to the calculations. Evaluation of performance is typically based on both PAPMs and selected HEDIS measures for the EQR. Due to the COVID-19 public health emergency, PAPMs were not collected in 2020.

HEDIS Performance Measure Selection and Descriptions

MCOs were required to report all applicable measures required by NCQA for accreditation; this included HEDIS measures with Medicaid listed as the product line, with several exceptions: measures excluded from the complete Medicaid HEDIS data set are measures which are childhood-related and pregnancy-related, as well as those involving behavioral health (behavior health being carved out in PA). MCOs were required to report in accordance with HEDIS 2020 product line technical specifications and to follow the NCQA timeline (notably, on or before June 15, 2020: MCOs were required to submit the auditor-locked IDSS submissions, with attestation, to NCQA). MCOs were instructed to indicate on the Healthcare Organization Questionnaire (HOQ) that the audited HEDIS 2020 submissions uploaded for NCQA may be reported publically by NCQA (e.g., through NCQA's Quality Compass). No measures were rotated from the prior year.

Due to the NCQA requirement of alignment of HEDIS and CAHPS reporting populations, two (2) sets of IDSSs were produced and submitted, with one set specific for KF CHC operations in the Southeast Region. For each set, the entire CHC population was grouped to align with three benefit structures for CHC reporting per NCQA guidelines. The first group identified members who were Medicaid-only members with CHC benefits, i.e. those not also enrolled in Medicare; the second group identified members with CHC benefits and Medicare benefits with the same MCO, i.e. Medicare-Medicaid enrolled, or aligned D-SNP and CHC benefits (per NCQA requirements, MCOs that offer Medicaid and Medicare-Medicaid dual benefits include the MCO's aligned dual-eligible members under Medicaid reporting). The Medicaid IDSS submission is comprised of these first two groups. Additionally, there are two measures (Care for Older Adults [COA] and Transitions of Care [TRC]) that must be reported for the second group only; these were captured via submission of a separate, partially completed Medicare IDSS. A third group comprised members who have CHC benefits and Medicare benefits with different MCOs (i.e., DSNP enrollment is not aligned with the MCO, or the member has another Medicare Advantage or FFS plan). All three groups were required to report the LTSS measures.

Since Mental Health (MH)/Chemical Dependency (CD) is carved out in PA, members dually enrolled in Medicare and Medicaid had MH/CD benefits through Medicare only. Benefits were assessed for dually-enrolled members for each product in which they were reported. Therefore, when reporting for the Medicaid population, MH/CD measures were not reported since the benefit is carved out for Medicaid. Data was also not collected on members who were

continuously enrolled in another product within the MCO prior to the initiation of the CHC program. Additionally, no Electronic Clinical Data Systems (ECDS) measures were required.

HEDIS and CAHPS reporting populations were aligned in accordance with the NCQA requirement. Therefore, the CAHPS reporting populations were aligned to same three benefit structures, aforementioned. Two (2) sets of CAHPS sample frames were validated, with one set specific for KF CHC operations in the Southeast Region. Each set entailed two (2) sampling frames: a Medicaid Adult CAHPS sampling frame (aligned with the Medicaid IDSS) and one Medicaid Adult CAHPS sampling frame for just the third group. Per agreement with DHS: MCOs submitted CAHPS files for Adult Medicaid according to NCQA guidelines specified in the NCQA publication, *HEDIS 2020 Volume 3: Specifications for Survey Measures*; in addition, the Adult CAHPS was completed with the inclusions of PA-specific supplemental dental questions.

Nine (9) measures (Adult BMI Assessment [ABA], Breast Cancer Screening [BCS], Use of Spirometry Testing in the Assessment and Diagnosis of COPD [SPR], Medication Management for People With Asthma [MMA], Asthma Medication Ratio [AMR], Statin Therapy for Patients With Cardiovascular Disease [SPC], Statin Therapy for Patients With Diabetes [SPD], Diabetes Monitoring for People With Diabetes and Schizophrenia [SMD], and Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis [AAB]) were not required for the Southeast Region due to continuous enrollment criteria greater than one (1) year, as this criteria predates the enrollment of members for CHC Phase 2. Consequently, these measures were not required for KF CHC.

Of additional note, Risk of Continued Opioid Use (COU) is a first-year Medicaid measure for HEDIS 2019, and was publicly reported for HEDIS 2020. Pharmacotherapy for Opioid Use Disorder (POD) was a new Medicaid measure required for reporting in 2020. Care for Older Adults (COA), one of the two Medicare measures, is required for Special Needs Plans and Medicare-Medicaid Plans only.

Implementation of HEDIS Audit

The MCO completed the 2020 (MY 2019) HEDIS audit, with an Audit Designation of Report for all applicable measures, with the exception of IPUA, which was a biased rate. Upon request, the auditor-locked workbooks and final audit reports for 2020 can be made available.

Findings

For the measures of Effectiveness of Care, Access/Availability, Utilization, and LTSS, the MCO's findings for the prior year are summarized for informational purposes, as follows. For the Effectiveness of Care performance measures: the MCO's performance was below the PA CHC weighted average for four HEDIS measures (Cervical Cancer Screening [CCS]; Comprehensive Diabetes Care [CDC], for four sub-measures [HbA1c Poor Control, >9.0%; HbA1c Control, <8.0%; Retinal Eye Exam Performed; and, Medical Attention for Nephropathy]; Annual Monitoring for Patients on Persistent Medications [MPM], for two sub-measures [ACE inhibitors or ARBs and Total]; and, Use of Opioids From Multiple Providers [UOP], for two sub-measures [Multiple Pharmacies and Multiple Prescribers and Multiple Pharmacies]) and one PAPM (Antidepressant Medication Management, for two sub-measures [21-59 Yrs and Total]. For Access/Availability of Care performance measures, the MCO's performance was below the PA CHC weighted average for one HEDIS measure (Adults' Access to Preventive/Ambulatory Health Services [AAP], for one sub-measure [Ages 20-44 Years]) and for one PAPM (Annual Dental Visit, for all sub-measures). For Utilization and Risk-Adjusted Utilization, evaluation of performance using the PA CHC Weighted Average was not applicable. For LTSS PAPMs, findings were utilized as part of the continuous improvement process for production of the MCO's results for 2020 (MY 2019).

Based on how NCQA identifies organizations, ACP CHC and KF CHC report applicable measures to NCQA separately. At the time of this report, benchmarks for comparison were not available or not applicable.

Tables 2.2 through 2.5, below, summarize the MCO's 2020 (MY 2019) HEDIS performance measure results, with noteworthy findings listed underneath the table.

Effectiveness of Care

Table 2.2 presents the MCO's 2020 (MY 2019) HEDIS performance measure rates for Effectiveness of Care.

Table 2.2: HEDIS 2020 (MY 2019) Performance Measure Rates for Effectiveness of Care

Measure	ACP CHC Rate	KF CHC Rate
Effectiveness of Care: Prevention and Screening		
Adult BMI Assessment (ABA)	75.12%	NQ
Breast Cancer Screening (BCS)	NQ	NQ
Cervical Cancer Screening (CCS)	26.21%	51.34%
Chlamydia Screening in Women (CHL)		
16-20 Years	NA	NA
21-24 Years	NA	NA
Total	NA	NA
Effectiveness of Care: Respiratory Conditions		
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	NA	NQ
Pharmacotherapy Management of COPD Exacerbation (PCE)		
Systemic Corticosteroid	73.33%	78.51%
Bronchodilator	83.33%	95.23%
Medication Management for People With Asthma (MMA)		
5-11 Years: Medication Compliance 50%	NA	NQ
5-11 Years: Medication Compliance 75%	NA	NQ
12-18 Years: Medication Compliance 50%	NA	NQ
12-18 Years: Medication Compliance 75%	NA	NQ
19-50 Years: Medication Compliance 50%	NA	NQ
19-50 Years: Medication Compliance 75%	NA	NQ
51-64 Years: Medication Compliance 50%	NA	NQ
51-64 Years: Medication Compliance 75%	NA	NQ
Total: Medication Compliance 50%	NA	NQ
Total: Medication Compliance 75%	NA	NQ
Asthma Medication Ratio (AMR)		
5-11 Years	NA	NQ
12-18 Years	NA	NQ
19-50 Years	NA	NQ
51-64 Years	NA	NQ
Total	NA	NQ
Effectiveness of Care: Cardiovascular Conditions		
Controlling High Blood Pressure (CBP)	66.10%	67.40%
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	NA	93.75%
Statin Therapy for Patients With Cardiovascular Disease (SPC)		
Received Statin Therapy: 21-75 Years (Male)	NA	NQ
Statin Adherence 80%: 21-75 Years (Male)	NA	NQ
Received Statin Therapy: 40-75 Years (Female)	NA	NQ
Statin Adherence 80%: 40-75 Years (Female)	NA	NQ
Received Statin Therapy: Total	NA	NQ
Statin Adherence 80%: Total	NA	NQ
Effectiveness of Care: Diabetes		
Comprehensive Diabetes Care (CDC)		

Hemoglobin A1c (HbA1c) Testing	92.11%	90.33%
HbA1c Poor Control (>9.0%)	42.98%	35.58%
HbA1c Control (<8.0%)	42.11%	53.47%
Eye Exam (Retinal) Performed	42.98%	60.77%
Medical Attention for Nephropathy	85.96%	93.25%
Blood Pressure Control (<140/90 mm Hg)	61.40%	64.96%
Statin Therapy for Patients With Diabetes (SPD)		
Received Statin Therapy	61.67%	NQ
Statin Adherence 80%	78.38%	NQ
Effectiveness of Care: Behavioral Health		
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	48.00%	64.03%
Effective Continuation Phase Treatment	36.00%	53.36%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	NA	84.63%
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	NA	NQ
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	NA	NA
Pharmacotherapy for Opioid Use Disorder (POD)		
16-64 years	NA	25.00%
65+ years	NA	NA
Total	NA	27.69%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	NA	65.21%
Effectiveness of Care: Overuse/Appropriateness		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)		
3 months-17 Years	NA	NQ
18-64 Years	NA	NQ
65+ Years	NA	NQ
Total	NA	NQ
Use of Imaging Studies for Low Back Pain (LBP)	NA	79.75%
Use of Opioids at High Dosage (HDO)	7.14%	13.83%
Use of Opioids From Multiple Providers (UOP)		
Multiple Prescribers	5.17%	12.42%
Multiple Pharmacies	1.72%	3.13%
Multiple Prescribers and Multiple Pharmacies	0.00%	1.28%
Risk of Continued Opioid Use (COU)		
18-64 years - >=15 Days covered	10.34%	11.55%
18-64 years - >=31 Days covered	8.62%	9.66%
65+ years - >=15 Days covered	NA	20.44%
65+ years - >=31 Days covered	NA	11.01%
Total - >=15 Days covered	9.23%	14.70%
Total - >=31 Days covered	7.69%	10.13%
Effectiveness of Care: Prevention and Screening		
Care for Older Adults (COA)		
Advance Care Planning	NA	20.92%
Medication Review	NA	86.62%
Functional Status Assessment	NA	53.77%
Pain Assessment	NA	60.58%
Effectiveness of Care: Medication Management		

Transition of Care (TRC)		
Notification of Inpatient Admission	NA	0.97%
Receipt of Discharge Information	NA	0.97%
Patient Engagement After Inpatient Discharge	NA	79.56%
Medication Reconciliation Post-Discharge	NA	46.96%

Note: NA (Not Applicable): the rate is not applicable due to small denominator. NQ (Not Required): the rate was not required to be reported.

While all measures in the Effectiveness of Care domain were considered reportable for NCQA audit purposes, the rates should be reviewed and improvement strategies should be considered, where warranted; further comparisons in subsequent reports (including to applicable benchmarks) can be used for identification of strengths and/or opportunities for improvement.

Access/Availability of Care

Table 2.3 presents the MCO's 2020 (MY 2019) HEDIS performance measure rates for Access/Availability of Care.

Table 2.3: HEDIS 2020 (MY 2019) Performance Measure Rates for Access/Availability of Care

Measure	ACP CHC Rate	KF CHC Rate
Access/Availability of Care		
Adults' Access to Preventive/Ambulatory Health Services (AAP)		
20-44 Years	92.63%	92.64%
45-64 Years	97.60%	96.99%
65+ Years	96.43%	96.67%
Total	96.49%	96.26%

While all measures in the Access/Availability of Care domain were considered reportable for NCQA audit purposes, the rates should be reviewed and improvement strategies should be considered, where warranted; further comparisons in subsequent reports (including to applicable benchmarks) can be used for identification of strengths and/or opportunities for improvement.

Utilization and Risk-Adjusted Utilization

Table 2.4 presents the MCO's 2020 (MY 2019) HEDIS performance measure results for Utilization and Risk-Adjusted Utilization.

Table 2.4: HEDIS 2020 (MY 2019) Performance Measure Rates for Utilization and Risk-Adjusted Utilization

Measure	ACP CHC Result	KF CHC Result
Utilization		
Frequency of Selected Procedures (FSP)[1]		
FSP: Bariatric Weight Loss Surgery, 20-44, M	0.00	0.23
FSP: Bariatric Weight Loss Surgery, 20-44, F	0.00	0.60
FSP: Bariatric Weight Loss Surgery, 45-64, M	0.00	0.15
FSP: Bariatric Weight Loss Surgery, 45-64, F	0.29	0.37
FSP: Hysterectomy, Abdominal, 15-44, F	0.00	0.27
FSP: Hysterectomy, Abdominal, 45-64, F	0.58	0.21
FSP: Hysterectomy, Vaginal, 15-44, F	0.00	0.33

FSP: Hysterectomy, Vaginal, 45-64, F	0.00	0.07
FSP: Cholecystectomy, Open, 30-64, M	0.36	0.05
FSP: Cholecystectomy, Open, 15-44, F	0.00	0.00
FSP: Cholecystectomy, Open, 45-64, F	0.00	0.07
FSP: Cholecystectomy, Laparoscopic, 30-64, M	0.36	0.10
FSP: Cholecystectomy, Laparoscopic, 15-44, F	0.00	0.77
FSP: Cholecystectomy, Laparoscopic, 45-64, F	0.29	0.32
FSP: Back Surgery, 20-44, M	0.00	0.35
FSP: Back Surgery, 20-44, F	0.00	0.33
FSP: Back Surgery, 45-64, M	0.46	0.77
FSP: Back Surgery, 45-64, F	0.87	0.50
FSP: Mastectomy, 15-44, F	0.00	0.11
FSP: Mastectomy, 45-64, F	0.00	0.22
FSP: Lumpectomy, 15-44, F	0.00	0.27
FSP: Lumpectomy, 45-64, F	0.00	0.39
Ambulatory Care: Total (AMBA)[1]		
AMBA: Outpatient Visits	857.61	899.30
AMBA: Emergency Department Visits	83.08	102.91
Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)[2]		
IPUA: Total Discharges (per 1,000 member-months)	BR	BR
Antibiotic Utilization: Total (ABXA)		
ABXA: Total Antibiotic Scrips	1,390	27,349
ABXA: Average Scrips PMPY for Antibiotics	2.00	1.46
ABXA: Total Days Supply for All Antibiotic Scrips	12,890	261,723
ABXA: Average Days Supply per Antibiotic Scrip	9.27	9.57
ABXA: Total Number of Scrips for Antibiotics of Concern	704	12,673
ABXA: Average Scrips PMPY for Antibiotics of Concern	1.01	0.68
ABXA: Percentage of Antibiotics of Concern of All Antibiotic Scrips	50.65%	46.34%
Risk-Adjusted Utilization		
Plan All-Cause Readmissions (PCR)		
PCR: Count of Index Stays (Ages 18-44)	11	34
PCR: Count of Index Stays (Ages 45-54)	27	41
PCR: Count of Index Stays (Ages 55-64)	45	82
PCR: Count of Index Stays (Ages Total)	83	157
PCR: Count of Observed 30-Day Readmissions (Ages 18-44)	5	13
PCR: Count of Observed 30-Day Readmissions (Ages 45-54)	11	7
PCR: Count of Observed 30-Day Readmissions (Ages 55-64)	20	20
PCR: Count of Observed 30-Day Readmissions (Ages Total)	36	40
PCR: Count of Expected 30-Day Readmissions (Ages 18-44)	1.3759	4.5354
PCR: Count of Expected 30-Day Readmissions (Ages 45-54)	3.7213	5.5334
PCR: Count of Expected 30-Day Readmissions (Ages 55-64)	6.3203	12.6068
PCR: Count of Expected 30-Day Readmissions (Ages Total)	11.4175	22.6756
PCR: Observed Readmission Rate (Ages 18-44)	45.45%	38.24%
PCR: Observed Readmission Rate (Ages 45-54)	40.74%	17.07%
PCR: Observed Readmission Rate (Ages 55-64)	44.44%	24.39%
PCR: Observed Readmission Rate (Ages Total)	43.37%	25.48%
PCR: Expected Readmission Rate (Ages 18-44)	12.51%	13.34%
PCR: Expected Readmission Rate (Ages 45-54)	13.78%	13.50%
PCR: Expected Readmission Rate (Ages 55-64)	14.05%	15.37%
PCR: Expected Readmission Rate (Ages Total)	13.76%	14.44%

PCR: Observed to Expected Readmission Ratio (Ages 18-44)	3.6340	2.8663
PCR: Observed to Expected Readmission Ratio (Ages 45-54)	2.9560	1.2650
PCR: Observed to Expected Readmission Ratio (Ages 55-64)	3.1644	1.5864
PCR: Observed to Expected Readmission Ratio (Ages Total)	3.1531	1.7640

BR (Biased Rate): The calculated rate was biased.
[1]Reported rate is per 1,000 member-months.
[2]For one measure, Inpatient Utilization--General Hospital/Acute Care: Total Discharges (IPUA), rates were designated BR and were not reportable for NCQA audit purposes.

For HEDIS 2020 (MY 2019) performance measures for Utilization and Risk-Adjusted Utilization, an opportunity for improvement was identified at the time of this report. For one measure, Inpatient Utilization--General Hospital/Acute Care: Total (IPUA), rates were biased; the MCO should improve capacity to report accurate rates.

While most measures (FSP, AMBA, ABXA and PCR) in the Utilization and Risk-Adjusted Utilization domain were considered reportable for NCQA audit purposes, the results should be reviewed and improvement strategies should be considered, where warranted; further comparisons in subsequent reports (including to applicable benchmarks) can be used for identification of strengths and/or additional opportunities for improvement.

Long-Term Services and Supports

Table 2.5 presents performance measure rates (MY 2019) for LTSS, calculated using HEDIS 2020 Technical Specifications.

Table 2.5: Performance Measure Rates (MY 2019) for Long-Term Services and Supports using HEDIS 2020 Technical Specifications

Unaudited HEDIS Measure (Not required by NCQA for audit or for certification)	ACP CHC Rate	KF CHC Rate
Comprehensive Assessment and Update (cau)		
Assessment of Core Elements	91.24%	NQ
Assessment of Supplemental Elements	91.00%	NQ
Comprehensive Care Plan and Update (cpu)		
Care Plan with Core Elements Documented	93.92%	NQ
Care Plan with Supplemental Elements Documented	93.19%	NQ
Reassessment/Care Plan Update After Inpatient Discharge (rac)		
Reassessment After Inpatient Discharge	39.35%	NQ
Reassessment and Care Plan Update After Inpatient Discharge	36.13%	NQ
Shared Care Plan with Primary Care Practitioner (scp)	2.05%	NQ

NQ (Not Required): the rate was not required to be reported
Note: LTSS measures are presented for informational purposes only and should be interpreted with caution (these LTSS measures were not certified nor required to be audited, in accordance with NCQA guidelines and timeframes); opportunities for improvement were not ascertained for these LTSS measures at the time of this report. HEDIS MY 2020 (MY 2019) rates for KF CHC are denoted as NQ (KF CHC membership was new for Phase 2 expansion, as a result, no members were eligible due to HEDIS LTSS continuous enrollment criteria pre-dating KF CHC enrollment).

LTSS measures, as shown in **Table 2.5** above, are for informational purposes only and should be interpreted with caution (these LTSS measures were not certified nor required to be audited, in accordance with NCQA guidelines and timeframes). For the LTSS domain, rates should be reviewed and improvement strategies should be considered, where warranted; comparisons in subsequent reports (including to applicable benchmarks) can be used for identification of strengths and/or opportunities for improvement.

Discussion

Overall, the MCO completed the 2020 (MY 2019) HEDIS audit, and most rates were reportable. An opportunity for improvement was identified for HEDIS 2020 (MY 2019) utilization and Risk-Adjusted utilization measurement: rates for IPUA were biased and the MCO should improve capacity to report accurate IPUA rates.

As aforementioned, benchmarks for comparison were not available or not applicable at the time of this report. PAPMs will be collected in the future, and EQR findings will be integrated accordingly. Moreover, all rates should be reviewed and improvement strategies should be considered, where warranted.

III: Structure and Operations Standards

This section of the EQR report presents a review of compliance for AmeriHealth Caritas with structure and operations standards. For 2020, the MCO was assessed on structure and operations standards in terms of readiness: prior to the enrollment of CHC participants and the start date for each zone, the Department determines the MCO's ability to provide required services (CHC Agreement, 2020). The MCO must cooperate with all the readiness activities, including on-site visits by the Department. As part of determining readiness, the MCO must test successfully claims processing systems prior to implementation of CHC in a given zone. If readiness is not sufficiently demonstrated, the Department will not permit the enrollment of CHC participants; the Department may extend the time period for the readiness determinations, or not authorize the MCO operations.

Methodology

Readiness to operate and commence enrollment of CHC participants was ascertained through on-site readiness reviews, which is a required methodology for standardized determinations on the capacity and capability of AmeriHealth Caritas (CHC Agreement, 2020). For 2020, the Department conducted on-site readiness visits in the second half of 2019 for the Phase 3 expansion. Information was collected using a formalized and standardized readiness review tool, which was adapted from an existing readiness review tool used for the HealthChoices readiness review process. Collected information was used to identify strengths and opportunities for improvement. The readiness review reports provided an evaluation of structural systems for CHC claims processing by zone. Additionally, the following operational domains were evaluated:

- Organizational overview,
- Participant services contact center,
- Overview of the case management system,
- Provider services,
- Overview of the provider directory,
- Provider dispute process,
- Subcontracting and oversight, and
- Service coordination.

Determination of Compliance

To evaluate compliance of individual provisions for AmeriHealth Caritas, the readiness review tool used selected criteria, including the domains listed above, to ascertain readiness. The Department utilized an existing readiness review tool to ensure MCO compliance and readiness prior to CHC implementation. Findings on the structural systems and operational domains for the MCO was provided to the EQRO, which included multiple reports for the MCO, including justifications and integrations using supplemental readiness documentation. The EQRO reviewed the findings with orientation and support from the Department, and confirmed determinations were in alignment with the readiness review documentation.

Findings

The results for the MCO's onsite reviews of structural systems and operations readiness, supporting documentation of structural systems and operations readiness, and the determinations in terms of compliance with standards of quality in accordance with BBA reporting requirements are categorized and evaluated by the Department, below.

Organizational Overview

The MCO demonstrated an overview of the organization's structure and operations to the Department. In regard to organization's structure and operations, the MCO was found by the Department to be compliant with contractual obligations.

Participant Services Call Center
The MCO demonstrated the participant services call center structure and operations to the Department. In regard to participant services call center structure and operations, the MCO was found by the Department to be compliant with contractual obligations.

Case Management System
The MCO demonstrated the case management system structure and operations to the Department. In regard to case management system structure and operations readiness, the MCO was found by the Department to be compliant with contractual obligations.

Provider Services
The MCO demonstrated the provider services structure and operations to the Department. In regard to provider services structure and operations, the MCO was found by the Department to be compliant with contractual obligations.

Provider Directory
The MCO demonstrated the provider directory structure and operations to the Department. In regard to provider directory structure and operations readiness, the MCO was found by the Department to be compliant with contractual obligations.

Provider Dispute Process
The MCO demonstrated the provider dispute process structure and operations to the Department. In regard to provider dispute process structure and operations readiness, the MCO was found by the Department to be compliant with contractual obligations.

Subcontracting and Oversight
The MCO demonstrated the subcontracting and oversight structure and operations to the Department. In regard to subcontracting and oversight structure and operations, the MCO was found by the Department to be compliant with contractual obligations.

Service Coordination
The MCO demonstrated service coordination structure and operations to the Department. In regard to service coordination structure and operations, the MCO was found by the Department to be compliant with contractual obligations.

Accreditation Status
In accordance with the contract, AmeriHealth Caritas is subject to full review of the first requirements for NCQA accreditation; additionally, the MCO must satisfy LTSS quality requirements per the Department (CHC Agreement; 2020). Per notification from the Department, as of December 2019 the MCO (including both ACP CHC and KF CHC) was Health Plan Accredited and was certified with LTSS Distinction.

Discussion
AmeriHealth Caritas demonstrated structure and operations across multiple required categories to the Department. In regard to these categories of structure and operations, the MCO was found by the Department to be compliant with contractual obligations.

For subsequent years, BBA reporting will include findings from reviews of the MCO's ongoing operations and functioning structures for compliance with the standards, in accordance with BBA requirements. Monitoring standards will be grouped by provision to evaluate the MCO's compliance statuses with each item, which will be assigned a value of "compliant" or "non-compliant"; or, if an item is not evaluated for a particular MCO, an assigned value will be "not determined". If all items are compliant, then the MCO is evaluated as compliant; if some items are compliant and some are non-compliant, then the MCO is evaluated as partially compliant; and, if all items are non-compliant, then the MCO is evaluated as non-compliant. The format for this section of the report will be consistent with the subparts prescribed

by BBA regulations, in which regulatory requirements are grouped under subject headings that are consistent with the three subparts set out in the BBA regulations, and described in the protocols for monitoring the MCO; the individual regulatory categories will be reported to correspond with each subpart heading. Presentation of these findings will be consistent with the three subparts in the BBA regulations explained in the protocol (i.e., Enrollee Rights and Protections; Quality Assessment and Performance Improvement [including access, structure and operation, and measurement and improvement standards]; and Federal and State Grievance System Standards). In addition to this analysis of MCO compliance monitoring, the EQRO will review and evaluate the most recent NCQA accreditation report for the MCO. This format reflects the goal of the review, which is to gather sufficient foundation for the EQRO's required assessment of the compliance of the MCO with BBA regulations as an element of the analysis of the MCO's strengths and weaknesses. Upon request, the MCO's Readiness Review reports can be made available.

IV: MCO's Responses to Previous Opportunities for Improvement

Phase 2 of CHC operations started in 2019, which was the first year opportunities for improvement were identified. Opportunities that were previously identified in regard to reporting requirements for the MCO for Phase 1 utilized benchmarks with phase-specific and/or region-specific comparisons. The MCO received notification of these opportunities for improvement upon receipt of the 2019 MCO Annual Technical Report. Due to the expansion of the program and changes to measurement parameters, an immediate response to the opportunities identified for improvement was not required.

In subsequent review years, the MCO will respond to identified opportunities for improvement in its current and proposed interventions and submit tabulated information to the EQRO pertaining to Current and Proposed Interventions, as well as the Root Cause Analysis and Action Plan, as warranted.

V: Strengths and Opportunities for Improvement in Review Year 2020

This section reports AmeriHealth Caritas' strengths and opportunities for improvement for this review period as determined by the EQRO and further interpretation of the MCO's performance as related to selected measures, as warranted.

Strengths

- The MCO received approval on proposals to expand PIP implementation statewide into the Northeast, Northwest, and Lehigh Capital Regions for CHC Phase 3.
- Based on the results for the MCO's onsite reviews and relevant supporting documentation for structural systems and operations readiness, the MCO satisfied the applicable standards in accordance with the Department's requirements. Additionally, as of December 2019 the MCO was noted to be Health Plan Accredited and certified with LTSS Distinction. The MCO received approval to commence CHC enrollment expansion statewide into the Northeast, Northwest, and Lehigh Capital Regions for CHC Phase 3 effective January 1, 2020, based on the determinations of sufficient compliance with standards of quality.

Opportunities for Improvement

- Opportunities for improvement were identified for the MCO's PIPs based on the Project Year 1 review. The MCO should improve aspects of its interventions to ensure PIP activities are strongly associated with the intended PIP outcomes. The MCO should incorporate any telephonic/telehealth activity and tracking into current or planned interventions since the onset of the COVID-19 pandemic.
- An opportunity for improvement was identified for the MCO's performance measures. For HEDIS 2020 (MY 2019) performance measures for utilization and risk-adjusted utilization, rates for one measure (Inpatient Utilization--General Hospital/Acute Care: Total [IPUA]) were biased; the MCO should improve capacity to report accurate IPUA rates. Moreover, all rates should be reviewed and improvement strategies should be considered, where warranted

VI: Summary of Activities

This section provides a summary of EQR activities for AmeriHealth Caritas for this review period.

Performance Improvement Projects

- The MCO implemented PIPs to assess and improve outcomes of care rendered by the MCO and proposed activities for PIP expansion across PA.
- The MCO implemented interventions and measured performance on two PIP topics: Strengthening Care Coordination (clinical) and Transition of Care from the Nursing Facility to the Community (non-clinical) and proposed activities for PIP expansion across PA for both topics.
- The MCO updated PIP performance indicator goals, baseline data measurement, barrier analyses, and intervention development.
- The MCO submitted both required PIP proposals and both required PIP reports by the deadline, and both proposals for PIP expansion across PA were conditionally approved for implementation.
- The MCO had some capacity to calibrate PIPs for the planned expansion of CHC, including updating regional PIP baseline data upon expansion and generating valid results for PIP intervention tracking measures and performance indicators.
- The MCO was requested to improve aspects of its interventions to ensure PIP activities are strongly associated with the intended PIP outcomes. The MCO should incorporate any telephonic/telehealth activity and tracking into current or planned interventions since the onset of the COVID-19 pandemic.
- The MCO participated in developing improved performance indicators to resolve data access and availability limitations.

Performance Measurement and CAHPS Surveys

- HEDIS performance measure results were produced for 2020 (MY 2019) with one HEDIS measure having a biased rate, and the MCO submitted CAHPS Results to the Department for further use in accordance with requirements.
- Activities for 2020 which were applicable to the MCO included ongoing implementation of methodology for performance measure validation for meeting reporting requirements using updated specifications for reporting capacity for 2021 (MY 2020) performance measure results.
- Activities for 2020 which were applicable to the MCO included ongoing selection and description of HEDIS PMs for reporting requirements, including conduction of the third full HEDIS compliance audit using HEDIS 2021 (MY 2020) specifications.
- The MCO will be provided with comparisons to the previous year's performance measurement calculations, as applicable/available, with investigation into highlighted differences for further identification of strengths and opportunities in performance measurement.

Structure and Operations Standards

- The MCO was assessed for compliance using onsite reviews of structural systems and operations readiness, supporting documentation including status of accreditation and certifications, , and the determinations in terms of compliance with standards of quality in accordance with BBA reporting requirements.

MCO's Responses to Previous Opportunities for Improvement

- At the time of this report, the MCO was not required to submit a response.

Strengths and Opportunities for Improvement in Review Year 2020

- Strengths identified included the following: the MCO received approval on both PIPs to proceed with PIP expansion for CHC Phase 3 across PA; the MCO was determined to be sufficiently compliant with standards of quality in accordance with requirements; as of December 2019, the MCO was noted to be Health Plan Accredited and certified with LTSS Distinction; and, effective January 1, 2020 the MCO was approved to commence operations with enrollment of CHC participants in the NE, NW, and Lehigh Capital Regions.
- Opportunities for improvement were identified for the MCO's PIPs and for the MCO's PMs. For PIPs: based on findings from the review of Project Year 1, the MCO should improve aspects of its interventions to ensure PIP activities are strongly associated with the intended PIP outcomes; the MCO should also incorporate any telephonic/telehealth activity and tracking into current or planned interventions since the onset of the COVID-19 pandemic. For PMs: one HEDIS 2020 (MY 2019) utilization measure (IPUA) was biased. The MCO should improve capacity to report an accurate IPUA rate.

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