



Mississippi External Quality Review

ANNUAL
COMPREHENSIVE
TECHNICAL REPORT
FOR CONTRACT YEAR
2022 - 2023

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Prepared on behalf of the
Mississippi Division of Medicaid





2022—2023 External Quality Review

EXECUTIVE SUMMARY	3
Overall Findings for Mandatory EQR Activities	3
Conclusions	19
Assessment of Quality Strategy	25
Strengths, Weaknesses, and Recommendations	26
BACKGROUND	34
METHODOLOGY	34
FINDINGS	35
A. Administration.....	35
B. Provider Services	42
C. Member Services	74
D. Quality Improvement	84
E. Utilization Management	135
F. Delegation.....	156
FINDINGS SUMMARY	164
ATTACHMENTS	166
Attachment 1: Provider Access Study/Directory Validation Report 2022-2023	167
Attachment 2: MississippiCAN CAHPS® ECHO 3.0 Adult Medicaid Report.....	197
Attachment 3: MississippiCAN CAHPS® ECHO 3.0 Child Medicaid Report	279
Attachment 4: Mississippi CHIP CAHPS® ECHO 3.0 CHIP Report	360



EXECUTIVE SUMMARY

The Balanced Budget Act of 1997 (BBA) requires State Medicaid Agencies that contract with Managed Care Organizations (MCO) evaluate their compliance with the state and federal regulations in accordance with *42 Code of Federal Regulations (CFR) 438.358*. To meet this requirement, the Mississippi Division of Medicaid (DOM) contracted with The Carolinas Center for Medical Excellence (CCME), an external quality review organization (EQRO), to conduct External Quality Review (EQR) for all Coordinated Care Organizations (CCO) participating in the MississippiCAN (CAN) and Mississippi CHIP (CHIP) Medicaid Managed Care Programs. The CCOs include:

- UnitedHealthcare Community Plan - Mississippi (United)
- Magnolia Health Plan (Magnolia)
- Molina Healthcare of Mississippi (Molina)

The goals and objectives of the review were to:

- Determine whether the CCOs are in compliance with service delivery as mandated in Federal Regulations and in the Coordinated Care Organization (CCO) contracts with DOM.
- Assess the degree to which the health plans implemented actions to address deficiencies identified during the previous EQR and provide feedback for potential areas of continued improvement.

The purpose of the EQRs was to ensure Medicaid enrollees receive quality health care through a system that promotes timeliness, accessibility, and quality of health care services. This was accomplished by conducting the following activities for the CAN and CHIP programs: validation of performance improvement projects, performance measures, and surveys; assessment of compliance with state and federal regulations; and access studies for each health plan. CCME also conducted Behavioral Health Member Satisfaction Surveys for each of the CCOs. This report is a compilation of activities conducted in the 2022-2023 review cycle **for each CCO's CAN and CHIP Programs.**

Overall Findings for Mandatory EQR Activities

Federal regulations require MCOs to undergo a review to determine compliance with federal standards set forth in *42 CFR Part 438 Subpart D* and the Quality Assessment and Performance Improvement (QAPI) program requirements described in *42 CFR § 438.330*. Specifically, the requirements are related to:

- Availability of Services (*§ 438.206, § 457.1230*)
- Assurances of Adequate Capacity and Services (*§ 438.207, § 457.1230*)
- Coordination and Continuity of Care (*§ 438.208, § 457.1230*)



2022–2023 External Quality Review

- Coverage and Authorization of Services (§ 438.210, § 457.1230, § 457.1228)
- Provider Selection (§ 438.214, § 457.1233)
- Confidentiality (§ 438.224)
- Grievance and Appeal Systems (§ 438.228, § 457.1260)
- Subcontractual Relationships and Delegation (§ 438.230, § 457.1233)
- Practice Guidelines (§ 438.236, § 457.1233)
- Health Information Systems (§ 438.242, § 457.1233)
- Quality Assessment and Performance Improvement Program (§ 438.330, § 457.1240)

To assess the health plan's compliance with quality, timeliness, and accessibility of services, CCME's review was divided into six areas:

- Administration
- Provider Services
- Member Services
- Quality Improvement
- Utilization Management
- Delegation

The following is a high-level summary of the review results for those areas. Additional information regarding the reviews, strengths, weaknesses, and recommendations are included in the body of this report.

Administration

42 CFR § 438.224, 42 CFR § 438.242, 42 CFR § 438, and 42 CFR § 457

United, Magnolia, and Molina submitted materials regarding policy development and management processes, organizational structure and staffing, information management systems, compliance, and confidentiality. It was found that policies and procedures are in place to ensure compliance with contractual requirements, applicable laws, and regulations. Staff may access policies and revisions via shared electronic storage platforms.

Organizational Charts and onsite discussion confirmed all key positions were filled for each CCO. Two plans identified positions that were filled on an interim basis during recruitment efforts: **United's Compliance Officer** and Magnolia's Member and Provider Contact Center Manager. Overall, staffing is sufficient to ensure that all required services are provided to members.



2022–2023 External Quality Review

The Compliance Committees for each CCO are chaired by the Compliance Officers and assist in maintaining the Compliance Programs. Compliance Committee Charters describe the committees' functions and roles, and indicate meetings are held at least quarterly or more frequently as needed. Information about fraud, waste, and abuse (FWA) and the Compliance Program is disseminated through continued education, as noted in **the CCOs'** Compliance Plans and policies. Weaknesses were noted for two health plans regarding attendance of committee members and the need for further details about the committees in FWA Plans, Committee Charters, and/or other applicable documents.

The Codes of Conduct for each CCO emphasize the expectation that business be conducted in accordance with applicable laws, rules, and contractual requirements, as well as ethical business and professional practices. Processes for reporting suspected or actual FWA are clearly outlined in multiple forums for employees, members, and providers. Policies are in place detailing approaches to internal monitoring, auditing, and responses to violations.

Policies, training materials, and supplemental handbooks address confidentiality, privacy, and protected health information (PHI), and describe processes for the protection, use, and disclosure of PHI for only those purposes permitted or required by law.

Each of the CCOs has a Pharmacy Lock-in Program established to detect and prevent abuse of pharmacy benefits. Policies include processes to identify and evaluate members as candidates for the program and conduct ongoing monitoring.

Review and assessment of each CCO's Information Systems Capabilities Assessment documentation and related policies and procedures indicated each organization's information systems infrastructure was capable of meeting contractual requirements. It was noted that all CCOs met or exceeded State timeliness requirements specific to clean claims payment. The 2022 EQRs found that systems and processes are appropriately maintained and updated in accordance with policies that prioritize data security and system resilience. Disaster Recovery plans are tested and updated annually to identify risks and protect system data.

Provider Services

42 CFR § 10(h), 42 CFR § 438.206 through § 438.208, 42 CFR § 438.214, 42 CFR § 438.236, 42 CFR § 438.414, 42 CFR § 457.1230(a), 42 CFR § 457.1230(b), 42 CFR § 457.1230(c), 42 CFR § 457.1233(a), 42 CFR § 457.1233(c), 42 CFR § 457.1260

Each of the CCOs has policies, procedures, and other documents that detail requirements and processes for initial credentialing and recredentialing. Along with review of the policies and other documentation, CCME reviewed samples of initial credentialing and recredentialing files for each CCO. Findings include:



2022–2023 External Quality Review

- United’s Credentialing Plan did not address all required queries; **however, United’s** files were compliant with all requirements and reflected the CCO corrected deficiencies noted during the 2021 EQR.
- **No issues were identified in Magnolia’s policies. Magnolia’s files reflected full** compliance with all requirements and showed that deficiencies noted during the 2021 EQR were corrected.
- For Molina, a Credentialing Program Policy addendum states Molina conducts provider office site visits at initial credentialing and under other specific circumstances; however, Molina has not developed a process for conducting site visits to comply with this policy. Because of this, none of the initial credentialing files included evidence of site visits at initial credentialing. The CCO’s staff confirmed no site visits have been conducted in the entire time Molina has operated as a Mississippi Medicaid and CHIP CCO. This was the third consecutive year this finding was noted for Molina.

Credentialing Committees are chaired by Chief Medical Officers/Medical Directors and make credentialing decisions using a peer review process. The committees meet at routine intervals, include network providers, and the presence of a quorum is confirmed for each meeting. For Magnolia, three voting members of the Committee did not meet the attendance requirement. This was the third consecutive review this finding was noted for Magnolia.

The CCOs conduct routine geographic access studies to ensure appropriate time/distance access to providers. The plans consider member satisfaction, complaint, and grievance data when assessing network adequacy, and take action to address any identified network gaps. The EQRs confirmed United and Magnolia monitor provider limitations on panel size to ensure sufficient providers are accepting new patients; however, Molina does not conduct this monitoring.

United appropriately documented appointment access standards in policy, while **Magnolia’s and Molina’s policies** addressing appointment access standards were missing required elements and/or contained incorrect information. For Molina, errors in appointment access standards were also noted in Member Handbooks and Provider Manuals. Provider compliance with required appointment access standards is routinely evaluated by the CCOs. These processes are documented in policy, but **Molina’s policy** did not define the frequency of appointment access audits or who conducts the audits.

Activities are in place to ensure the health plan networks can serve members with diverse foreign languages and cultural requirements, complex medical needs, and accessibility considerations.

CCO policies and procedures define processes for conducting initial provider orientation and education following orientation/training plans and/or checklists. Initial provider education includes all required topics, and Provider Manuals and health plan websites reinforce the orientation and are readily available resources for providers.



2022–2023 External Quality Review

CCME noted issues in the information found in **United's** Provider Manuals related to the Provider Services Call Center, appointment access standards, and provider responsibilities to follow-up with members who are non-compliant with Well-Baby and Well-Child screenings and services. Issues with documentation of member benefits were noted in the Provider Manuals for all the CCOs. Ongoing provider education is accomplished through a variety of forums.

The CCOs maintain online and printed Provider Directories that include all required elements.

CCO policies define medical record documentation standards, describe processes for conducting routine medical record reviews to assess provider compliance with those standards, and include activities undertaken when providers fail to meet the required scoring thresholds. United and Magnolia used qualified staff or external contractors to conduct annual medical record audits using record review tools, and results were **reported to appropriate committees. Molina's policy indicates** medical record audits are conducted every three years, and the health plan reported the first medical record audit will be conducted in Q2 2023.

CCME conducted a validation review of the provider satisfaction surveys using the CMS protocol. The health plans used NCOA certified vendors to administer the surveys and reported results to Quality committees. However, low response rates may not reflect the population of providers and may affect generalizability of the results.

Member Services

42 CFR § 438.206(c), 457.1230(a) 42 CFR § 438.228, 42 CFR § 438, Subpart F, 42 CFR § 457.1260

Each CCO informs newly enrolled members of their rights and responsibilities via the Welcome Packet, CAN and CHIP Member Handbook, and the plan website.

Member Handbooks and other member educational materials for all CCOs have been developed in compliance with contractual requirements to ensure member understanding. Written member materials do not exceed the sixth grade reading level, and documents are available in additional formats, such as Braille and large print, for members with visual impairments.

Appropriate processes have been implemented to inform members in writing of any changes in benefits and to inform affected members of changes in the provider network. The CAN and CHIP Member Handbooks indicate members are informed of changes to programs and benefits within 30 calendar days prior to implementation. Information about the appropriate level of care for routine, urgent, or emergent needs is outlined in Member Handbooks and/or websites. Member Services Call Centers are available during the required hours of operation, which are specified in Member Handbooks and on CCO



2022–2023 External Quality Review

websites. The health plans also provide toll-free Nurse Advice Lines, which are available 24 hours a day, seven days a week.

Processes and requirements for handling grievances were found in CCO policies, Member Handbooks, Provider Manuals, and on plan websites. Definitions of terminology and timelines for resolving complaints and grievances are detailed in policy. Grievance logs for each CCO are maintained, categorized, and reported internally, and are used to identify areas of potential quality improvement. For two CCOs, although grievance policies include the steps taken for extensions of grievance resolution timeframes, the notices sent to the member regarding the need for an extension do not offer the member the right to file a grievance related to the extension.

Member Satisfaction Survey validation for each CCO was performed based on the CMS Survey Validation Protocol. A certified Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey vendor, to conduct a formal annual assessment of member satisfaction that meets all the requirements of the CMS Survey Validation Protocol. Response rates for two Member Satisfaction Surveys were lower than the NCQA target rate of 40% and may introduce bias into the generalizability of the findings and it was recommended that plans continue to consider ways to increase survey response rates.

Quality Improvement

42CFR §438.330, 42 CFR §457.1240 (b)

CMS and DOM require the CCOs to develop, implement, and maintain a program to ensure members receive quality health care. Each of the CCOs provided CCME with a copy of **their Quality Improvement Program Descriptions that clearly detailed each programs'** goals, objectives, structure, and scope of work. For this EQR, CCME reviewed and found no issues with these program descriptions. At least annually, the CCOs review and update the program descriptions as needed.

Work Plans are developed to keep track of the planned activities, the responsible party, updates, and the status for each activity. United and Molina submitted their 2021 and 2022 CAN and CHIP Work Plans. Magnolia submitted the 2021 and 2022 CAN Work Plans. **There were some minor errors identified in United and Molina's work plans.**

Each CCO has established a committee responsible for the oversight of their Quality Improvement (QI) Programs. These committees evaluated the results of the QI activities and made recommendations as needed. Minutes are maintained for each meeting and copies of the meeting minutes were provided with the desk materials. Participating practitioners from each CCO serve as voting members of the QI committees. The practitioners provide clinical review and feedback to the committee.



2022–2023 External Quality Review

DOM requires the CCOs to track provider compliance with EPSDT services provided to the Medicaid population and with Well Baby and Well Child services provided to the CHIP population. DOM further requires the health plans to track any abnormal diagnosis, treatments, and or referrals provided to members. Molina tracks EPSDT and Well Baby Well Child services and follow-up with members who have not received services or are **behind in getting services. Molina’s policy included the process for tracking follow-up treatment and referrals for abnormal conditions found during EPSDT and Well Baby and Well Child services.** However, Molina had not conducted any follow-up activities related to abnormal findings. Molina was found to be out of compliance with **DOM’s requirement** in the 2020, 2021, and 2022 EQRs. CCME required Molina to address this deficiency with a corrective action plan.

Performance Measure Validation:

Health plans are required to have an ongoing improvement program and report plan performance using Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the Medicaid population. DOM has selected a set of performance measures (PMs) to evaluate the quality of care and services delivered by the plans to its members. To evaluate the accuracy of the PMs reported, CCME contracted with Aqurate Health Data Management, Inc. (Aqurate), an NCOA-certified HEDIS Compliance Organization, to conduct a validation review. Performance measure validation determines the extent to which the CCO followed the specifications established for the NCOA HEDIS® measures as well as the Adult and Child Core Set measures when calculating the PM rates. Aqurate conducted validation following the CMS-developed protocol for validating PMs. The final PM validation results reflected the measurement period of January 1, 2021, through December 31, 2021.

All relevant HEDIS performance measures for the CAN and CHIP populations were compared for the current review year (MY 2021) to the previous year (MY 2020). There were only a few measures that showed a substantial improvement of more than 10 percentage points year over year. *Table 1: CAN HEDIS Measures with Substantial Changes in Rates* highlights the HEDIS measures found to have a substantial increase or decrease in rate.

Table 1: CAN HEDIS Measures with Substantial Changes in Rates

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates
Substantial Increase in Rate (>10% improvement)			
Childhood Immunization Status (cis)			
<i>DTaP</i>	72.51%	75.43%	69.34%
<i>Pneumococcal Conjugate</i>	75.43%	74.94%	68.13%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates
Asthma Medication Ratio (amr)			
12-18 Years	73.43%	70.25%	65.28%
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	76.67%	75.00%	NA
Follow-Up After Emergency Department Visit for Mental Illness (fum)			
Follow-Up After Emergency Department Visit for Mental Illness - 30 days (6-17)	52.51%	50.50%	59.02%
Follow-Up After Emergency Department Visit for Mental Illness - 30 days (18-64)	43.68%	41.20%	42.33%
Follow-Up After Emergency Department Visit for Mental Illness - 7 days (18-64)	26.71%	26.91%	33.13%
Follow-Up After Emergency Department Visit for Mental Illness - 30 days (Total)	47.05%	44.91%	46.88%
Follow-Up After Emergency Department Visit for Mental Illness - 7 days (Total)	29.10%	31.54%	31.7%
Diabetes Monitoring for People with Diabetes and Schizophrenia (smd)	71.62%	70.19%	67.95%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)			
Blood Glucose Testing (1-11)	33.63%	34.04%	37.32%
Blood Glucose and Cholesterol Testing (1-11)	21.24%	20.81%	19.62%
Initiation and Engagement of AOD Dependence Treatment (iet)			
Opioid abuse or dependence: Initiation of AOD Treatment: 18+Years	40.04%	35.43%	47.73%
Well-Child Visits in the First 30 Months of Life (W30)			
15 Months-30 Months	65.25%	62.42%	62.67%
Substantial Decrease in Rate (>10% decrease)			
Childhood Immunization Status (cis)			
Rotavirus	71.05%	76.89%	69.83%
Combination #7	53.28%	55.72%	49.15%
Follow-Up Care for Children Prescribed ADHD Medication (add)			
Initiation Phase	44.56%	47.87%	30.61%
Continuation and Maintenance (C&M) Phase	59.32%	61.81%	38.46%
Pharmacotherapy for Opioid Use Disorder (POD)			
Pharmacotherapy for Opioid Use Disorder (16-64)	33.79%	22.83%	NA
Pharmacotherapy for Opioid Use Disorder (Total)	33.64%	22.83%	NA

The CHIP HEDIS rates were also compared for United and Molina. Magnolia does not have CHIP members. *Table 2: CHIP HEDIS Measures with Substantial Change in Rates* highlights the HEDIS measures with a substantial decrease in rate from MY 2020 to MY 2021.



2022–2023 External Quality Review

Table 2: CHIP HEDIS Measures with Substantial Changes in Rates

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates
Substantial Increase in Rate (>10% improvement)		
Childhood Immunization Status (cis)		
VZV	91.73%	91.22%
<i>Combination #3</i>	81.02%	69.12%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)		
<i>Blood Glucose Testing (12-17)</i>	58.64%	62.96%
<i>Cholesterol Testing (12-17)</i>	29.63%	35.19%
<i>Blood Glucose and Cholesterol Testing (12-17)</i>	29.01%	33.33%
<i>Blood Glucose Testing (Total)</i>	50.21%	48.45%
Annual Dental Visit (adv)		
<i>2-3 Years</i>	51.81%	52.63%
<i>19-20 Years</i>	55.45%	40.91%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)		
<i>12-17 Years</i>	61.29%	74.36%
<i>Total</i>	60.15%	67.19%
Well-Child Visits in the First 30 Months of Life (w30)		
<i>First 15 Months</i>	68.93%	78.38%
<i>15 Months-30 Months</i>	73.46%	74.50%
Substantial Decrease in Rate (>10% decrease)		
Follow-up care for children prescribed ADHD Medication (add)		
<i>Continuation and Maintenance (C&M) Phase</i>	51.79%	48.05%

DOM requires the CCOs to report all Adult and Child Core Set measures annually. The Adult and Child Core Set measures were compared for MY 2021 and the previous year (MY 2020). The changes from MY 2020 to MY 2021 are reported in the table that follows. Rates shown in green indicate a substantial (>10%) improvement and rates highlighted in red indicate substantial (>10%) decline.

Table 3: CAN Non-HEDIS Measures with Substantial Changes in Rates

Measure/Data Element	United Non-HEDIS MY 2021 CAN Rates	Magnolia Non-HEDIS MY 2021 CAN Rates	Molina Non-HEDIS MY 2021 CAN Rates
Substantial Increase in Rate (>10% improvement)			
Heart Failure Admission Rate (PQI-08)			
<i>Ages 65+</i>	381.68	0.00	0.00
HIV VIRAL LOAD SUPPRESSION (HVL - AD)			



2022–2023 External Quality Review

Measure/Data Element	United Non-HEDIS MY 2021 CAN Rates	Magnolia Non-HEDIS MY 2021 CAN Rates	Molina Non-HEDIS MY 2021 CAN Rates
<i>Ages 18 - 64</i>	19.22%	31.30%	13.57%
<i>Total</i>	19.13%	31.60%	13.38%
Substantial Decrease in Rate (>10% decrease)			
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI-05)			
<i>Ages 40 - 64</i>	44.42	53.10	54.22
<i>Ages 65+</i>	0.00%	151.17	0.00
<i>Total</i>	44.25	53.64	54.18
HEART FAILURE ADMISSION RATE (PQI-08)			
<i>Ages 18 - 64</i>	46.46	48.86	37.26
<i>Ages 65+</i>	381.68	0	NA
<i>Total</i>	46.94	48.75	37.25
USE OF PHARMACOTHERAPY FOR OPIOID USE DISORDER (OUD-AD)			
<i>Overall</i>	39.98%	33.65%	54.18%
<i>Prescription for Buprenorphine</i>	38.63%	33.17%	53.51%

The Adult and Child Core Set measures were also validated for the CHIP Program and the statewide averages were calculated. MY 2021 was the second year for Molina to report data for the CHIP population. Since Molina started receiving enrollment for the CHIP population in late 2019, there were no measure rates available for measures that needed more than one year of continuous enrollment for MY 2020 reporting. Therefore, in the prior year, many of the statewide average rates for the CHIP population were calculated with data from United only. MY 2021 was the first year that rates were available for calculating the statewide averages for the CHIP population. A comparison of rates with the prior year was not conducted.

The complete list of reported HEDIS and the Adult and Child Core Set Measures reported by the CCOs and the Statewide averages can be found in the Quality Improvement section of this report.

Performance Improvement Project Validation

DOM requires the CCOs to perform a minimum of four, either clinical or non-clinical, Performance Improvement Projects (PIPs) each year. Topics for the PIPs must be prevalent and significant to the population served. CCME conducted a validation of the PIPs submitted by the CCOs for this EQR.



2022–2023 External Quality Review

The validation of the PIPs was conducted in accordance with the protocol developed by CMS titled, *EQR Protocol 1: Validating Performance Improvement Projects, October 2019*. The protocol validates components of the project and its documentation to provide an assessment of the overall study design and project methodology. Results of the validation and project status for each CAN project are displayed in *Table 4: Results of the Validation of CAN PIPs*. Interventions for each project are included in the Quality Improvement Section of this report.

Table 4: Results of the Validation of CAN PIPs

Project	Validation Score	Project Status
United CAN PIPs		
Behavioral Health Readmissions	74/75=99% High Confidence in Reported Results	The Behavioral Health Readmissions PIP is aimed at reducing the 30-day psychiatric readmission rates. The goal is to improve care coordination and discharge planning for members who experience psychiatric admissions at five inpatient facilities and determine if the interventions help decrease psychiatric readmissions. For this validation, the PIP showed no improvement in the latest readmission rate from 17.7% in 2020 to 21.4% in 2021, with a goal of 14.2%. The case management enrollment indicator had a decline from 38% in 2020 to 28% in 2021. Individual facility rates were reported as well for each of the five facilities.
Improved Pregnancy Outcomes	80/80=100% High Confidence in Reported Results	The goal of the Improved Pregnancy Outcomes PIP is to reduce the total number of preterm deliveries by monitoring the percentage of women who had a live birth and received a prenatal care visit in the first trimester or within 42 days of enrollment. For this validation, this PIP showed some improvement. The baseline rate was 92.21% and the remeasurement one rate was 91.48%. The most recent remeasurement improved to 93.67%, which is above the DOM goal rate of 93.62%. This rate reflects an improvement in the visit rate.
Sickle Cell Disease Outcomes	74/75=99% High Confidence in Reported Results	The goal of the Sickle Cell Disease PIP is to decrease emergency room utilization by monitoring the number of members five to 64 years of age who were identified as persistent super users of emergency room services for sickle cell disease complications. For this validation, the PIP showed no improvement. The rate was 26.43% in 2020 and increased to 28.50% in 2021. The goal is to reduce the rate to 25.64%.
Respiratory Illness: COPD/Asthma	74/75=99% High Confidence in Reported Results	The Respiratory Illness PIP examines the COPD exacerbations and pharmacotherapy management HEDIS rate. The bronchodilators baseline rate was 75.13%, which



2022–2023 External Quality Review

Project	Validation Score	Project Status
		improved to 76.36% although it is still below the DOM goal rate of 77.38%. The corticosteroids baseline rate was 54.02% at remeasurement one and declined to 49.89% for 2021. It is below the goal rate of 55.62% for DOM. The AMR rate for 2021 was 73.36%, which is a decline from the remeasurement one rate of 74.08%.
Magnolia CAN PIPs		
Asthma/COPD	73/74= 99% High Confidence in Reported Results	The Asthma/COPD PIP focuses on the percentage of members 12 to 18 years of age with persistent asthma and who had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year. This indicator uses the HEDIS measure, Asthma Medication Ratio (AMR). The documentation provided showed no change with an AMR rate of 70.24% for 2020 and 70.25% for 2021, with a goal of 76.86%. The COPD spirometry testing indicator declined from 26.49% in 2020 to 21.84% in 2021. The goal is 36.82%.
Behavioral Health Readmission	80/80 = 100% High Confidence in Reported Results	The Behavioral Health Readmission PIP is focused on reducing 30-day readmissions for members discharged from a behavioral health facility and increasing case management enrollment for those that are readmitted. Magnolia tracks data quarterly and annually for this PIP. The 2021/2022 rate was 19.73%, which reduced slightly in Q2 2022 to 19.7%. The enrollment rate improved from Q1 2022 at 35.7% to Q2 2022 at 37.5%.
Sickle Cell Disease Outcomes	80/80 = 100% High Confidence in Reported Results	The Sickle Cell Disease PIP focuses on increasing compliance with Hydroxyurea for eligible members throughout the treatment period. The most recent rate improved from 20.6% in 2020/2021 to 25.8% in 2021/2022. The goal is 47%.
Reducing Preterm Births	72/73= 99% High Confidence in Reported Results	The Reducing Preterm Births PIP is focused on reducing the preterm birth rate for pregnant mothers with hypertension/preeclampsia. The baseline rate was 14.47%, which increased to 15.84% in the 2021-2022 measurement period. The goal is to reduce the preterm birth rate to 11.4%.
Molina CAN PIPs		
Behavioral Health Readmissions	80/80=100% High Confidence in Reported Results	The Behavioral Health Readmissions PIP is aimed at reducing the 30-day psychiatric readmission rates. The goal is to improve care coordination and discharge planning for members who experience psychiatric admissions at five inpatient facilities and determine if the interventions help decrease psychiatric readmissions. The



2022–2023 External Quality Review

Project	Validation Score	Project Status
		BH Readmissions for Hinds County showed a decline in readmissions from Q1 2022 at 24.4% to Q2 2022 at 15%. The goal is 14%. High-risk case management enrollment for unique readmitted patients is reported to be 100%.
Asthma Medication Ratio	80/80=100% High Confidence in Reported Results	The aim for the Asthma PIP is to increase the compliance rate for members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. The rate declined from 81.4% to 72.3% but is still above the goal rate of 71.3%.
Pharmacotherapy Management of COPD Exacerbation (PCE)	80/80=100% High Confidence in Reported Results	The COPD PIP focuses on improving the rate of COPD members who are dispensed a systemic corticosteroid within 14 days of an acute event. The PCE measure is used and both rates improved. For systemic corticosteroid, the rate improved from 36.4% to 46.3% with a goal of 67%. The bronchodilator rate improved from 54.6% to 71.6% with a goal of 81.8%.
Follow-up 7 and 30 Days after Hospitalization for Mental Illness	80/80=100% High Confidence in Reported Results	Measures the percentage of behavioral health discharges for which the member received follow-up within 7 days and 30 days of discharge. The 7-day rate improved from 24.24% to 30.22%. The goal rate is 28.32%. For 30-day follow up, the rate also improved from 31.8% to 49.1% with a goal of 50%.
Prenatal and Postpartum Care	80/80=100% High Confidence in Reported Results	The aim of the Prenatal and Postpartum Care PIP is to improve the percentage of deliveries that receive a prenatal care visit as a member of Molina in the first trimester and to improve the percentage of deliveries that had a postpartum visit on or between 21 and 56 days of delivery. For prenatal care, the rate improved from 90.2% to 90.4% with a goal of 93.6%. The post-partum rate improved from 34.7% to 42% with a goal of 74.3%.
Sickle Cell Disease	74/75=99% High Confidence in Reported Results	The aim of the Sickle Cell Disease (SCD) PIP is to increase the rate of case management services for members with SCD. The rate declined from 7.5% to 4% with a goal of 15.9%.
Obesity	80/80=100% High Confidence in Reported Results	The Obesity PIP focuses on the child population. The BMI Percentile, Nutrition, and Counseling HEDIS rates are utilized. For BMI Percentile, the rate went from 9.7% to 17.1% with a goal of 61.3%. The nutrition rate went from 4.3% to 8.1% with a goal of 52.3%. The counseling rate improved from 4.1% to 7.9% with a goal of 57.4%.



2022–2023 External Quality Review

Results of the validation and project status of each CHIP project are displayed in *Table 5: Results of the Validation of CIP PIPs*. Interventions for each project are included in the Quality Improvement Section of this report.

Table 5: Results of the Validation of CHIP PIPs

Project	Validation Score	Project Status
United CHIP		
Adolescent Well Child Visits (AWC)/ Child and Adolescent Well Care Visits (WCV)	80/80 = 100% High Confidence in Reported Results	The Adolescent Well-Child Visits (AWC)/Child and Adolescent Well-Care Visits (WCV) PIP goal is to improve and sustain adolescent well care visits for ages 12 - 21 with a PCP or OB/GYN each calendar year. The AWC measure was retired and replaced with the WCV measure. This measure looks at the percentage of members completing at least one comprehensive wellness visit during the calendar year. The rate for the 12-17-year-olds improved from 36.37% to 40.16%. This is above the goal rate of 37.46%. The rate for 18-21-year-olds also improved from 19.64% to 25.34%, which is above the goal rate of 24.63%.
Follow Up After Hospitalization for Mental Illness	74/75=99% High Confidence in Reported Results	The goal for the Follow-Up After Hospitalization for Mental Illness PIP is to improve the number of post hospitalization 7-day and 30-day follow-up visits. For this review period, the PIP documentation report showed that the 30-day follow up rate remained about the same over the last 2 measurement periods, with a rate of 65.9% in 2020 and 65.8% in 2021. The 7-day follow up rate declined from 39.31% to 35.11% in 2021. The goal rate for United is 38.95%.
Reducing Adolescent and Childhood Obesity	100/100=100% High Confidence in Reported Results	The goal of the Reducing Adolescent and Childhood Obesity PIP is to decrease childhood obesity through improved communication between the provider and member regarding counseling for weight, physical activity, and nutrition. This PIP has three HEDIS indicators: body mass index (BMI) percentile, counseling for nutrition, and counseling for physical activity. BMI percentile documentation improved from 64.23% in 2020 to 70.07% in 2021. The goal rate is 76.64%. Counseling on nutrition improved slightly from 52.07% to 53.04% with a goal of 70.11%. Counseling for physical activity improved slightly from 49.15% to 49.88% with a goal of 66.18%.
Getting Needed Care CAHPS	100/100=100% High Confidence in Reported Results	For the member satisfaction PIP, Getting Needed Care, the goal is to increase the percentage of members who answer the CAHPS Child Survey question regarding the ease of seeing a specialist and improve the rate to meet the NCOA quality compass percentile rate. For this



2022–2023 External Quality Review

Project	Validation Score	Project Status
		review, the rate improved from 82.3% to 90.3% which is above the goal of 79.8%.
Molina CHIP		
Adolescent Well Care/Well Child	85/85=100% High Confidence in Reported Results	The aim for the Well-Care/Well-Child PIP is to increase the number of CHIP members who receive at least 6 or more Well-Care/Well-Child visits during the first 0-15 months of life. The baseline rate was 42.59% with a goal of 55.79%. The most recent rates were 57% in Q1 and 60.33% in Q2. The last four rates have been above the goal rate.
Asthma Medication Ratio (AMR)	85/85=100% High Confidence in Reported Results	The aim for the Asthma PIP is to increase the compliance rate of asthma medication for CHIP members. The baseline rate was presented at 84.5% with a goal of 71.28%. The last two rates are also above the goal rate, with rates of 81.82% in Q1 and 88.15% in Q2.
Obesity- Ages 3 to 19	80/80=100% High Confidence in Reported Results	The Obesity PIP's aim is to increase the percentage of CHIP members who had an outpatient visit with their PCP or OBGYN that included weight assessment counseling. For the Obesity PIP, the BMI documentation rate improved from 9.36% in Q1 to 15.28% in Q2. The goal rate is 61.31%. The nutrition counseling rate also improved from 4.36% to 8.43% with a goal of 52.3%. Counseling for physical activity improved from 3.89% to 8.11% with a goal of 57.42%. The BMI percentile goal is 61.31%; the Nutrition goal rate is 52.31%; and the physical activity counseling goal is 57.42%.
Follow-up After Hospitalization for Mental Illness (FUH)- Ages 6 to 19	80/80=100% High Confidence in Reported Results	The aim for this PIP is to increase the number of CHIP members who receive a follow-up after hospitalization within 7 and 30 days. The 30-day rate improved from 31.25% in Q1 2022 to 62.5% in Q2 2022. The goal is 50%. The 7-day baseline rate improved from 12.5% to 35.4%-this is over the goal of 28.32%.

Utilization Management

42 CFR § 438.210(a-e), 42 CFR § 440.230, 42 CFR § 438.114, 42 CFR § 457.1230 (d), 42 CFR § 457.1228, 42 CFR § 438.228, 42 CFR § 438, Subpart F, 42 CFR § 457.1260, 42 CFR § 208, 42 CFR § 457.1230 (c), 42 CFR § 208, 42 CFR § 457.1230 (c)

United, Molina, and Magnolia have appropriate program descriptions, policies, and procedures that define and describe how utilization management (UM) services are operationalized and provided to CAN and CHIP members. The purpose, goals, objectives, and staff roles for physical and behavioral health services are described appropriately in their respective program descriptions and policies.



2022–2023 External Quality Review

Various policies and guidelines provide guidance to staff in rendering UM determinations. Appropriate staff conduct service authorization reviews using InterQual, MCG criteria, or other established criteria. In review of each health plan, the approval and denial files reflected timeliness and consistency in clinical criteria application and utilizing individual member circumstances in making determinations.

Denial decisions were communicated in a timely manner to members and providers. Adverse Benefit Determination notices included the rationale for the denial and instructions for filing an appeal.

The CAN and CHIP Care Management (CM) program descriptions and policies appropriately document CM processes and services provided. The health plans have a process for care management referrals, stratifying members to an appropriate level of care, and offering an integrated approach to care management activities. Review of the care management files reflected that each of the health plans provided appropriate care management activities for members based upon their acuity levels and needs.

The health plans have established policies for appeals of adverse benefit determinations. **The health plans' websites, Member Handbooks, and Provider Manuals** provide the procedures and processes for filing appeals. However, there were inconsistencies noted in the appeal process guidelines provided by the health plans. Review of documentation in policies and member notices revealed incorrect and/or missing information about the appeals processes and requirements.

Review of the appeals files identified issues with timeliness and other additional isolated incidents of not following appeal policies and guidelines related to appeal acknowledgment, guidance on requesting an Independent External Review, and ensuring resolution notices are clear and understandable for members.

Each health plan tracks, monitors, and analyzes specific UM metrics and conducts evaluations of their respective CAN and CHIP UM Programs to determine effectiveness and identify opportunities for quality and service improvement.

Delegation

42 CFR § 438.230 and 42 CFR § 457.1233(b)

Each of the CCOs has policies and program descriptions that describe processes for delegation of health plan activities and address general delegation requirements, pre-delegation assessments, approval of delegation, performance monitoring, annual oversight, and actions that may be taken for substandard performance.

The health plans conduct pre-delegation assessments to evaluate each potential delegate's ability to comply with contractual, regulatory, and accreditation standards and requirements. Upon approval of the delegation, the CCOs execute written



2022–2023 External Quality Review

delegation agreements that specify the delegated activities, required reporting, performance expectations, and consequences of substandard performance.

Issues noted in the review of the CCOs’ oversight and annual evaluation documentation were related to failure to conduct annual evaluations for all delegates (United), untimely annual evaluations (Magnolia), failure to monitor a credentialing delegate for all required elements (Magnolia and Molina), and failure to provide evidence of a pre-delegation assessment (Molina).

Corrective Action Plans from Previous EQR

For a health plan with identified deficiencies, CCME requires the plan to submit a Corrective Action Plan (CAP) for each standard identified as not fully met. CCME provides technical assistance to each health plan until all deficiencies are corrected. During the 2022 EQR, CCME assessed the degree to which the health plans implemented the corrective actions to address deficiencies identified during the 2021 EQR.

Both United and Molina had deficiencies from the previous EQRs for which the CAPs were not implemented. These were related to:

- Developing and implementing a process for conducting provider office site visits for initial credentialing, location changes, and/or complaints against a provider (Molina 2020, 2021, and 2022).
- Revising the CHIP Provider Manual to include correct appointment access standards (United 2021 and 2022).
- Conducting follow-up activities related to abnormal findings found during EPSDT and Well-Baby and Well-Child visits (Molina 2020, 2021, and 2022).
- Addressing all Quality activities in the Quality Improvement Program Evaluation (Molina 2020, 2021, and 2022).
- **Correcting the “Your Additional Rights” to include the member’s right to request continuation of benefits while an Independent External Review is pending** (United 2021 and 2022).
- Monitoring credentialing delegates to ensure they are conducting credentialing site visits when this activity is delegated to the entity (Molina 2020, 2021, and 2022).

Conclusions

For the 2022 EQRs overall, the CCOs met most of the requirements set forth in *42 CFR Part 438 Subpart D* and the Quality Assessment and Performance Improvement (QAPI) program requirements described in *42 CFR § 438.330*.

The following tables display an overall snapshot of **the CCOs’** CAN and CHIP compliance scores specific to each of the 11 Subpart D and QAPI standards.



2022–2023 External Quality Review

Table 6: 2022 Compliance Review Results for Part 438 Subpart D and OAPI Standards--CAN

Category	Report Section	Number of CAN Standards	United CAN		Magnolia CAN		Molina CAN	
			Number of Standards Scored as "Met"	2022 Score	Number of Standards Scored as "Met"	2022 Score	Number of Standards Scored as "Met"	2022 Score
Availability of Services (§ 438.206, § 457.1230) Assurances of Adequate Capacity and Services (§ 438.207, § 457.1230)	Provider Services, Section II. B	9	9	100%	8	89%	7	78%
Coordination and Continuity of Care (§ 438.208, § 457.1230)	Utilization Management, Section V. D Utilization Management Section V. E	18	18	100%	17	94%	18	100%
Coverage and Authorization of Services (§ 438.210, § 457.1230, § 457.1228)	Utilization Management, Section V. B	13	12	92%	12	92%	13	100%
Provider Selection (§ 438.214, § 457.1233)	Provider Services, Section II. A	38	38	100%	37	97%	36	95%
Confidentiality (§ 438.224)	Administration, Section I. E	1	1	100%	1	100%	1	100%
Grievance and Appeal Systems (§ 438.228, § 457.1260)	Member Services, Section III. G Utilization Management, Section V. C	20	15	75%	16	80%	19	95%
Sub contractual Relationships and Delegation (§ 438.230, § 457.1233)	Delegation	2	1	50%	1	50%	1	50%
Practice Guidelines (§ 438.236, § 457.1233)	Provider Services, Section II. D	11	11	100%	9	82%	11	100%



2022–2023 External Quality Review

Category	Report Section	Number of CAN Standards	United CAN		Magnolia CAN		Molina CAN	
			Number of Standards Scored as "Met"	2022 Score	Number of Standards Scored as "Met"	2022 Score	Number of Standards Scored as "Met"	2022 Score
	Provider Services, Section II. E							
Health Information Systems (§ 438.242, § 457.1233)	Administration, Section I. C	4	4	100%	4	100%	4	100%
Quality Assessment and Performance Improvement Program (§ 438.330, § 457.1240)	Quality Improvement	19	19	100%	19	100%	17	89%

*Percentage is calculated as: (Total Number of Met Standards / Total Number of Evaluated Standards) × 100

Table 7: 2022 Compliance Review Results for Part 438 Subpart D and QAPI Standards--CHIP

Category	Report Section	Number of CHIP Standards	United CHIP		Molina CHIP	
			Number of Standards Scored as "Met"	2022 Overall Score	Number of Standards Scored as "Met"	2022 Overall Score
Availability of Services (§ 438.206, § 457.1230) Assurances of Adequate Capacity and Services (§ 438.207, § 457.1230)	Provider Services, Section II. B	9	9	100%	7	78%
Coordination and Continuity of Care (§ 438.208, § 457.1230)	Utilization Management, Section V. D Utilization Management	18	18	100%	18	100%



2022–2023 External Quality Review

Category	Report Section	Number of CHIP Standards	United CHIP		Molina CHIP	
			Number of Standards Scored as “Met”	2022 Overall Score	Number of Standards Scored as “Met”	2022 Overall Score
	Section V. E					
Coverage and Authorization of Services (§ 438.210, § 457.1230, § 457.1228)	Utilization Management, Section V. B	13	13	100%	13	100%
Provider Selection (§ 438.214, § 457.1233)	Provider Services, Section II. A	39	39	100%	37	95%
Confidentiality (§ 438.224)	Administration, Section I. E	1	1	100%	1	100%
Grievance and Appeal Systems (§ 438.228, § 457.1260)	Member Services, Section III. G Utilization Management, Section V. C	20	14	70%	19	95%
Sub contractual Relationships and Delegation (§ 438.230, § 457.1233)	Delegation	2	1	50%	1	50%
Practice Guidelines (§ 438.236, § 457.1233)	Provider Services, Section II. D Provider Services, Section II. E	9	9	100%	9	100%
Health Information Systems (§ 438.242, § 457.1233)	Administration, Section I. C	4	4	100%	4	100%
Quality Assessment and Performance Improvement Program (§ 438.330, § 457.1240)	Quality Improvement	19	19	100%	17	89%

*Percentage is calculated as: (Total Number of Met Standards / Total Number of Evaluated Standards) × 100

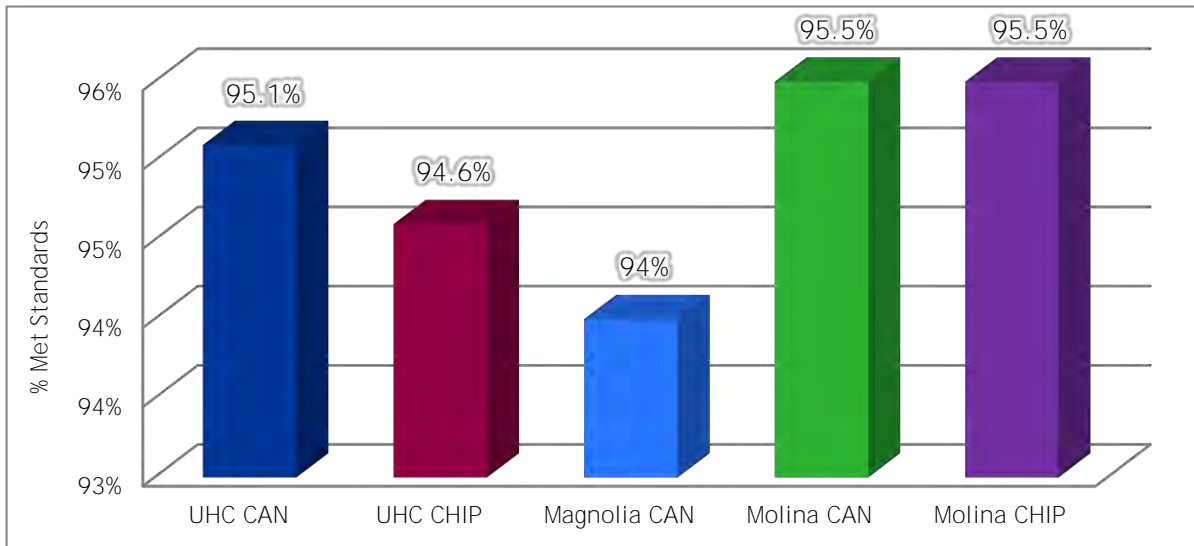


2022–2023 External Quality Review

Scoring Results

The following figure illustrates **the percentage of “Met” standards achieved by each health plan during the 2022 EQRs.**

Figure 1: Percentage of Met Standards



Scores were rounded to the nearest whole number

The following table provides an overview of the scoring of the 2022 reviews for CAN and CHIP.

Table 8: 2022 Overall Scoring

	Met	Partially Met	Not Met	Not Evaluated/ Not Applicable	Total Standards	*Percentage Met Scores
Administration						
United CAN	31	0	0	0	31	100%
United CHIP	31	0	0	0	31	100%
Magnolia CAN	30	1	0	0	31	96.8%
Molina CAN	31	0	0	0	31	100%
Molina CHIP	31	0	0	0	31	100%
Provider Services						
United CAN	82	2	0	0	84	97.6%



2022–2023 External Quality Review

	Met	Partially Met	Not Met	Not Evaluated/ Not Applicable	Total Standards	*Percentage Met Scores
United CHIP	80	3	0	0	83	96.4%
Magnolia CAN	79	5	0	0	84	94%
Molina CAN	79	2	3	0	84	94%
Molina CHIP	31	0	0	0	31	100%
Member Services						
United CAN	30	3	0	0	33	90.9%
United CHIP	29	3	0	0	32	90.6%
Magnolia CAN	32	1	0	0	33	97%
Molina CAN	32	1	0	0	33	97%
Molina CHIP	31	1	0	0	32	96.9%
Quality Improvement						
United CAN	19	0	0	0	19	100%
United CHIP	19	0	0	0	19	100%
Magnolia CAN	19	0	0	0	19	100%
Molina CAN	17	0	2	0	19	89.5%
Molina CHIP	17	0	2	0	19	89.5%
Utilization						
United CAN	49	5	0	0	54	90.7%
United CHIP	49	5	0	0	54	90.7%
Magnolia CAN	49	5	0	0	54	90.7%
Molina CAN	53	1	0	0	54	98.1%
Molina CHIP	53	1	0	0	54	98.1%
Delegation						
United CAN	1	0	1	0	2	50%
United CHIP	1	1	0	0	2	50%
Magnolia CAN	1	1	0	0	2	50%
Molina CAN	1	0	1	0	2	50%
Molina CHIP	1	0	1	0	2	50%



2022–2023 External Quality Review

	Met	Partially Met	Not Met	Not Evaluated/ Not Applicable	Total Standards	*Percentage Met Scores
Totals						
United CAN	212	11	0	0	223	95.1%
United CHIP	209	12	0	0	221	94.6%
Magnolia CAN	210	13	0	0	223	94%
Molina CAN	213	4	6	0	223	95.5%
Molina CHIP	211	4	6	0	221	95.5%

*Percentage is calculated as: $(\text{Total Number of Met Standards} / \text{Total Number of Evaluated Standards}) \times 100$

Assessment of Quality Strategy

The Mississippi Division of Medicaid requirement that CCOs must achieve NCOA accreditation, as well as its stipulations regarding the number and priority-based topic choices for performance improvement projects that plans must conduct, indicate that the State is committed to a higher level of quality monitoring and accountability for its health plans. CCME recommends that DOM continue to use measures from the annual network adequacy reviews, HEDIS audits, and performance improvement project validation as the **primary means for assessing the Quality Strategy’s success as applied** to the integrated physical and behavioral health services delivered by its health plans. The 2022-2023 EQR assessment results, including the identification of health plan strengths, weaknesses, and recommendations, attest to the positive impact of DOM’s strategy in monitoring plan compliance, improving quality of care, and aligning healthcare goals with priority topics. The Quality Strategy outlined several DOM goals and standards that align with CMS priority areas. Based on these goals and standards, CCME developed recommendations to allow CCOs to fulfill the goals of the Quality Strategy. *Table 9: DOM Quality Strategy Goals* displays the recommendations for each goal.

Table 9: DOM Quality Strategy Goals

DOM Quality Strategy Goal	Recommendation
Make Care Affordable	Assess utilization of services to determine appropriate spending and to reduce wasteful spending. Continue to monitor claims and encounter data to determine services required for optimal quality of care.



2022–2023 External Quality Review

DOM Quality Strategy Goal	Recommendation
Work with Communities to Promote Best Practices of Health Living	Continue evaluation of social determinants of health that create barriers to members seeking healthcare. Evolve community-based programs to align with the ongoing needs.
Promote Effective Prevention and Treatment of Chronic Disease	Monitor progress on Core Quality Measures, HEDIS measures, and state-specific performance measures related to priority topics.
Make Care Safer by Reducing Harm Caused in the Delivery of Care	Provide education to members regarding the importance of adherence to medication regimens.
Strengthen Person and Family Engagement as Partners in their Care	Retain accurate contact information for members to allow for consistent communication.
Promote Effective Communication and Coordination of Care	Maintain transition of care processes to ensure efficient care and continued access for beneficiaries.

Strengths, Weaknesses, and Recommendations

The results of 2022-2023 EQR activities demonstrated that the Coordinated Care Organizations are qualified and able to facilitate timely, accessible, and high-quality healthcare for MS members. The following tables provide an overview of **the CCOs'** strengths, weaknesses, and recommendations related to quality, timeliness, and access to care identified after the annual reviews.

Table 10: Evaluation of Quality

Strengths Related to Quality
<ul style="list-style-type: none"> • CCO staffing appears to be sufficient to ensure that all required services are provided to members. • The CCOs provided appropriate documentation to demonstrate that they had infrastructure capable of meeting DOM contractual as well as information systems requirements. • Regular risk assessments are performed to identify potential risks to infrastructure and to aid in the implementation of preventive measures. • The CCOs are able to perform Medicaid claims and encounter data processing as required by DOM. • Written credentialing program descriptions/plans and policies are in place for initial credentialing and recredentialing. • Credentialing Committees meet routinely and include network providers.



2022–2023 External Quality Review

Strengths Related to Quality

- **United's and Magnolia's sample of initial credentialing and recredentialing files were compliant with requirements and reflected the correction of previously identified deficiencies.**
- The CCOs monitor for and investigate potential quality of care/service issues and take appropriate action in response.
- Policies and procedures define processes for conducting initial provider orientation and education within **30 days of the provider's contract effective date.**
- Initial provider orientation follows training plans and/or checklists and includes all required topics.
- Ongoing provider education is provided through a variety of forums.
- Appropriate processes are followed for adopting, reviewing, and educating providers about preventive health and clinical practice guidelines.
- Policies address routine medical record audit processes to assess provider compliance with medical record documentation standards. The policies indicate appropriate follow-up activities are implemented as needed.
- Provider Satisfaction Survey results are presented and addressed in QIC meetings.
- NCOA certified vendors are utilized for satisfaction survey administration.
- **Members'** rights and responsibilities are well-documented in plan materials.
- The samples of grievance files for all CCOs demonstrated appropriate processing and notification of resolutions.
- Quality Improvement Program Descriptions were updated annually and submitted to appropriate committees for approval. The Program Descriptions detailed the QI Programs' scope, goals, objectives, structure, and functions for the plan.
- Each CCO provided information to members and providers about their QI programs via plan websites, Member Handbooks, and Provider Manuals.
- Each CCO has established a committee responsible for the oversight of their QI Programs. These committees evaluated the results of the QI activities and made recommendations as needed.
- Participating practitioners from each CCO serve as voting members of the QI committees. The practitioners provide clinical review and feedback to the committees.
- The CCOs were fully compliant with all information system standards and submitted valid and reportable rates for all HEDIS measures in the scope of the audit.
- There were no concerns with the CCO's data processing, integration, and measure production for the CMS Adult and Child Core Set measures that were reported. Measure specifications were followed, and reportable rates were produced.
- PIP reports included the CMS elements and integrated corrective actions from the previous review.
- PIPs were based on analysis of comprehensive aspects of enrollee needs and services, and the rationale for each topic was documented.
- The CCOs' network providers receive feedback regarding their performance data through provider reports and gaps in care reports.



2022–2023 External Quality Review

Strengths Related to Quality
<ul style="list-style-type: none"> • Interrater Reliability testing is conducted to ensure criteria are consistently applied to all members across all reviewers. • The health plans ensure that clinical reviews are conducted by appropriate health care professionals with current licensure. • The health plans' care management staff conducted appropriate care management activities for members in all risk levels. • CCO policies and program descriptions address delegation processes, delegation requirements, pre-delegation assessments, approval of delegation, performance monitoring, annual oversight, and actions that may be taken for substandard performance. • Written delegation agreements specify the delegated activities, reporting requirements, performance expectations, and consequences of substandard or noncompliant performance.

Weaknesses Related to Quality	Recommendations Related to Quality
<ul style="list-style-type: none"> • Two of the three EQRs found that additional information is needed regarding the attendance and information about the Compliance Committee. 	<ul style="list-style-type: none"> • Revise FWA Plans and Committee Charters to include information about the health plans' Compliance Oversight Committee and attendees.
<ul style="list-style-type: none"> • Molina has not developed and implemented a process for conducting site visits for providers for initial credentialing, location changes, or complaints. Because of this, Molina's initial credentialing files were not compliant with requirements for site visits. These findings have been noted for three consecutive years. 	<ul style="list-style-type: none"> • Take action to ensure compliance with all credentialing requirements.
<ul style="list-style-type: none"> • Three voting members of Magnolia's Credentialing Committee did not meet attendance requirements. This was the third consecutive review this finding was noted for Magnolia. 	<ul style="list-style-type: none"> • Re-educate Credentialing Committee members about attendance requirements for meetings and/or replace committee members who do not meet the attendance requirements.
<ul style="list-style-type: none"> • Provider Manuals and CCO websites are readily available resources; however, all the health plans had incorrect and/or incomplete information in their Provider Manuals about member benefits. 	<ul style="list-style-type: none"> • Ensure member benefit information in Provider Manuals is complete and correct.
<ul style="list-style-type: none"> • Magnolia's CAN Provider Manual was noted to include a non-functional hyperlink to the clinical practice and preventive health guidelines. 	<ul style="list-style-type: none"> • Ensure hyperlinks in Provider Manuals are correct and functional.
<ul style="list-style-type: none"> • Low provider satisfaction survey response rates may not reflect the population of providers and may affect generalizability of the results; therefore, results should be interpreted with great caution. 	<ul style="list-style-type: none"> • Continued efforts should be made to gather a better representation of the providers. Additional reminders may be appropriate, as well as other interventions that incentivize providers to respond to the survey.
<ul style="list-style-type: none"> • Response rates for two Member Satisfaction Surveys were lower than the NCOA target rate of 	<ul style="list-style-type: none"> • Continue to determine ways to advertise surveys and increase response rates.



2022–2023 External Quality Review

Weaknesses Related to Quality	Recommendations Related to Quality
<p>40% and may introduce bias into the generalizability of the findings.</p>	<ul style="list-style-type: none"> Identify additional methods that might be appropriate to improve response rates, including incentives and various modes of reminders (paper, email, text, in person).
<ul style="list-style-type: none"> The grievance policy for two CCOs includes the steps taken if an extension or additional time is needed to resolve the grievance. However, the notice sent to the member regarding the need for the extension does not offer the member the right to file a grievance related to the extension. 	<ul style="list-style-type: none"> Update the notice sent to members regarding the need for an extension and include the member's right to file a grievance if they disagree with the extension.
<ul style="list-style-type: none"> While the CCOs have sufficient systems and processes in place, the rates reported for the Adult and Child Core Set measures indicate that the CCOs need to improve processes around monitoring rate trends for improvement opportunities. All CCOs did not report at least one or more HEDIS and/or Adult and Child Core Set measures that were required for reporting by DOM for MY 2021. 	<ul style="list-style-type: none"> Improve processes around the monitoring of HEDIS and Adult and Child Core set measure rate trends to identify opportunities for improvement and verification of the rates reported. Work with DOM to obtain the CMS Adult and Child Core set measure interpretation/clarification to ensure accuracy of rate reporting. Improve processes around calculation, reporting, and verification of the rates reported for the DOM required Adult and Child Core set measures. The CCOs should pay special attention to supplemental data accuracy as well as opportunities to leverage more supplemental data to calculate HEDIS as well as Adult and Child Core Set measures. DOM should work with the CCOs to identify why all three CCOs reported a decline of 10 percentage points or more for the Follow-Up Care for Children Prescribed ADHD Medication (add) measure, for both the Initiation Phase indicator and Continuation and Maintenance Phase (CAN population).
<ul style="list-style-type: none"> United's CAN PIPs, Behavioral Health Readmission, Respiratory Illness, and Sickle Cell Disease, demonstrated no quantitative improvement in process or care. United's CHIP PIP, Follow Up After Hospitalization, demonstrated no quantitative improvement in process or care. 	<ul style="list-style-type: none"> For PIPs that are lacking improvement in indicator rates, determine if there are ways to identify the most impactful interventions and if those are identified, focus efforts on those methods and processes. Continue monitoring newly implemented interventions to allow for revisions as needed to enhance their impact on project outcomes.
<ul style="list-style-type: none"> Molina is not tracking member follow-up treatment and referrals needed for abnormal findings on an EPSDT and Well-Baby and Well-Child exam, as required by the <i>CAN Contract, Section 5 (D)</i> and the <i>CHIP Contract, Section 5 (D)</i>. This was an issue identified during the 2020 and 2021 EQR that has not been corrected. 	<ul style="list-style-type: none"> To ensure compliance with the contractual requirements, Molina must implement a system for tracking members identified with an abnormal finding on an EPSDT exam that includes the diagnosis, treatment, and referrals needed to address the abnormal findings, as required by the



2022–2023 External Quality Review

Weaknesses Related to Quality	Recommendations Related to Quality
<ul style="list-style-type: none"> • United does not conduct a formal annual evaluation of non-credentialing delegates. • Magnolia did not provide documentation of a timely annual evaluation for one delegate, and for another, incorrectly indicated some credentialing requirements as not applicable. • Molina did not provide evidence of a pre-delegation assessment for one delegate. For one credentialing delegate, there was no evidence of monitoring the delegate for conducting initial site visits. This was a repeat finding for Molina. 	<p><i>CAN Contract, Section 5 (D) and the CHIP Contract, Section 5 (D).</i></p> <ul style="list-style-type: none"> • Ensure pre-delegation assessments are conducted for all potential delegates. • Ensure timely annual evaluations are conducted for all delegated entities. • Ensure that formal annual evaluations of delegates include all activities delegated to the entity. • Re-educate credentialing delegates as needed and confirm during oversight and annual evaluation that they are compliant with all credentialing and recredentialing elements.

Table 11: Evaluation of Timeliness

Strengths Related to Timeliness
<ul style="list-style-type: none"> • Each health plan processed their approval and denial files within a timely manner.

Weaknesses Related to Timeliness	Recommendations Related to Timeliness
<ul style="list-style-type: none"> • The notice sent to members when United requests an extension for completing a UM decision is missing information about the member's right to file a grievance regarding the extension as required by <i>42 CFR § 438.408 (c)</i>. This requirement was not specifically mentioned in the CAN and CHIP UM Program Descriptions, the policy, the CAN and CHIP Provider Manuals, or in the CAN and CHIP Member Handbooks. 	<ul style="list-style-type: none"> • United's member notices regarding a request for an extension should be updated to include the member's right to file a grievance as required by 42 CFR 438.408 (c). Also, update the UM Program Descriptions, the policy, the Provider Manuals, and the Member Handbooks.

Table 12: Evaluation of Access to Care

Strengths Related to Access to Care
<ul style="list-style-type: none"> • Routine geographic access studies are conducted using appropriate access parameters, and secret shopper call studies are routinely conducted to assess provider compliance with appointment access standards. • Member satisfaction, complaint, and grievance data are considered when assessing network adequacy. • Cultural competency programs are in place to ensure health plan networks can serve members with diverse cultural and language needs, accessibility considerations, and other special needs. • The health plans take action to address any identified network gaps.



2022–2023 External Quality Review

Strengths Related to Access to Care
<ul style="list-style-type: none"> Each of the health plans maintains both online and printed Provider Directories that include all required elements. The health plans have detailed UM Program Descriptions and policies that define and describe the UM process and supervision oversight that is provided to staff. The sample of UM approval files reflected that determinations are consistent with utilizing evidence-based criteria such as InterQual, MCG, and relevant clinical information. Attempts to obtain additional clinical information were made when needed to render a determination of medical necessity. Final adverse determinations were made by an appropriate physician when requests did not meet medical necessity.

Weaknesses Related to Access to Care	Recommendations Related to Access to Care
<ul style="list-style-type: none"> Molina does not track and monitor provider limitations on panel size to determine providers that are not accepting new patients. 	<ul style="list-style-type: none"> Ensure provider limitations on panel size are monitored.
<ul style="list-style-type: none"> Policies were missing required appointment access standards and/or contained incorrect information (Magnolia and Molina) Errors in appointment access timeframes were noted in Molina’s CAN and CHIP Member Handbooks and CAN and CHIP Provider Manuals. 	<ul style="list-style-type: none"> Revise policies, Provider Manuals, and Member Handbooks to include all required appointment access standards and ensure the information is correct.
<ul style="list-style-type: none"> Issues were noted for two CCOs with the documentation of benefits in the CAN and CHIP Member Handbooks. 	<ul style="list-style-type: none"> Revise CAN and CHIP Member Handbooks to correct the issues identified with documentation of benefits and services.
<ul style="list-style-type: none"> Links provided in the United’s CAN Member Handbook to access the listing of OTC medicines and the PDL resulted in an error message indicating “Page Not Found.” 	<ul style="list-style-type: none"> Ensure the embedded links for the Preferred Drug List and the Over-the-Counter medications list in the CAN Member Handbooks are in working order.
<ul style="list-style-type: none"> CCME reviewed a sample of denial decisions made by Magnolia and found all the Adverse Benefits Notices incorrectly mentioned that an oral request for an appeal by members must be followed up in writing unless the request is for an expedited appeal. 	<ul style="list-style-type: none"> Correct the Adverse Benefit Determination Notices to remove the requirement that a member must follow an oral request for appeal with a written request.
<ul style="list-style-type: none"> The health plans’ policies, websites, Member Handbooks, and Provider Manuals incorrectly mentioned that an oral request for an appeal must also be submitted in writing. 	<ul style="list-style-type: none"> Ensure the appeal information found on each health plan’s website and in Member Handbooks, Provider Manuals, Adverse Benefit Determination Notices, and appeal policies is updated to remove the requirement that a verbal appeal must be followed with a written appeal.
<ul style="list-style-type: none"> The United and Magnolia’s member notices that are sent if an extension is needed do not inform the members of their right to file a grievance if they do not agree with the decision. 	<ul style="list-style-type: none"> Include the member’s right to file a grievance if they disagree with the timeframe extension for processing an appeal in the member’s notices.



2022–2023 External Quality Review

Weaknesses Related to Access to Care	Recommendations Related to Access to Care
<ul style="list-style-type: none"> United's CHIP "Your Additional Rights" enclosure document did not include the requirement that members have the right to request and receive benefits while the Independent External Review is pending, and that the member can be held liable for the cost. This was an issue identified during the 2021 EQR and not corrected. 	<ul style="list-style-type: none"> For United, edit the "Your Additional Rights" enclosure for CHIP appeal letters to include the requirement that members have the right to request and receive benefits and can be held liable for the cost, according to the <i>CHIP Contract, Section E (14)(d)</i>.
<ul style="list-style-type: none"> United and Magnolia had issues with processing appeals. 	<ul style="list-style-type: none"> Initiate a process to monitor appeals to ensure all requirements are met.
<ul style="list-style-type: none"> Magnolia's policy CC.MBRS.27, Member Advisory of Provider Termination, and Policy MS.UM.24, Continuity and Coordination of Services, incorrectly state the timeframe for continued access to providers who are no longer available through the CCO's network is 90 calendar days. 	<ul style="list-style-type: none"> Revise Policy CC.MBRS.27, Member Advisory of Provider Termination, and Policy MS.UM.24, Continuity and Coordination of Services, to reflect the correct timeframe for allowing a continuing course of treatment when a provider is no longer in Magnolia's network.

Optional EQR Activities

The Mississippi Division of Medicaid has requested that CCME conduct the optional EQR activities of Provider Access Study and Provider Directory Validations and Behavioral Health Member Satisfaction Surveys for each of the CCOs.

Provider Access Study and Provider Directory Validation

CCME conducted a validation of network access/availability and provider directory accuracy for each of the CCOs. The objectives were to determine if provider contact information was accurate and to assess appointment availability. The methodology involved two phases: (1) a telephonic survey to determine if CCO-provided PCP information was accurate with regard to telephone, address, accepting the CCO, and accepting new Medicaid patients. Appointment availability for urgent and routine care was also evaluated. (2) Verification of the accuracy of provider directory-listed address, phone number, and panel status against access-study confirmed PCP contact information. See *Attachment 1, 2022 - 2023 Provider Access Study and Directory Validation Report* for results as well as strengths, weaknesses, and recommendations.

Behavioral Health Member Satisfaction Survey

CCME conducted an Experience of Care and Behavioral Health Outcomes (ECHO) Survey, developed by the Agency for Healthcare Research and Quality (AHRQ), to learn about the experiences of adult and child members who have received counseling or treatment from a provider. The survey addresses key topics such as access to counseling and treatment, provider communication, plan information, and overall rating of counseling and treatment received. For MississippiCAN, attempts were made to survey 2,250 enrollee households for adult members and 2,250 enrollee households



2022–2023 External Quality Review

for child members. For Mississippi CHIP, attempts were made to survey 1500 enrollee households. The surveys for both MississippiCAN and Mississippi CHIP were conducted by mail during the period from October 28, 2022, through February 24, 2023, using standardized survey procedures and questionnaires. See *Attachments 2, 3 and 4* for the MSCAN and CHIP CAHPS® ECHO 3.0 reports.



BACKGROUND

As detailed in the *Executive Summary*, CCME, as the EORO, conducts an EOR of the each CCO participating in the MississippiCAN (CAN) and Mississippi CHIP (CHIP) Medicaid Managed Care Programs on behalf of the Division of Medicaid. Federal regulations require that EORs include three mandatory activities: validation of performance improvement projects, validation of performance measures, and an evaluation of compliance with state and federal regulations for each health plan.

In addition to the mandatory activities, CCME validates consumer and provider surveys conducted by the CCOs, conducts provider access studies and directory validation, and conducts a behavioral health member satisfaction survey.

After completing the annual review of the required EOR activities for each health plan, CCME submits a detailed technical report to DOM and the health plan. This report describes the data aggregation and analysis, as well as the manner in which conclusions were drawn about the quality, timeliness, and access to care furnished by the plans. The report also contains the **plan’s strengths and weaknesses**, recommendations for improvement, and the degree to which the plan addressed the corrective actions from the previous **year’s review, if applicable. Annually, CCME prepares an annual** comprehensive technical report for the State which is a compilation of individual annual review findings. The comprehensive technical report for contract year 2022 through 2023 contains data regarding results of the EORs conducted for the CAN and CHIP programs for United and Molina and the CAN program for Magnolia.

The report also includes findings of provider access studies and directory validations as well as the behavioral health member satisfaction surveys conducted during this reporting period.

METHODOLOGY

The process used by CCME for the EOR activities is based on CMS protocols and includes a desk review of documents submitted by each health plan and onsite visits to each **plan’s office**. After completing each annual review, CCME submits a detailed technical report to DOM and to the health plan (covered in the preceding section titled, Background). For a health plan not meeting requirements, CCME requires the plan to submit a Corrective Action Plan (CAP) for each standard identified as not fully met. CCME also provides technical assistance to each health plan until all deficiencies are corrected. Following the initial acceptance of the CAP items, quarterly CAP reviews are completed to evaluate whether the health plan has fully implemented the corrective action items.

During this contract year, all onsite visits were conducted virtually due to the COVID-19 pandemic.



2022–2023 External Quality Review

The following table displays the dates of the EQRs conducted for each health plan.

Table 13: External Quality Review Dates

Health Plan	EQR Initiated	Onsite Dates	Report Submitted
UnitedHealthcare CAN UnitedHealthcare CHIP	6/23/22	9/21/22 - 9/22/22	11/2/22
Magnolia Health Plan CAN	6/23/22	10/5/22 - 10/6/22	11/16/22
Molina Healthcare CAN Molina Healthcare CHIP	6/23/22	10/19/22 - 10/20/22	12/2/22

FINDINGS

The plans were evaluated using the standards developed by CCME and summarized in the tables for each of the sections that follow. CCME scored each standard as fully meeting a **standard (“Met”)**, **acceptable but needing improvement (“Partially Met”)**, **failing a standard (“Not Met”)**, **“Not Applicable,”** or **“Not Evaluated.”** The tables reflect the scores for each standard evaluated in the EQR, and the arrows indicate a change in the score from the previous review. For example, an up arrow (↑) indicates the score for the standard improved from the previous review and a down arrow (↓) indicates the standard was scored lower than the previous review. Scores without arrows indicate there was no change in the score from the previous review.

A. Administration

42 CFR § 438.242, 42 CFR § 457.1233 (d), 42 CFR § 438.224

The Administration section of the reviews focused on CCO processes for developing and reviewing policies and procedures, health plan staffing, information management systems, compliance and program integrity processes and activities, and processes for appropriate management and confidentiality of protected health information.

All CCOs have established policies and procedures to guide health plan operations and to ensure compliance with contractual requirements, applicable laws, and regulations. Processes are in place to review and revise policies and procedures annually or more frequently as needed. Staff may access policies via shared electronic storage platforms and are informed of new and revised, during routine team meetings and as needed during ad hoc meetings and/or email by department leadership.

Review of the Organizational Charts and onsite discussion confirmed all key positions were filled for each CCO. For United, the Compliance Officer position was filled on an



2022–2023 External Quality Review

interim basis, but the position had been posted and was expected to be filled within 90 days. Magnolia’s Member and Provider Contact Center Manager was also filled on an interim basis until the recently vacated position could be filled. Overall, staffing is sufficient to ensure that all required services are provided to members.

The **CCOs’** Compliance Committees are chaired by Compliance Officers and assist in maintaining the Compliance Programs. Charters describe committee functions and roles, and indicate meetings are held at least quarterly and more frequently if needed. The CCOs provide employee education about fraud, waste, and abuse (FWA) and the Compliance Program, as noted in Compliance Plans and related policies. Magnolia’s Compliance Committee Charter states committee members are expected to attend 75% of the meetings; **however, Magnolia’s** Compliance Committee meeting minutes indicated one voting member attended only 50% of the meetings. United’s corporate FWA Plan includes information about the corporate UHC Compliance Program Integrity Oversight Committee. However, the FWA Plan Addendum for Mississippi does not include information about the local health plan Compliance Oversight Committee.

The Codes of Conduct for each CCO emphasize the expectation that business be conducted in accordance with applicable laws, rules, and contract requirements as well as ethical business and professional practices. Information for reporting suspected or actual FWA is clearly outlined in multiple forums for employees, members, and providers. Policies are in place detailing approaches to internal monitoring, auditing, and responses to violations. Confidentiality, privacy, and protected health information (PHI) are addressed CCO policies that describe processes for the protection, use and disclosure of PHI for only those purposes permitted or required by law.

Pharmacy Lock-In Programs are in place to detect and prevent abuse of pharmacy benefits. Policies define processes for identifying and evaluating members as candidates for the program and conducting ongoing monitoring.

Information Systems Capabilities Assessment

42 CFR § 438.242, 42 CFR § 457.1233 (d)

Review and assessment of each CCO’s Information Systems Capabilities Assessment documentation and related policies and procedures indicated each organization’s information systems infrastructure was capable of meeting contractual requirements. It was noted that all CCOs met or exceeded timelines required by the State for clean claims payments. The 2022 EQRs found that systems and processes are appropriately maintained and updated in accordance with policies that prioritize data security and system resilience. Disaster Recovery plans are tested and updated annually to identify risks and protect system data.



2022–2023 External Quality Review

An overview of the scores for the Administration section is illustrated in *Table 14: Administration Comparative Data*.



2022–2023 External Quality Review

Table 14: Administration Comparative Data

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = <i>Quality</i> ▶ = <i>Timeliness</i> ▶ = <i>Access to Care</i>
General Approach to Policies and Procedures						
The CCO has in place policies and procedures that impact the quality of care provided to members, both directly and indirectly	Met	Met	Met	Met	Met	
Organizational Chart / Staffing						
The CCO’s resources are sufficient to ensure that all health care products and services required by the State of Mississippi are provided to Members. All staff must be qualified by training and experience. At a minimum, this includes designated staff performing in the following roles: Chief Executive Officer	Met	Met	Met	Met	Met	Strengths: ▶ Overall, staffing is sufficient for each CCO to ensure that all required services are provided to members.
Chief Operating Officer	Met	Met	Met	Met	Met	
Chief Financial Officer	Met	Met	Met	Met	Met	
Chief Information Officer	Met	Met	Met	Met	Met	
Information Systems personnel	Met	Met	Met	Met	Met	
Claims Administrator	Met	Met	Met	Met	Met	
Provider Services Manager	Met	Met	Met	Met	Met	
Provider credentialing and education	Met	Met	Met	Met	Met	
Member Services Manager	Met	Met	Met	Met	Met	
Member services and education	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = <i>Quality</i> ▶ = <i>Timeliness</i> ▶ = <i>Access to Care</i>
CAN: Complaint/Grievance Coordinator CHIP: Grievance and Appeals Coordinator	Met	Met	Met	Met	Met	
Utilization Management Coordinator	Met	Met	Met	Met	Met	
Medical/Care Management Staff	Met	Met	Met	Met	Met	
Quality Management Director	Met	Met	Met	Met	Met	
CAN: Marketing, member communication, and/or public relations staff CHIP: Marketing and/or Public Relations	Met	Met	Met	Met	Met	
Medical Director	Met	Met	Met	Met	Met	
Compliance Officer	Met	Met	Met	Met	Met	
Operational relationships of CCO staff are clearly delineated	Met	Met	Met	Met	Met	
Management Information Systems 42 CFR § 438.242, 42 CFR § 457.1233 (d)						
The CCO processes provider claims in an accurate and timely fashion	Met	Met	Met	Met	Met	Strengths: ▶ All CCOs provided appropriate documentation to demonstrate that they had infrastructure capable of meeting DOM contractual, as well as information systems requirements. ▶ All CCOs performed sufficient regular risk assessments to identify potential risks to infrastructure and to aid in
The CCO tracks enrollment and demographic data and links it to the provider base	Met	Met	Met	Met	Met	
The CCO management information system is sufficient to support data reporting to the State and internally for CCO quality improvement and utilization monitoring activities	Met	Met	Met	Met	Met	






2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = <i>Quality</i> ▶ = <i>Timeliness</i> ▶ = <i>Access to Care</i>
The CCO has a disaster recovery and/or business continuity plan, such plan has been tested, and the testing has been documented	Met	Met	Met	Met	Met	<p>implementation of preventative measures.</p> <p>▶ All CCOs have the capabilities to perform Medicaid claims and encounter data processing as required by DOM.</p>
Compliance/Program Integrity						
The CCO has a Compliance Plan to guard against fraud, waste and abuse	Met	Met	Met	Met	Met	<p>Weaknesses:</p> <p>▶ Two of the three EQRs found that additional information is needed regarding the attendance and information about the Compliance Committee.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Revise FWA Plans and Committee Charters to include information about the health plan's Compliance Oversight Committee and attendees.
The Compliance Plan and/or policies and procedures address requirements	Met	Met	Met	Met	Met	
The CCO has established a committee charged with oversight of the Compliance program, with clearly delineated responsibilities	Met	Met	Partially Met ↓	Met	Met	
The CCO's policies and procedures define processes to prevent and detect potential or suspected fraud, waste, and abuse	Met	Met	Met	Met	Met	
The CCO's policies and procedures define how investigations of all reported incidents are conducted	Met	Met	Met	Met	Met	
The CCO has processes in place for provider payment suspensions and recoupments of overpayments	Met	Met	Met	Met	Met	
The CCO implements and maintains a Pharmacy Lock-In Program	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	 = <i>Quality</i>  = <i>Timeliness</i>  = <i>Access to Care</i>
Confidentiality 42 CFR § 438.224						
The CCO formulates and acts within written confidentiality policies and procedures that are consistent with state and federal regulations regarding health information privacy	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

B. Provider Services

42 CFR § 10(h), 42 CFR § 438.206 through § 438.208, 42 CFR § 438.214, 42 CFR § 438.236, 42 CFR § 438.414, 42 CFR § 457.1230(a), 42 CFR § 457.1230(b), 42 CFR § 457.1230(c), 42 CFR § 457.1233(a), 42 CFR § 457.1233(c), 42 CFR § 457.1260

The Provider Services section of the 2022 EQRs focused on provider credentialing and recredentialing, network adequacy, processes for provider education, preventive health and clinical practice guidelines, provider medical record documentation and maintenance, and the provider satisfaction survey.

Provider Credentialing and Selection

42 CFR § 438.214, 42 CFR § 457.1233(a)

Each of the CCOs has written credentialing program descriptions/program plans, as well as policies and procedures, for initial credentialing and recredentialing of practitioners and organizational providers.

For United CAN and CHIP, the Credentialing Plan addressed conducting queries for sanctions and exclusions and listed the queries conducted; however, it did not address **queries of the Social Security Administration’s Death Master File. It was confirmed that United appropriately addressed the findings from the previous (2021) EQR related to collecting fingerprints for high-risk CHIP providers. Table 15: 2021 Provider Credentialing and Selection CAP Items—United lists the previous EQR finding as well as United’s response to the finding.**

Table 15: 2021 Provider Credentialing and Selection CAP Items—United

Standard	EQR Comments
II. A. Credentialing and Recredentialing (CHIP)	
1. The CCO formulates and acts within policies and procedures related to the credentialing and recredentialing of health care providers in a manner consistent with contractual requirements.	The process for collecting fingerprints for CHIP providers designated as high-risk by DOM was not identified in any of the credentialing documentation reviewed. During onsite discussion, United staff could not verbalize the process for collecting fingerprints or which staff are responsible for this activity. After the onsite visit was completed, United submitted a document stating the following: “The health plan has evaluated the high risk providers as defined by the Division of Medicaid and have determined all of the contracted providers are CMS enrolled therefore the health plan is in compliance with the requirement of 42 CFR § 455.450. The health plan will develop a policy to ensure UnitedHealthcare remains in compliance with regulatory and internal business requirements as it relates to “high” risk providers following the requirement of 42 CFR § 455.450. The plan is trying to determine if this is being conducted



2022–2023 External Quality Review

Standard	EOR Comments
	<p>by another department within the organization. Further information to be provided by the health plan.</p> <p><i>Corrective Action: Develop and implement a process for collecting fingerprints for all CHIP providers designated as high risk by DOM at initial credentialing. The process must be detailed in a policy and evidence of fingerprint collection must be included in applicable provider credentialing files. Refer to the CHIP Contract, Section 7 (E) 6.</i></p>
	<p>United’s Response: Under current CMS requirements it has been established to reduce unnecessary costs and burden to providers. If they meet the provisions under 455.101 and are already enrolled with Medicare, the State can rely on the provider’s enrollment to satisfy the fingerprinting requirement. United has already established a requirement for all providers to be enrolled with Medicare prior to participation into the network. Given the opportunity for the State to rely on Medicare it is only natural to allow the CCO the same.</p> <p>UHC’s Follow-up Response 03/25/22: United developed a Policy and Procedure to address the process for collecting fingerprints for the remaining provider types designated by DOM to be high-risk: Hospice providers.</p> <p>Optum Behavioral Health has a policy in development, and it is to follow the UHC policy and procedure to address the following provider types: Private Mental Health Centers, Community Mental Health Centers, IDD Community Support Programs, Mental Health Clinics/Groups.</p> <p>See attachment PS15-CHIP Finger Printing.</p>

For Molina CAN and CHIP, an addendum to the Credentialing Program Policy states Molina conducts site visits of all practitioner offices at initial credentialing, when the provider location has changed, and when a complaint has been lodged against a specific provider. Despite this policy requirement, Molina confirmed that a process for conducting site visits has not been developed and that no site visits have been conducted for any providers since the time Molina began operating as a Medicaid and CHIP CCO in Mississippi. This was the third consecutive year this finding was noted for Molina. *Table 16: 2021 Provider Credentialing and Selection CAP Items—Molina* provides additional information about this finding from the 2021 EOR and **Molina’s response to the issue.**

Table 16: 2021 Provider Credentialing and Selection CAP Items—Molina

Standard	EOR Comments
II. A. Credentialing and Recredentialing (CAN)	
1. The CCO formulates and acts within policies and procedures related to credentialing and recredentialing of health care	<p>Addendum B of Policy CR 01 states Molina conducts initial site assessments prior to completing the initial credentialing process for private practitioner offices and other patient care settings.</p> <p>The addendum indicates the site visit requirements apply to “All practitioners.” During onsite discussion, Molina reported that a</p>



2022–2023 External Quality Review

Standard	EOR Comments
<p>providers in a manner consistent with contractual requirements.</p>	<p>process for conducting site visits has not yet been established and that Molina is planning to contract with a vendor to conduct site visits. Molina confirmed that site visits for providers who have already completed credentialing will be conducted when the processes are finalized. This is a repeat finding from the previous EOR.</p> <p><i>Corrective Action Plan: Develop and implement a process for conducting site visits for providers to comply with requirements of the CAN Contract, Section 7 (E) (3).</i></p>
<p>Molina’s Response: Molina has consulted with 3 different vendors regarding site visits and fingerprinting, and all three have either confirmed that they do not perform related services or that they cannot perform the services within proposed time frames (i.e., prior to when uniform credentialing goes live in Mississippi). Molina has since shifted its focus to discussing how this could all be handled internally by Molina. A final process still has not been developed, but Molina is making progress. Several additional internal meetings have been held and work is underway on identifying providers subject to these requirements and the best methods of completing these requirements. Molina can provide additional details on the processes once it is finalized.</p> <p>2.24.2022- Document CAP Item #1 uploaded to the portal.</p>	
<p>II. A. Credentialing and Recredentialing (CHIP)</p>	
<p>1. The CCO formulates and acts within policies and procedures related to the credentialing and recredentialing of health care providers in a manner consistent with contractual requirements.</p>	<p>Addendum B of Policy CR 01, Credentialing Program Policy, and Addendum B - Molina Healthcare of Mississippi State Specific Credentialing Requirements, states Molina conducts initial site assessments prior to completing the initial credentialing process for private practitioner offices and other patient care settings.</p> <p>The addendum indicates the site visit requirements apply to “All practitioners.” During onsite discussion, Molina reported that a process for conducting site visits has not yet been established and that Molina is planning to contract with a vendor to conduct site visits. Molina confirmed that site visits for providers who have already completed credentialing will be conducted when the processes are finalized. This is a repeat finding from the previous EOR.</p> <p>None of Molina’s policies or addenda address the requirement for obtaining fingerprints for CHIP providers designated as high risk by DOM. Molina reported they are trying to establish a contract with a vendor to conduct this activity, but it is unknown when this will be finalized. This is a repeat finding from the previous EOR.</p> <p><i>Corrective Action Plan: Develop and implement a process for conducting site visits for providers to comply with requirements of the CHIP Contract, Section 7 (E) (3). Develop and implement a process for collecting fingerprints for CHIP providers designated as high-risk by DOM, as required by the CHIP Contract, Section 7 (E) (6).</i></p>



2022–2023 External Quality Review

Standard	EOR Comments
	<p>Molina’s Response: Molina has consulted with 3 different vendors regarding site visits and fingerprinting, and all three have either confirmed that they do not perform related services or that they cannot perform the services within proposed time frames (i.e., prior to when uniform credentialing goes live in Mississippi). Molina has since shifted its focus to discussing how this could all be handled internally by Molina. A final process still has not been developed, but Molina is making progress. Several additional internal meetings have been held and work is underway on identifying providers subject to these requirements and the best methods of completing these requirements. Molina can provide additional details on the processes once it is finalized.</p> <p>2.24.2022- Document CAP Item# 9 uploaded to the portal.</p>

Each of the CCOs has an established committee responsible for making decisions regarding credentialing and recredentialing. The committees are chaired by the health plans’ Chief Medical Officer (United) or Medical Director (Magnolia and Molina). The committees meet at routine monthly or quarterly intervals and committee membership includes network providers for each CCO. Review of committee minutes for each health plan confirmed the presence of a quorum for each meeting. For United and Molina, no issues were noted with committee member attendance. For Magnolia, three voting members of the committee did not meet the attendance requirement. This is the third consecutive review in this finding was noted for Magnolia.

A sample of initial credentialing and recredentialing files was reviewed for each health plan. **United’s files were compliant with all initial credentialing and recredentialing requirements and reflected that United corrected the deficiencies noted during the 2021 EOR. See Table 17: 2021 Provider Credentialing and Selection CAP Items—United for the previous year’s findings and United’s response to the findings.**

Table 17: 2021 Provider Credentialing and Selection CAP Items—United

Standard	EOR Comments
II. A. Credentialing and Recredentialing (CAN)	
<p>3. The credentialing process includes all elements required by the contract and by the CCO’s internal policies.</p>	<p>The Division of Medicaid requires CCO’s contracting with nurse practitioners to collect the complete collaborative agreement between nurse practitioners and collaborating physicians.</p> <p>Onsite discussion confirmed the complete collaborative agreement is collected at initial credentialing for nurse practitioners. However, one nurse practitioner file included only the signature page of the collaborative agreement.</p> <p><i>Corrective Action: Ensure credentialing files contain the complete collaborative agreement for nurse practitioners.</i></p>
<p>United’s Response: The Regulatory Quality Manager will oversee the training and education of the National Credentialing Center processors to make sure all collaborative agreements are attached and</p>	



2022–2023 External Quality Review

Standard	EOR Comments
<p>validated. This will ensure credentialing files contain the complete agreement for nurse practitioners. Training was completed 12/21/2021.</p>	
<p>4. Recredentialing processes include all elements required by the contract and by the CCO’s internal policies.</p>	<p>The Division of Medicaid requires CCO’s contracting with nurse practitioners to collect the complete collaborative agreement between nurse practitioners and collaborating physicians.</p> <p>Onsite discussion confirmed the complete collaborative agreement is collected at recredentialing for nurse practitioners. However, two files did not include the complete collaborative agreement. The information received included only a copy of the information on the Board of Nursing Licensee Gateway listing the collaborating physicians. One contained an additional document listing a collaborative physician with the nurse’s signature.</p> <p><i>Corrective Action: Ensure recredentialing files contain the complete collaborative agreement for nurse practitioners.</i></p>
<p>United’s Response: The Regulatory Quality Manager will oversee the training and education of the National Credentialing Center processors to make sure all collaborative agreements are attached and validated. This will ensure credentialing files contain the complete agreement for nurse practitioners. Training was completed 12/21/2021.</p>	
<p>6. Organizational providers with which the CCO contracts are accredited and/or licensed by appropriate authorities.</p>	<p>Regarding verification of CLIA certificates, the following issues were noted:</p> <ul style="list-style-type: none"> •One file for a rural health clinic and one file for an inpatient hospice included a CLIA number on the provider’s application but no verification of the CLIA in the file. •One file for a hospital included a CLIA verification date on the credentialing checklist, but no other evidence of verification of the CLIA in the file. <p>For these files, verification of the CLIA was submitted after completion of the onsite visit. The verifications were dated 10/6/21.</p> <p>Regarding queries of the MS DOM Sanctioned Provider List, the following issues were noted:</p> <ul style="list-style-type: none"> •There was no evidence of querying the MS DOM Sanctioned Provider List for three providers. Evidence was provided after the onsite but did not include a date stamp for when the verification was conducted. •One file included a screenshot labeled as the query, but there was no way to confirm as there was no identifying information on the screenshot. •Three files contained screenshots labeled as the query, but they appeared to be general searches on DOM’s main website and not queries of the MS DOM Sanctioned Provider List. Evidence was provided after the onsite but did not include a date stamp for when the verification was conducted.



2022–2023 External Quality Review

Standard	EOR Comments
	<p><i>Corrective Action: Ensure verification of CLIA is conducted prior to issuing the credentialing or recredentialing determination and that evidence is included in the provider file. Ensure queries of the MS DOM Sanctioned Provider List are included in each organizational provider's file and that it is clearly identifiable and includes the date the query was conducted.</i></p>
<p>United's Response: The Regulatory Quality Manager will oversee the training and education of the National Credentialing Center processors to make sure all Primary Source Verifications are attached and validated. Re-education of the NCC State and Federal Requirement Grid will also be completed. This will ensure verification of CLIA is conducted prior to issuing the credentialing or recredentialing determination and that evidence is included in the provider file. Also ensures queries of the MS DOM Sanctioned Provider List are included in each organizational provider's file and that it is clearly identifiable and includes the date the query was conducted. Training was completed 12/21/2021.</p>	
<p>II. A. Credentialing and Recredentialing (CHIP)</p>	
<p>6. Organizational providers with which the CCO contracts are accredited and/or licensed by appropriate authorities.</p>	<p>Regarding verification of CLIA certificates, the following issues were noted:</p> <ul style="list-style-type: none"> •One file for a rural health clinic and one file for an inpatient hospice included a CLIA number on the provider's application but no verification of the CLIA in the file. •One file for a hospital included a CLIA verification date on the credentialing checklist, but no other evidence of verification of the CLIA in the file. <p>For all these files, verification of the CLIA was submitted after completion of the onsite visit. All the verifications were dated 10/6/21.</p> <p>Regarding queries of the MS DOM Sanctioned Provider List, the following issues were noted:</p> <ul style="list-style-type: none"> •There was no evidence of querying the MS DOM Sanctioned Provider List for three providers. Evidence was provided after the onsite but did not include a date stamp for when the verification was conducted. •One file included a screenshot labeled as the query, but there was no way to confirm as there was no identifying information on the screenshot. •Three files contained screenshots labeled as the query, but they appeared to be general searches on DOM's main website and not queries of the MS DOM Sanctioned Provider List. Evidence was provided after the onsite but did not include a date stamp for when the verification was conducted. <p><i>Corrective Action: Ensure verification of CLIA is conducted prior to issuing the credentialing or recredentialing determination and that evidence is included in the provider file. Ensure queries of the MS DOM Sanctioned Provider List are included in each</i></p>



2022–2023 External Quality Review

Standard	EOR Comments
	<i>organizational provider's file and that it is clearly identifiable and includes the date the query was conducted.</i>
<p>United's Response: The Regulatory Quality Manager will oversee the training and education of the National Credentialing Center processors to make sure all Primary Source Verifications are attached and validated. Re-education of the NCC State and Federal Requirement Grid will also be completed. This will ensure verification of CLIA is conducted prior to issuing the credentialing or recredentialing determination and that evidence is included in the provider file. Also ensures queries of the MS DOM Sanctioned Provider List are included in each organizational provider's file and that it is clearly identifiable and includes the date the query was conducted. Training was completed 12/21/2021.</p>	

Magnolia's files were also compliant with all initial credentialing and recredentialing requirements and confirmed that Magnolia addressed the deficiency identified during the 2021 EOR. See Table 18: 2021 Provider Credentialing and Selection CAP Items—Magnolia for the previous deficiency and Magnolia's response.

Table 18: 2021 Provider Credentialing and Selection CAP Items—Magnolia

Standard	EOR Comments
II. A. Credentialing and Recredentialing (CAN)	
3. The credentialing process includes all elements required by the contract and by the CCO's internal policies.	<p>The Division of Medicaid requires CCO's contracting with nurse practitioners to collect the complete collaborative agreement between nurse practitioners and collaborating physicians.</p> <p>Onsite discussion confirmed the complete collaborative agreement is collected at initial credentialing for nurse practitioners. However, one nurse practitioner file included only a print-out from the Mississippi Board of Nursing Licensee Gateway.</p> <p><i>Corrective Action: Ensure credentialing files contain the complete collaborative agreement for nurse practitioners.</i></p>
<p>Magnolia's Response: Magnolia will ensure the appropriate collaborative agreement form is collected during credentialing and recredentialing. A refresher training regarding this requirement will be completed before the end of Q1 2022.</p>	

For Molina, none of the initial credentialing files included evidence of site visits at initial credentialing, which was a repeat finding from the previous EOR. As noted above, Molina has not implemented a process for conducting site visits at initial credentialing. *Table 19: 2021 Provider Credentialing and Selection CAP Items—Molina details the previous year's findings and Molina's response to the findings.*



2022–2023 External Quality Review

Table 19: 2021 Provider Credentialing and Selection CAP Items—Molina

Standard	EOR Comments
II. A. Credentialing and Recredentialing (CAN)	
<p>1. The CCO formulates and acts within policies and procedures related to credentialing and recredentialing of health care providers in a manner consistent with contractual requirements.</p>	<p>Addendum B of Policy CR 01 states Molina conducts initial site assessments prior to completing the initial credentialing process for private practitioner offices and other patient care settings. The addendum indicates the site visit requirements apply to “All practitioners.” During onsite discussion, Molina reported that a process for conducting site visits has not yet been established and that Molina is planning to contract with a vendor to conduct site visits. Molina confirmed that site visits for providers who have already completed credentialing will be conducted when the processes are finalized. This is a repeat finding from the previous EQR.</p> <p><i>Corrective Action Plan: Develop and implement a process for conducting site visits for providers to comply with requirements of the CAN Contract, Section 7 (E) (3).</i></p>
<p>Molina’s Response: Molina has consulted with 3 different vendors regarding site visits and fingerprinting, and all three have either confirmed that they do not perform related services or that they cannot perform the services within proposed time frames (i.e., prior to when uniform credentialing goes live in Mississippi). Molina has since shifted its focus to discussing how this could all be handled internally by Molina. A final process still has not been developed, but Molina is making progress. Several additional internal meetings have been held and work is underway on identifying providers subject to these requirements and the best methods of completing these requirements. Molina can provide additional details on the processes once it is finalized.</p> <p>2.24.2022- Document CAP Item #1 uploaded to the portal.</p>	
II. A. Credentialing and Recredentialing (CHIP)	
<p>1. The CCO formulates and acts within policies and procedures related to the credentialing and recredentialing of health care providers in a manner consistent with contractual requirements.</p>	<p>Addendum B of Policy CR 01, Credentialing Program Policy, and Addendum B - Molina Healthcare of Mississippi State Specific Credentialing Requirements, states Molina conducts initial site assessments prior to completing the initial credentialing process for private practitioner offices and other patient care settings. The addendum indicates the site visit requirements apply to “All practitioners.” During onsite discussion, Molina reported that a process for conducting site visits has not yet been established and that Molina is planning to contract with a vendor to conduct site visits. Molina confirmed that site visits for providers who have already completed credentialing will be conducted when the processes are finalized. This is a repeat finding from the previous EQR.</p> <p>None of Molina’s policies or addenda address the requirement for obtaining fingerprints for CHIP providers designated as high risk by DOM. Molina reported they are trying to establish a contract with a vendor to conduct this activity, but it is unknown when</p>



2022–2023 External Quality Review

Standard	EOR Comments
	<p>this will be finalized. This is a repeat finding from the previous EOR.</p> <p><i>Corrective Action Plan: Develop and implement a process for conducting site visits for providers to comply with requirements of the CHIP Contract, Section 7 (E) (3). Develop and implement a process for collecting fingerprints for CHIP providers designated as high-risk by DOM, as required by the CHIP Contract, Section 7 (E) (6).</i></p>
	<p>Molina’s Response: Molina has consulted with 3 different vendors regarding site visits and fingerprinting, and all three have either confirmed that they do not perform related services or that they cannot perform the services within proposed time frames (i.e., prior to when uniform credentialing goes live in Mississippi). Molina has since shifted its focus to discussing how this could all be handled internally by Molina. A final process still has not been developed, but Molina is making progress. Several additional internal meetings have been held and work is underway on identifying providers subject to these requirements and the best methods of completing these requirements. Molina can provide additional details on the processes once it is finalized.</p> <p>2.24.2022 - Document CAP Item# 9 uploaded to the portal.</p>
<p>6. Organizational providers with which the CCO contracts are accredited and/or licensed by appropriate authorities.</p>	<p>One Initial Credentialing file for a mental health clinic did not include evidence of fingerprinting for the owner, who holds 100% ownership. Refer to the <i>CHIP Contract, Section 7 (E) (6)</i>. This is a repeat finding from the previous EOR.</p> <p><i>Corrective Action Plan: Ensure credentialing files for CHIP providers designated as high risk by DOM include evidence of collection of fingerprints.</i></p>
	<p>Molina’s Response: Molina has consulted with 3 different vendors regarding site visits and fingerprinting, and all three have either confirmed that they do not perform related services or that they cannot perform the services within proposed time frames (i.e., prior to when uniform credentialing goes live in Mississippi). Molina has since shifted its focus to discussing how this could all be handled internally by Molina. A final process still has not been developed, but Molina is making progress. Several additional internal meetings have been held and work is underway on identifying providers subject to these requirements and the best methods of completing these requirements. Molina can provide additional details on the processes once it is finalized.</p> <p>2.24.2022 - Document CAP Item# 10 uploaded to the portal.</p>

The three CCOs monitor for and investigate potential quality of care and quality of service issues. When issues are confirmed, actions are implemented as necessary to **suspend, restrict, or terminate a provider’s network participation.**

Availability of Services

42 CFR § 10(h), 42 CFR § 438.206(c)(1), 42 CFR § 457.1230(a), 42 CFR § 457.1230(b)

United, Magnolia, and Molina have established policies and procedures addressing how primary care providers are notified of their assigned members, and for ensuring that nonparticipating providers **can verify a member’s enrollment in the CCO. No issues were**



2022–2023 External Quality Review

noted in these policies and procedures. United and Magnolia relayed their processes for monitoring and tracking provider limitations on panel size to determine providers that are not accepting new patients; however, Molina reported that no process has been implemented to track and monitor provider limitations on panel size to determine providers that are not accepting new patients.

Each of the three CCOs conducts routine geographic access studies using the required access parameters to ensure compliance with geographic access to primary care and specialty providers. When assessing network adequacy, the CCOs also consider data related to member satisfaction with the network, complaints, grievances, etc. The health plans take action to address any identified network gaps.

Provider compliance with required appointment access standards is routinely evaluated by the CCOs. United appropriately documented appointment access standards in policy, **while Magnolia’s and Molina’s policies that addressed appointment access standards were** missing required elements and/or contained incorrect information. For Molina, there were additional errors in appointment access timeframes noted in the CAN and CHIP Member Handbooks and CAN and CHIP Provider Manuals.

United contracts with an external vendor to conduct routine call studies to assess provider compliance with appointment access standards. Magnolia assesses provider appointment access compliance by monitoring results of member satisfaction surveys, grievance and appeal data, and conducting site-specific surveys and audits for primary care, behavioral health, and specialty providers. United and Magnolia have established processes to address deficiencies with providers who fail to meet the requirements. Molina also conducts appointment and after-hour accessibility audits, and considers member complaints related to accessibility, scheduling processes, wait times, and delays. **Molina’s policy, however, did not** define the frequency for conducting appointment and after-hour accessibility audits or the department or entity that conducts the audits.

The CCOs also ensure the network is able adequately serve members with special needs, foreign language and cultural requirements, complex medical needs, and accessibility considerations. Activities undertaken by the plans to accomplish this include, but are not limited to, assessing member and practitioner race, ethnicity, and language data; conducting disparity assessments and assessing for language and cultural network gaps; monitoring member satisfaction with the network, etc.

Provider Education

42 CFR § 438.414, 42 CFR § 457.1260

CCO policies and procedures define processes for conducting initial provider orientation and education. The health plans conduct initial provider orientation within 30 days of the contract effective date and follow established orientation/training plans and/or



2022–2023 External Quality Review

checklists. Initial provider education includes all required topics, and Provider Manuals and health plan websites reinforce the orientation and are readily available resources for providers. CCME noted issues in information found in the Provider Manuals related to:

- The hours of operation for the Provider Services Call Center (United CAN and CHIP).
- Member benefits, including covered and excluded services, benefit limitations, services provided under fee-for-service payment by DOM, etc. (United CAN and CHIP, Magnolia CAN, and Molina CAN and CHIP).
- Appointment access standards (United CHIP). This is a repeated finding from the 2021 EQR.
- Responsibility to follow-up with Members who are non-compliant with Well-Baby and Well-Child screenings and services (United CHIP).

Issues identified for United during the previous EQR and **United’s response to those** deficiencies are identified in *Table 20: 2021 Provider Education CAP Items—United*. The 2022 EQR confirmed that United appropriately addressed the deficiencies identified during the 2021 EQR except for the issue related to appointment access standards in the CHIP Provider Manual.

Table 20: 2021 Provider Education CAP Items—United

Standard	EQR Comments
II C. Provider Education (CAN)	
2. Initial provider education includes: 2.8 Medical record handling, availability, retention, and confidentiality;	<p>The <i>CAN Contract, Exhibit C, Section K</i> indicates medical records must be retained for a period of no less than 10 years. However, the CAN Provider Manual does not include the medical record retention requirement.</p> <p>Review of the following provider contract templates revealed the Mississippi Medicaid Program Regulatory Requirements Appendix document UHN Provider) correctly documented the medical record retention timeframe. However, the following provider contract templates indicated the medical record retention timeframe requirement is at least 6 years:</p> <ul style="list-style-type: none"> •Ancillary Provider Participation Agreement •Facility Participation Agreement •FOHC/RHC Participation Agreement •Medical Group Participation Agreement <p><i>Corrective Action: Update the CAN Provider Manual to include the required medical record retention timeframe. Revise the Ancillary Provider Participation Agreement, the Facility Participation Agreement, the FOHC/RHC Participation</i></p>



2022–2023 External Quality Review

Standard	EOR Comments
	<p><i>Agreement, and the Medical Group Participation Agreement to state the correct medical record retention timeframe.</i></p>
	<p>United’s Response: The following language is in each of the provider participation agreements mentioned below supporting the medical records retention requirement found in the regulatory appendix. Therefore, the information is not incorporated into the provider manual. In addition, there is no need to update the Provider Participation Agreement.</p> <p>Language from Base Agreement referenced in each section below:</p> <p>One or more regulatory appendices may be attached to this Agreement, setting forth additional provisions included in this Agreement in order to satisfy regulatory requirements under applicable law. These regulatory appendices, and any attachments to them, are expressly incorporated into this Agreement and are binding on the parties to this Agreement. In the event of any inconsistent or contrary language between a regulatory appendix and any other part of this Agreement, including but not limited to appendices, amendments and exhibits, the regulatory appendix will control, to the extent it is applicable.</p> <ul style="list-style-type: none"> •Sec. 9.11 of the Ancillary Provider Participation Agreement •Sec. 9.11 of the Facility Participation Agreement •Sec. 9.11 of the FQHC/RHC Participation Agreement •Sec. 10.11 of the Medical Group Participation Agreement <p>The accurate timeframe for medical record retention can be found in the MSCAN Regulatory Appendix; Section 3.9. Please see below:</p> <p>Language from the MSCAN Regulatory Appendix:</p> <p>3.9 Records Retention. As required under State or federal law or the State Contract, Provider shall maintain an adequate record keeping system for recording services, charges, dates and all other commonly accepted information elements sufficient to disclose the quality, quantity, appropriateness and timeliness of services rendered to Covered Persons. All financial records shall follow generally accepted accounting principles. Medical records and supporting management systems shall include all pertinent information related to the medical management of each Covered Person. Other records shall be maintained as necessary to clearly reflect all actions taken by Provider related to services provided under the State Contract. Such records, including, as applicable, grievance and appeal records shall be maintained for a period of not less than ten (10) years from the close of the Agreement, or such other period as required by law. If records are under review or audit, they must be retained for a minimum of ten (10) years following resolution of such action. Prior approval for the disposal of records must be requested and approved by United if the Agreement is continuous.</p> <p>SUPPORTING DOCUMENTATION:</p> <ul style="list-style-type: none"> • 4_MSCAN_MS Medicaid CAN Reg App
<p>II C. Provider Education (CHIP)</p>	
<p>2. Initial provider education includes:</p> <p>2.5 Accessibility standards, including 24/7 access and contact follow-up responsibilities for missed appointments;</p>	<p>The CHIP Provider Manual, page 56, defines appointment access standards for BH provides, but does not include the requirement that appointments after discharge from an acute psychiatric hospital are required <u>within 7 days</u>.</p> <p><i>Corrective Action: Revise the CHIP Provider Manual, page 56, to include the 7-day timeframe for appointments after discharge from an acute psychiatric hospital.</i></p>



2022–2023 External Quality Review

Standard	EOR Comments
<p>United’s Response: Page 56 of the CHIP provider Manual was updated to include the 7-day timeframe.</p> <p>SUPPORTING DOCUMENTATION:</p> <ul style="list-style-type: none"> • 8_MS-Care-Provider-Manual-CHIP_12_15_21 • 8_MS-Screenshot-Pg56 	
<p>2.8 Medical record handling, availability, retention and confidentiality;</p>	<p>The <i>CHIP Contract, Exhibit D, Section J</i> indicates medical records must be retained for a period of no less than 10 years. However, the CHIP Provider Manual does not include the medical record retention requirement.</p> <p>Review of the provider contract templates revealed the Mississippi Medicaid Program Regulatory Requirements Appendix document (UHN Provider) correctly documented the medical record retention timeframe.</p> <p>However, the following provider contract templates indicated the medical record retention timeframe requirement is at least 6 years:</p> <ul style="list-style-type: none"> •Ancillary Provider Participation Agreement •Facility Participation Agreement •FOHC/RHC Participation Agreement •Medical Group Participation Agreement <p>The MississippiCHIP Regulatory Requirements Appendix Downstream Provider template indicated the medical record retention timeframe is not less than 5 years.</p> <p>The Facility Contract, Group Contract, and Individual Contract indicated the medical record retention timeframe is 3 years:</p> <p><i>Corrective Action: Update the CHIP Provider Manual to include the required medical record retention timeframe. Revise the following documents to state the correct medical record retention timeframe of 10 years:</i></p> <ul style="list-style-type: none"> •Ancillary Provider Participation Agreement •Facility Participation Agreement •FOHC/RHC Participation Agreement •Medical Group Participation Agreement •MississippiCHIP Regulatory Requirements Appendix Downstream Provider •Facility Contract •Group Contract •Individual Contract
	<p>United’s Response: The following language is in each of the provider participation agreements mentioned below supporting the medical records retention requirement which is found in the regulatory appendix. Therefore, the information is not incorporated into the provider manual. In addition, there is no need to update the provider participation agreements.</p> <p>Language from Base Agreement referenced in each section below:</p>



2022–2023 External Quality Review

Standard	EOR Comments
	<p>One or more regulatory appendices may be attached to this Agreement, setting forth additional provisions included in this Agreement in order to satisfy regulatory requirements under applicable law. These regulatory appendices, and any attachments to them, are expressly incorporated into this Agreement and are binding on the parties to this Agreement. In the event of any inconsistent or contrary language between a regulatory appendix and any other part of this Agreement, including but not limited to appendices, amendments and exhibits, the regulatory appendix will control, to the extent it is applicable.</p> <ul style="list-style-type: none"> •Sec. 9.11 of the Ancillary Provider Participation Agreement •Sec. 9.11 of the Facility Participation Agreement •Sec. 9.11 of the FQHC/RHC Participation Agreement •Sec. 10.11 of the Medical Group Participation Agreement <p>The accurate timeframe for medical record retention can be found in the MSCHIP Regulatory Appendix; Section 3.6. Please see below:</p> <p>Language from the MSCHIP Regulatory Appendix: 3.6 Records Retention. As required under State or federal law or the MississippiCHIP Program Contract, Provider shall maintain a record keeping system of current, detailed, and organized records for recording services, charges, dates and all other commonly accepted information elements sufficient to disclose the quality, quantity, appropriateness and timeliness of services rendered to Members. All financial records shall follow generally accepted accounting principles. Medical records and supporting management systems shall include all pertinent information related to the medical management of each Member. Other records shall be maintained as necessary to clearly reflect all actions taken by Provider related to services provided under the MississippiCHIP Program Contract. Such records, including, as applicable, grievance and appeals records shall be maintained for a period of not less than ten (10) years from the close of the Agreement, or such other period as required by law. If records are under review or audit or are the subject of litigation, they must be retained for a minimum of ten (10) years following resolution of such action. Prior approval for the disposal of records must be requested and approved by CCO if the Agreement is continuous. Provider shall have written records retention policies and procedures and will make such policies and procedures available to CCO or DOM upon request. DOM requires ready access to any and all documents and records of transactions pertaining to the provisions of services provided by Provider and those copies of requested documents/records will be provided to DOM or its designee free of charge.</p> <p>SUPPORTING DOCUMENTATION: 9_CHIP_MS CS CHIP Reg App</p>

Issues identified for Molina during the previous EQR and Molina’s response to those deficiencies are identified in *Table 21: 2021 Provider Education CAP Items—Molina*. The 2022 EQR confirmed that Molina appropriately addressed the identified deficiencies.

Table 21: 2021 Provider Education CAP Items—Molina

Standard	EOR Comments
II C. Provider Education (CAN)	
3. The CCO regularly maintains and makes available a Provider Directory that includes all required elements.	A review of the online Provider Directory confirmed all required elements are included. A review of the print version of the Provider Directory revealed the directory did not include an



2022–2023 External Quality Review

Standard	EQR Comments
	<p>indication regarding providers’ abilities to accommodate people with physical disabilities.</p> <p><i>Corrective Action: Develop and implement a process to include providers’ abilities to accommodate people with physical disabilities in the print version of the Provider Directory, as required by the CAN Contract Section 6 (E) and 42 CFR § 438.10(h) (1) (iv) (viii).</i></p>
<p>Molina’s Response: Document Process for Providers’ Abilities to Accommodate Physical Disabilities uploaded to the portal.</p> <p>2.24.2022 - Uploaded to the portal document MS_Medicaid_sample_2_16_2022. Estimated time of completions is February 25, 2022.</p>	
<p>II C. Provider Education (CHIP)</p>	
<p>3. The CCO regularly maintains and makes available a Provider Directory that includes all required elements.</p>	<p>A review of the print version of the Provider Directory revealed the directory did not include an indication regarding providers’ abilities to accommodate people with physical disabilities.</p> <p><i>Corrective Action: Develop and implement a process to include providers’ abilities to accommodate people with physical disabilities in the print version of the Provider Directory.</i></p>
<p>Molina’s Response: Document Process for Providers’ Abilities to Accommodate Physical Disabilities uploaded to the portal.</p> <p>2.24.2022 - Uploaded to the portal document MS_Medicaid_sample_2_16_2022. Estimated time of completions is February 25, 2022.</p>	

The CCOs provide ongoing education to providers about changes in programs, practices, member benefits, standards, and policies and procedures through a variety of forums, such as website updates, web-based training opportunities, educational sessions and meetings, provider office visits, newsletters, bulletins, and Provider Manual updates, etc.

Each of the health plans maintains both online and printed Provider Directories that include all elements required by the *CAN* and *CHIP Contracts*. For United, Policy NQM-052, Web-Based Directory Usability Testing, incorrectly defined the timeframe for updating the web-based Provider Directory. For Magnolia, Policy MS.PRVR.19, Provider **Directory, erroneously stated Provider Directories must include “whether the provider has completed cultural competence training.” This requirement is no longer applicable for Provider Directories.**

The CCOs have appropriate processes in place for the development, adoption, and ongoing review of preventive health and clinical practice guidelines. Providers are educated about the guidelines through Provider Manuals, provider education activities, etc., and the guidelines are accessible on the health plans’ websites. Printed copies are



2022–2023 External Quality Review

also available upon request. **Magnolia’s CAN Provider Manual** was noted to include a non-functional hyperlink to the guidelines.

Providers are educated about required medical record documentation standards via Provider Manuals, provider orientation and ongoing training activities, and plan websites. **The CCOs’ policies** define medical record documentation standards and describe processes for conducting routine medical record reviews to assess provider compliance with those standards. The policies also address activities undertaken when providers fail to meet the required scoring thresholds, which include, but are not limited to, notifying the provider of deficiencies, re-education, and follow-up auditing.

United and Magnolia used qualified staff or external contractors to conduct annual medical record audits using record review tools. Results were reported to appropriate committees, such as Provider Advisory Committees, Quality Management/Improvement Committees, etc. For the 2022 EQR, United and Magnolia provided results of the 2021 medical record audits as the 2022 audits were in progress and not yet finalized.

Molina’s policy indicates medical record audits are conducted every three years. Molina reported that a medical record audit has not been conducted, but one is planned for Q2 2023. The review for Molina confirmed issues identified during the 2021 EQR related to lack of information in a policy specifying the processes for assessing provider compliance with medical record documentation standards were corrected. See *Table 22: 2021 Practitioner Medical Records CAP Items–Molina* for the previously identified issues and **Molina’s response.**

Table 22: 2021 Practitioner Medical Records CAP Items–Molina

Standard	EQR Comments
II F. Practitioner Medical Records	
2. The CCO monitors compliance with medical record documentation standards through periodic medical record audits and addresses any deficiencies with providers.	<p>Policy MHMS-QI-124, Standards of Medical Record Documentation, did not provide detailed information about procedures for assessing provider compliance with medical record documentation standards, such as the frequency of conducting assessments, which department or staff conduct the audits, etc. Onsite discussion did not provide clear information about the medical record review process. Additional information was requested to be submitted after the completion of the onsite but no additional information was provided.</p> <p><i>Corrective Action Plan: Revise Policy MHMS-QI-124, Standards of Medical Record Documentation, to include detailed information about procedures for assessing provider compliance with medical record documentation standards, such as the</i></p>



2022–2023 External Quality Review

Standard	EOR Comments
	<p><i>frequency of conducting assessments, which department or staff conduct the audits, etc.</i></p>
	<p>Molina’s Response: Quality Improvement will collaborate with the Chief Medical Officer, Healthcare Services, and Provider Services to update Policy MHMS-QI-124 Standards of Medical Records Documentation by including the following elements: detailed information about procedures for assessing provider compliance with medical record documentation standards, such as the frequency of conducting assessments, which department or staff conduct the audits, etc. Next, the draft policy will be sent to Compliance and Government Contracts for review of appropriate language and contractual requirements (by February 2022). The policy will then be presented to the Quality Improvement Committee for review and approval at Quarter 1 2022 meeting.</p> <p>2.24.2022 - Molina’s Response: For this we reference policy MHMS-SIU-104, Conduct Clinic Coding Medical Records Audits, which falls within the Special Investigation Unit (SIU). The SIU team manages medical record investigations and audits to assure provider compliance with medical record documentation standards.</p> <p>3.21.2022 - Draft Policy uploaded to portal. Policy will be reviewed by QIC Committee for approval by end of Q2 2022.</p>
<p>II C. Provider Education (CHIP)</p>	
<p>2. The CCO monitors compliance with medical record documentation standards through periodic medical record audits and addresses any deficiencies with the providers.</p>	<p>Policy MHMS-QI-124, Standards of Medical Record Documentation, did not provide detailed information about procedures for assessing provider compliance with medical record documentation standards, such as the frequency of conducting assessments, which department or staff conduct the audits, etc. Onsite discussion did not provide clear information about the medical record review process. Additional information was requested to be submitted after the completion of the onsite but no additional information was provided.</p> <p><i>Corrective Action Plan: Corrective Action Plan: Revise Policy MHMS-QI-124, Standards of Medical Record Documentation, to include detailed information about procedures for assessing provider compliance with medical record documentation standards, such as the frequency of conducting assessments, which department or staff conduct the audits, etc.</i></p>
	<p>Molina’s Response: Quality Improvement will collaborate with the Chief Medical Officer, Healthcare Services, and Provider Services to update Policy MHMS-QI-124 Standards of Medical Records Documentation by including the following elements: detailed information about procedures for assessing provider compliance with medical record documentation standards, such as the frequency of conducting assessments, which department or staff conduct the audits, etc. Next, the draft policy will be sent to Compliance and Government Contracts for review of appropriate language and contractual requirements (by February 2022). The policy will then be presented to the Quality Improvement Committee for review and approval at Quarter 1 2022 meeting.</p> <p>2.24.2022 - Molina’s Response: For this we reference policy MHMS-SIU-104, Conduct Clinic Coding Medical Records Audits, which falls within the Special Investigation Unit (SIU). The SIU team manages</p>



2022–2023 External Quality Review

Standard	EOR Comments
	<p>medical record investigations and audits to assure provider compliance with medical record documentation standards.</p> <p>3.21.2022 - Draft Policy uploaded to portal. Policy will be reviewed by QIC Committee for approval by end of Q2 2022.</p>

Provider Satisfaction Survey

CCME conducted a validation review of the provider satisfaction surveys using the protocol developed by CMS titled, *Protocol 6: Administration or Validation of Quality of Care Surveys*. The role of the protocol is to provide the State with assurance that the results of the surveys are reliable and valid.

The validation protocol is broken down into seven activities:

1. Review survey purpose(s), objective(s), and intended use.
2. Assess the reliability and validity of the survey instrument.
3. Review the sampling plan.
4. Assess the adequacy of the response rate.
5. Review survey implementation.
6. Review survey data analysis and findings/conclusions.
7. Document evaluation of the survey.

Table 23: Provider Satisfaction Survey Validation Results offers the sections of the worksheets that need improvement, the reasons, and the recommendations.

Table 23: Provider Satisfaction Survey Validation Results

Plan	Section	Reason	Recommendation
United	Do the survey findings have any limitations or problems with generalization of the results?	The generalizability of the survey results is difficult to discern due to low response rates. The response rate was 14.4% with 231 out of 1603 completed. This is a slight decrease from last year's response rate of 14.7%.	Additional reminders for awareness and member incentives may need to be considered.
Magnolia	Do the survey findings have any limitations or problems with	Similar to the previous year, the total sample size was 2500 and 229 responded for a 9.2%	Continue reminders for satisfaction survey to providers.



2022–2023 External Quality Review

Plan	Section	Reason	Recommendation
	generalization of the results?	response rate (this was also the 2020 response rate). This response rate is below the NCQA target rate and may introduce bias into the generalizability of the findings.	
Molina	Do the survey findings have any limitations or problems with generalization of the results?	The sample size was 1,500. SPH Analytics collected 164 surveys which is a response rate of 10.9%. This is higher than the 2020 rate of 7%. It remains below the NCQA target rate of 40%.	Determine if there are additional methods to increase provider response rates.

Table 24: *Provider Services Comparative Data* illustrates the scoring for each standard reviewed during the 2022 EOR as well as strengths, weaknesses, and recommendations.



2022–2023 External Quality Review

Table 24: Provider Services Comparative Data

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	 = <i>Quality</i>  = <i>Timeliness</i>  = <i>Access to Care</i>
Credentialing and Recredentialing 42 CFR § 438.214, 42 CFR § 457.1233(a)						
The CCO formulates and acts within policies and procedures related to the credentialing and recredentialing of health care providers in a manner consistent with contractual requirements	Met	Met ↑	Met	Not Met	Not Met	Strengths: <ul style="list-style-type: none">  Written credentialing program descriptions/plans and policies are in place for initial credentialing and recredentialing.  Credentialing Committees meet routinely and include network providers.  United’s and Magnolia’s sample of initial credentialing and recredentialing files were compliant with requirements and reflected the correction of previously identified deficiencies.  The CCOs monitor for and investigate potential quality of care/service issues and take appropriate action in response. Weaknesses: <ul style="list-style-type: none">  Molina has not developed and implemented a process for conducting site visits for providers for initial credentialing, location changes, or
Decisions regarding credentialing and recredentialing are made by a committee meeting at specified intervals and including peers of the applicant. Such decisions, if delegated, may be overridden by the CCO	Met	Met	Partially Met ↓	Met	Met	
The credentialing process includes all elements required by the contract and by the CCO’s internal policies	Met ↑	Met	Met ↑	Met	Met	
Verification of information on the applicant, including: Current valid license to practice in each state where the practitioner will treat members	Met	Met	Met	Met	Met	
Valid DEA certificate and/or CDS Certificate	Met	Met	Met	Met	Met	
Professional education and training, or board certification if claimed by the applicant	Met	Met	Met	Met	Met	





2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
Work history	Met	Met	Met	Met	Met	<p>complaints. Because of this, Molina’s initial credentialing files were not compliant with requirements for site visits. <u>These findings have been noted for three consecutive years.</u></p> <p>▶ Three voting members of Magnolia’s Credentialing Committee did not meet attendance requirements. <u>This was the third consecutive review this finding was noted for Magnolia.</u></p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Take action to ensure compliance with all credentialing requirements. • Re-educate Credentialing Committee members about attendance requirements for Credentialing Committee meetings and/or replace committee members who do not meet the attendance requirements.
Malpractice insurance coverage/claims history	Met	Met	Met	Met	Met	
Formal application with attestation statement delineating any physical or mental health problem affecting the ability to provide health care, any history of chemical dependency/substance abuse, prior loss of license, prior felony convictions, loss or limitation of practice privileges or disciplinary action, the accuracy and completeness of the application, and (for PCPs only) statement of the total active patient load	Met	Met	Met	Met	Met	
Query of the National Practitioner Data Bank (NPDB)	Met	Met	Met	Met	Met	
Query of the System for Award Management (SAM)	Met	Met	Met	Met	Met	
Query for state sanctions and/or license or DEA limitations (State Board of Examiners for the specific discipline) and the MS DOM Sanctioned Provider List	Met	Met	Met	Met	Met	
Query for Medicare and/or Medicaid sanctions (Office of Inspector General (OIG) List of Excluded Individuals & Entities (LEIE))	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	 = Quality  = Timeliness  = Access to Care
Query of the Social Security Administration’s Death Master File (SSDMF)	Met	Met	Met	Met	Met	
Query of the National Plan and Provider Enumeration System (NPPES)	Met	Met	Met	Met	Met	
In good standing at the hospital designated by the provider as the primary admitting facility	Met	Met	Met	Met	Met	
CLIA certificate or waiver of a certificate of registration along with a CLIA identification number for providers billing laboratory services;	Met	Met	Met	Met	Met	
Fingerprints, when applicable.	N/A	Met	N/A	N/A	Met	
Site assessment	Met	Met	Met	Not Met ↓	Not Met ↓	
Receipt of all elements prior to the credentialing decision, with no element older than 180 days	Met	Met	Met	Met	Met	
Recredentialing processes include all elements required by the contract and by the CCO’s internal policies	Met ↑	Met	Met	Met	Met	





2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
Recredentialing every three years	Met	Met	Met	Met	Met	
Verification of information on the applicant, including: Current valid license to practice in each state where the practitioner will treat members	Met	Met	Met	Met	Met	
Valid DEA certificate and/or CDS Certificate;	Met	Met	Met	Met	Met	
Board certification if claimed by the applicant	Met	Met	Met	Met	Met	
Malpractice claims since the previous credentialing event	Met	Met	Met	Met	Met	
Practitioner attestation statement	Met	Met	Met	Met	Met	
Re-query the National Practitioner Data Bank (NPDB)	Met	Met	Met	Met	Met	
Re-query the System for Award Management (SAM)	Met	Met	Met	Met	Met	
Re-query for state sanctions and/or license limitations since the previous credentialing event (State Board of Examiners for the specific discipline) and the MS DOM Sanctioned Provider List	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	 = Quality  = Timeliness  = Access to Care
Re-query for Medicare and/or Medicaid sanctions since the previous credentialing event (Office of Inspector General (OIG) List of Excluded Individuals & Entities (LEIE));	Met	Met	Met	Met	Met	
Re-query of the Social Security Administration’s Death Master File (SSDMF)	Met	Met	Met	Met	Met	
Re-query of the National Plan and Provider Enumeration System (NPPES)	Met	Met	Met	Met	Met	
CLIA certificate or waiver of a certificate of registration along with a CLIA identification number for providers billing laboratory services;	Met	Met	Met	Met	Met	
In good standing at the hospital designated by the provider as the primary admitting facility	Met	Met	Met	Met	Met	
Provider office site reassessment, when applicable	Met	Met	Met	Met	Met	
Review of practitioner profiling activities	Met	Met	Met	Met	Met	
The CCO formulates and acts within written policies and procedures for suspending or terminating a practitioner’s affiliation with the CCO for serious quality of care or service issues	Met	Met	Met	Met	Met	
Organizational providers with which the CCO contracts are accredited and/or licensed by appropriate authorities	Met ↑	Met ↑	Met	Met	Met ↑	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
Adequacy of the Provider Network <i>42 CFR § 438.206, 42 CFR § 438.10 (h), 42 CFR § 457.1230(a)</i>						
The CCO has policies and procedures for notifying primary care providers of the members assigned	Met	Met	Met	Met	Met	Strengths: <ul style="list-style-type: none"> ▶ Routine geographic access studies are conducted using appropriate access parameters, and secret shopper call studies are routinely conducted to assess provider compliance with appointment access standards. ▶ Member satisfaction, complaint, and grievance data are considered when assessing network adequacy. ▶ The health plans conduct call studies to assess provider compliance with appointment access standards. ▶ Cultural competency programs are in place to ensure health plan networks can serve members with diverse cultural and language needs, accessibility considerations, and other special needs. ▶ The health plans take action to address any identified network gaps.
The CCO has policies and procedures to ensure out-of-network providers can verify enrollment	Met	Met	Met	Met	Met	
The CCO tracks provider limitations on panel size to determine providers that are not accepting new patients	Met	Met	Met	Not Met ↓	Not Met ↓	
Members have two PCPs located within a 15-mile radius for urban counties or two PCPs within 30 miles for rural counties	Met	Met	Met	Met	Met	
Members have access to specialty consultation from network providers located within the contract specified geographic access standards	Met	Met	Met	Met	Met	
						Weaknesses: <ul style="list-style-type: none"> ▶ Molina does not track and monitor provider limitations on panel size to



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
The sufficiency of the provider network in meeting membership demand is formally assessed at least quarterly	Met	Met	Met	Met	Met	<p>determine providers that are not accepting new patients.</p> <p> Policies were missing required appointment access standards and/or contained incorrect information (Magnolia and Molina)</p> <p> Errors in appointment access timeframes were noted in Molina's CAN and CHIP Member Handbooks and CAN and CHIP Provider Manuals.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Ensure provider limitations on panel size are monitored. • Revise policies, Provider Manuals, and Member Handbooks to include all required appointment access standards and ensure the information is correct.
Providers are available who can serve members with special needs, foreign language/cultural requirements, complex medical needs, and accessibility considerations	Met	Met	Met	Met	Met	
The CCO demonstrates significant efforts to increase the provider network when it is identified as not meeting membership demand	Met	Met	Met	Met	Met	
The CCO formulates and ensures that practitioners act within policies and procedures that define acceptable access to practitioners and that are consistent with contract requirements	Met	Met	Partially Met ↓	Partially Met ↓	Partially Met ↓	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
Provider Education 42 CFR § 438.414, 42 CFR § 457.1260						
The CCO formulates and acts within policies and procedures related to initial education of providers	Met	Met	Met	Met	Met	Strengths: <ul style="list-style-type: none"> Policies and procedures define processes for conducting initial provider orientation and education within 30 days of the provider’s contract effective date. Initial provider orientation follows training plans and/or checklists and includes all required topics. Ongoing provider education is provided through a variety of forums. Each of the health plans maintains both online and printed Provider Directories that include all required elements. Weaknesses: <ul style="list-style-type: none"> Provider Manuals and CCO websites are readily available resources; however, all the health plans had incorrect and/or incomplete information in their Provider Manuals about member benefits.
Initial provider education includes: A description of the Care Management system and protocols	Met	Met	Met	Met	Met	
Billing and reimbursement practices	Met	Met	Met	Met	Met	
CAN: Member benefits, including covered services, excluded services, and services provided under fee-for-service payment by DOM CHIP: Member benefits, including covered services, benefit limitations and excluded services, including appropriate emergency room use, a description of cost-sharing including co-payments, groups excluded from co-payments, and out of pocket maximums	Partially Met ↓	Partially Met ↓	Partially Met ↓	Partially Met ↓	Partially Met ↓	
Procedure for referral to a specialist including standing referrals and specialists as PCPs	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
Accessibility standards, including 24/7 access and contact follow-up responsibilities for missed appointments	Met	Partially Met	Met	Met	Met	Recommendations: <ul style="list-style-type: none"> Ensure member benefit information in Provider Manuals is complete and correct.
CAN: Recommended standards of care including EPSDT screening requirements and services CHIP: Recommended standards of care including Well-Baby and Well-Child screenings and services	Met	Met	Met	Met	Met	
CAN: Responsibility to follow-up with Members who are non-compliant with EPSDT screenings and services CHIP: Responsibility to follow-up with Members who are non-compliant with Well-Baby and Well-Child screenings and services	Met	Met	Met	Met	Met	
Medical record handling, availability, retention, and confidentiality	Met ↑	Met ↑	Met	Met	Met	
Provider and member complaint, grievance, and appeal procedures including provider disputes	Met	Met	Met	Met	Met	
Pharmacy policies and procedures necessary for making informed prescription choices and the emergency supply of medication until authorization is complete	Met	Met	Met	Met	Met	
Prior authorization requirements including the definition of medically necessary	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
A description of the role of a PCP and the reassignment of a member to another PCP	Met	Met	Met	Met	Met	
The process for communicating the provider's limitations on panel size to the CCO	Met	Met	Met	Met	Met	
Medical record documentation requirements	Met	Met	Met	Met	Met	
Information regarding available translation services and how to access those services	Met	Met	Met	Met	Met	
Provider performance expectations including quality and utilization management criteria and processes	Met	Met	Met	Met	Met	
A description of the provider web portal	Met	Met	Met	Met	Met	
A statement regarding the non-exclusivity requirements and participation with the CCO's other lines of business	Met	Met	Met	Met	Met	
The CCO regularly maintains and makes available a Provider Directory that includes all required elements	Partially Met ↓	Partially Met ↓	Met	Met ↑	Met ↑	
The CCO provides ongoing education to providers regarding changes and/or additions to its programs, practices, member benefits, standards, policies, and procedures	Met	Met	Met	Met	Met	
Primary and Secondary Preventive Health Guidelines 42 CFR § 438.236, 42 CFR § 457.1233(a)						



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
The CCO develops preventive health guidelines for the care of its members that are consistent with national standards and covered benefits and that are periodically reviewed and/or updated	Met	Met	Met	Met	Met	Strengths: Appropriate processes are followed for adopting, reviewing, and educating providers about preventive health guidelines.
The CCO communicates to providers the preventive health guidelines and the expectation that they will be followed for CCO members	Met	Met	Partially Met ↓	Met	Met	
The preventive health guidelines include, at a minimum, the following if relevant to member demographics: CAN: Pediatric and adolescent preventive care with a focus on Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services CHIP: Pediatric and Adolescent preventive care with a focus on Well-Baby and Well-Child services	Met	Met	Met	Met	Met	
Recommended childhood immunizations	Met	Met	Met	Met	Met	
Pregnancy care	Met	Met	Met	Met	Met	
Adult screening recommendations at specified intervals	Met	N/A	Met	Met	N/A	
Elderly screening recommendations at specified intervals	Met	N/A	Met	Met	N/A	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
Recommendations specific to member high-risk groups	Met	Met	Met	Met	Met	
Behavioral health	Met	Met	Met	Met	Met	
Clinical Practice Guidelines for Disease and Chronic Illness Management <i>42 CFR § 438.236, 42 CFR § 457.1233(a)</i>						
The CCO develops clinical practice guidelines for disease and chronic illness management of its members that are consistent with national or professional standards and covered benefits, are periodically reviewed and/or updated, and are developed in conjunction with pertinent network specialists	Met	Met	Met	Met	Met	Strengths: ▶ Appropriate processes are followed for adopting, reviewing, and educating providers about clinical practice guidelines.
The CCO communicates the clinical practice guidelines for disease and chronic illness management and the expectation that they will be followed for CCO members to providers	Met	Met	Partially Met ↓	Met	Met	Weaknesses: ▶ Magnolia’s CAN Provider Manual was noted to include a non-functional hyperlink to the guidelines. Recommendations: <ul style="list-style-type: none"> Ensure hyperlinks in Provider Manuals are correct and functional.
Practitioner Medical Records						
The CCO formulates policies and procedures outlining standards for acceptable documentation in member medical records maintained by primary care physicians	Met	Met	Met	Met	Met	Strengths: ▶ Policies address routine medical record audit processes to assess provider compliance with medical record documentation standards. The policies



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
The CCO monitors compliance with medical record documentation standards through periodic medical record audits and addresses any deficiencies with providers	Met	Met	Met	Met ↑	Met ↑	indicate appropriate follow-up activities are implemented as needed.
Provider Satisfaction Survey						
A provider satisfaction survey was conducted and met all requirements of the CMS Survey Validation Protocol	Met	Met	Met	Met	Met	<p>Strengths:</p> <ul style="list-style-type: none"> ▶ Provider Satisfaction survey results are presented and addressed in QIC meetings. ▶ NCQA certified vendors are utilized for satisfaction survey administration. <p>Weaknesses:</p> <ul style="list-style-type: none"> ▶ The response rate may not reflect the population of providers and may affect generalizability of the results; therefore, results should be interpreted with great caution. <p>Recommendations:</p> <ul style="list-style-type: none"> • Continued efforts should be made to gather a better representation of the providers. Additional reminders may be appropriate, as well as other interventions that incentivize providers to respond to the survey.
The CCO analyzes data obtained from the provider satisfaction survey to identify quality problems	Met	Met	Met	Met	Met	
The CCO reports to the appropriate committee on the results of the provider satisfaction survey and the impact of measures taken to address quality problems that were identified	Met	Met	Met	Met	Met	



C. Member Services

42 CFR § 438.56, 42 CFR § 1212, 42 CFR § 438.100, 42 CFR § 438.10, 42 CFR 457.1220, 42 CFR § 457.1207, 42 CFR § 438.3 (j), 42 CFR § 438.228, 42 CFR § 438, Subpart F, 42 CFR § 457.1260

Member Services covers standards on member rights and responsibilities, general member education and education about preventive health and chronic disease management, call center activities, enrollment and disenrollment, the member satisfaction survey, grievances, and requests for practitioner changes.

Each CCO informs newly enrolled CAN and CHIP members of their rights and responsibilities via new member packets, Member Handbooks, and plan websites. Policies and onsite discussion confirmed that new member packets are provided within 14 days after the CCO **receives the member’s enrollment data from DOM**. The packets include information such as an introduction letter, ID card, Member Handbook, and instructions for accessing the Provider Directory.

Member Handbooks and other member materials for all CCOs have been developed in compliance with contractual requirements to ensure member understanding, and do not exceed the sixth grade level of reading comprehension. Materials are available in additional formats, such as Braille and large print, for members with visual impairments.

The CAN and CHIP Member Handbooks indicate that members are informed of changes to programs and benefits within 30 calendar days prior to implementation. Information on the appropriate level of care for routine, urgent, or emergent needs is clearly outlined in the Member Handbook and on plan websites.

Grievances

42 CFR § 438.228, 42 CFR § 438, Subpart F, 42 CFR § 457.1260

Processes and requirements for handling grievances and requirements were found in CCO policies, Member Handbooks, Provider Manuals, and on plan websites. Terminology definitions and timeliness requirements for complaint and grievance resolution were detailed in the policies. However, for United and Magnolia, it was noted that the notices sent to members regarding the need for an extension do not address **the member’s right** to file a grievance if they disagree with the extension. Grievance logs for each CCO are maintained, and the CCOs track and trend grievances and report the data internally to identify areas of potential quality improvement.

CCME reviewed a sample of grievance files for each CCO. Overall, the files demonstrated that grievances were processed timely and appropriate notifications of resolution were provided.



2022–2023 External Quality Review

Member Satisfaction Survey

Member Satisfaction Survey validation for each CCO CAN and CHIP was performed based on the CMS Survey Validation Protocol. A certified Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey vendor conducted a formal annual assessment of member satisfaction that met all the requirements of the CMS Survey Validation Protocol. For several surveys, response rates were lower than the NCOA target rate of 40% and may introduce bias into the generalizability of the findings. It was recommended that plans continue to consider ways to increase survey response rates. *Table 25: Results of the Validation of CCO Member Satisfaction Surveys* offers the sections of the worksheets that need improvement, the reasons, and the recommendations.

Table 25: Results of the Validation of CCO Member Satisfaction Surveys

Plan	CAHPS Survey Version	Section	Reason	Recommendation
United CAN	Adult	Do the survey findings have any limitations or problems with generalization of the results?	The generalizability of the survey results is difficult to discern due to low response rates. The response rate was 14.4% with 231 out of 1603 completed. This is a slight decrease from last year's response rate of 14.7%.	Additional reminders for awareness and member Incentives may need to be considered.
United CAN	Child with Chronic Conditions	Do the survey findings have any limitations or problems with generalization of the results?	The response rate was 10.8% (214 surveys out of 1,973 sample size). The previous rate for 2020 was 12.7%, so the response rate declined from last year's survey.	Additional reminders for awareness and member Incentives may need to be considered.
United CHIP	Child with Chronic Conditions	Do the survey findings have any limitations or problems with generalization of the results?	The sample size for the general population was 1,962 with 255 completed surveys for a response rate of 13.0%. This is a decline from the previous rate of 15.9%. The response rates are below the NCOA target rate is 40%, but higher than the average national response rate of 10.2%.	Identify additional methods that might be appropriate to improve response rates, including incentives and various modes of reminders (paper, email, text, in person).
Magnolia CAN	Adult	Do the survey findings have any limitations or problems with	The sample size was 1,343, and the total completed surveys was 231, which is a 17.2% response rate. This is	Continue to determine ways to advertise surveys and increase response rates.



2022–2023 External Quality Review

Plan	CAHPS Survey Version	Section	Reason	Recommendation
		generalization of the results?	higher than the previous year's rate of 15.9% but lower than the NCOA target rate of 40%.	
Magnolia CAN	Child CCC	Do the survey findings have any limitations or problems with generalization of the results?	<p>The sample size was 3,490 for the total sample. The total completed surveys were 367 for a 10.6% response rate, which is above the rate from last year of 10.2%.</p> <p>The sample size was 1,637 for the general population. The total completed surveys were 165 for a 10.1% response rate, which is higher than last year's rate of 9.8%. Both rates are lower than the NCOA target rate of 40% and may introduce bias into the generalizability of the findings.</p>	Continue to determine ways to advertise surveys and increase response rates.
Magnolia CAN	Child	Do the survey findings have any limitations or problems with generalization of the results?	The sample size was 2794 and the total complete surveys were 258 for a 9.2% response rate. This is a slight decline from the rate last year of 9.4% and lower than the NCOA target rate of 40%.	Continue to determine ways to advertise surveys and increase response rates.
Molina CAN	Adult	Do the survey findings have any limitations or problems with generalization of the results?	The generalizability of the survey results is difficult to discern due to the low response rate of 10.2% (137 out of 1344). This is lower than last year's rate of 10.3% and lower than the SPH average response rate of 14.8%.	Continue to determine ways to advertise surveys and increase response rates.
Molina CAN	Child	Do the survey findings have any limitations or problems with	The generalizability of the survey results is difficult to discern due to the low response rate of 7.3% (375	Continue to determine ways to advertise surveys and increase response rates.



2022–2023 External Quality Review

Plan	CAHPS Survey Version	Section	Reason	Recommendation
		generalization of the results?	out of 5161). This is lower than last year's rate of 10.2% and lower than the SPH average response rate of 12.8%.	
Molina CHIP	Child	Do the survey findings have any limitations or problems with generalization of the results?	The generalizability of the survey results is difficult to discern due to the low response rate of 12.0% (197 out of 1645). This is lower than the SPH BoB rate of 12.8% and the NCOA target rate of 40%.	Continue to determine ways to advertise surveys and increase response rates.

An overview of the scores for the Member Services section is illustrated in *Table 26: Member Services Comparative Data*.



2022–2023 External Quality Review

Table 26: Member Services Comparative Data

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
Member Rights and Responsibilities 42 CFR § 438.100, 42 CFR § 457.1220						
The CCO formulates and implements policies outlining member rights and responsibilities and procedures for informing members of these rights and responsibilities	Met	Met	Met	Met	Met	Strengths: Member rights and responsibilities are well-documented in plan materials.
All member rights included	Met	Met	Met	Met	Met	
All member responsibilities included	Met	Met	Met	Met	Met	
Member CCO Program Education 42 CFR § 438.56, 42 CFR § 457.1212, 42 CFR § 438.3(j)						
Members are informed in writing, within 14 calendar days from CCO's receipt of enrollment data from the Division and prior to the first day of month in which enrollment starts, of all benefits to which they are entitled	Partially Met ↓	Partially Met ↓	Met	Partially Met ↓	Partially Met ↓	Weaknesses: Issues were noted for two CCOs with the documentation of benefits in the CAN and CHIP Member Handbooks. Recommendations: <ul style="list-style-type: none"> Revise CAN and CHIP Member Handbooks to correct the issues identified with documentation of benefits and services.
Members are informed promptly in writing of changes in benefits on an ongoing basis, including changes to the provider network	Met	Met	Met	Met	Met	
Member program education materials are written in a clear and understandable manner, including reading level and availability of alternate language translation for prevalent	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
non-English languages as required by the contract						
The CCO maintains and informs members how to access a toll-free vehicle for 24-hour member access to coverage information from the CCO, including the availability of free oral translation services for all languages	Met	Met	Met	Met	Met	
Member grievances, denials, and appeals are reviewed to identify potential member misunderstanding of the CCO program, with reeducation occurring as needed	Met	Met	Met	Met	Met	
CAN: Materials used in marketing to potential members are consistent with the state and federal requirements applicable to members	Met	N/A	Met	Met	N/A	
Call Center						
The CCO maintains a toll-free dedicated Member Services and Provider Services call center to respond to inquiries, issues, or referrals	Met	Met	Met	Met	Met	
Call Center scripts are in-place and staff receive training as required by the contract	Met	Met	Met	Met	Met	
Performance monitoring of the Call Center activity occurs as required and results are reported to the appropriate committee	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
Member Enrollment and Disenrollment <i>42 CFR § 438.56</i>						
The CCO enables each member to choose a PCP upon enrollment and provides assistance as needed	Met	Met	Met	Met	Met	
Member disenrollment is conducted in a manner consistent with contract requirements	Met	Met	Met	Met	Met	
Preventive Health and Chronic Disease Management Education						
The CCO informs members about the preventive health and chronic disease management services available to them and encourages members to utilize these benefits	Met	Met	Met	Met	Met	
The CCO identifies pregnant members; provides educational information related to pregnancy, prepared childbirth, and parenting; and tracks participation of pregnant members in recommended care, including participation in the WIC program	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
CAN: The CCO tracks children eligible for recommended EPSDT services and immunizations and encourages members to utilize these benefits CHIP: The CCO tracks children eligible for recommended Well-Baby and Well-Child visits and immunizations and encourages members to utilize these benefits	Met	Met	Met	Met	Met	
The CCO provides educational opportunities to members regarding health risk factors and wellness promotion	Met	Met	Met	Met	Met	
Member Satisfaction Survey						
The CCO conducts a formal annual assessment of member satisfaction that meets all the requirements of the CMS Survey Validation Protocol	Met	Met	Met	Met	Met	Strengths: ▶ CAHPS surveys are administered by an NCQA-accredited vendor.
The CCO analyzes data obtained from the member satisfaction survey to identify quality problems	Met	Met	Met	Met	Met	Weaknesses: ▶ Response rates for two Member Satisfaction Surveys were lower than the NCQA target rate of 40% and may introduce bias into the generalizability of the findings.
The CCO reports results of the member satisfaction survey to providers	Met	Met	Met	Met	Met	Recommendations: <ul style="list-style-type: none"> Continue to determine ways to advertise surveys and increase response rates.
The CCO reports results of the member satisfaction survey and the impact of measures	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
taken to address any quality problems that were identified to the appropriate committee						<ul style="list-style-type: none"> Identify additional methods that might be appropriate to improve response rates, including incentives and various modes of reminders (paper, email, text, in person)
Grievances <i>42 CFR § 438. 228, 42 CFR § 438, Subpart F, 42 CFR § 457. 1260</i>						
The CCO formulates reasonable policies and procedures for registering and responding to member grievances in a manner consistent with contract requirements, including, but not limited to	Met	Met	Met	Met	Met	<p>Strengths:</p> <ul style="list-style-type: none"> The samples of grievance files for all CCOs demonstrated appropriate processing and notification of resolutions. <p>Weaknesses:</p> <ul style="list-style-type: none"> The grievance policy for two CCOs includes the steps taken if an extension or additional time is needed to resolve the grievance. However, the notice sent to the member regarding the need for the extension does not offer the member the right to file a grievance related to the extension. <p>Recommendation:</p> <ul style="list-style-type: none"> Update the notice sent to members regarding the need for an extension and include the member's right to file a grievance if they disagree with the extension.
Definition of a grievance and who may file a grievance	Met	Met	Met	Met	Met	
The procedure for filing and handling a grievance	Partially Met ↓	Partially Met ↓	Met	Met	Met	
Timeliness guidelines for resolution of grievances as specified in the contract	Partially Met ↓	Partially Met ↓	Partially Met ↓	Met	Met	
Review of all grievances related to the delivery of medical care by the Medical Director or a physician designee as part of the resolution process	Met	Met	Met	Met	Met	
Maintenance of a log for oral grievances and retention of this log and written records of	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
disposition for the period specified in the contract						
The CCO applies the grievance policy and procedure as formulated	Met	Met	Met	Met	Met	
Grievances are tallied, categorized, analyzed for patterns and potential quality improvement opportunities, and reported to the appropriate Quality Committee	Met	Met	Met	Met	Met	
Grievances are managed in accordance with CCO confidentiality policies and procedures	Met	Met	Met	Met	Met	
Practitioner Changes						
The CCO investigates all member requests for PCP change in order to determine if the change is due to dissatisfaction	Met	Met	Met	Met	Met	
Practitioner changes due to dissatisfaction are recorded as grievances and included in grievance tallies, categorization, analysis, and reporting to the Quality Improvement Committee	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

D. Quality Improvement

42 CFR §438.330 and 42 CFR §457.1240(b)

CMS and DOM require the CCOs to develop, implement, and maintain a program to ensure members receive quality health care. Each of the CCOs provided CCME with copies of **their Quality Improvement Program Descriptions that clearly detailed each programs’** goals, objective, structure, and scope of work. For this EQR, CCME reviewed these program descriptions and found no issues. At least annually, the CCOs review and update the program descriptions as needed.

The CCOs address health care disparities and culturally and linguistically appropriate services through their Health Equity Programs. Each plan evaluates the needs of their Medicaid population, including the identification of interventions to improve health disparities based on age, race, ethnicity, sex, primary language, etc. For this EQR, United provided the CAN and CHIP 2021 Health Equity Program Evaluation. The program evaluation included results for areas targeted in 2021. The results listed for the diabetic eye exams in the CAN evaluation were incorrect. Also, the results for Jackson County were missing with no explanation regarding why this county was excluded.

Work Plans are developed to keep track of planned activities, responsible parties, updates, and the status for each activity. United and Molina submitted their 2021 and 2022 CAN and CHIP Work Plans. Magnolia submitted the 2021 and 2022 CAN Work Plans. Minor errors were **identified in United and Molina’s Work Plans** and included:

- **The objectives listed in United’s 2022 CAN Work Plan contained an error regarding the reduction of hospital admissions.** Also, the HEDIS rates had not been updated and were listed as pending in the 2021 CAN and CHIP Work Plans.
- The standards used to measure geographic distribution of PCPs were incorrect and did **not meet contractual requirements in Molina’s 2022 Work Plan.**

Each CCO has established a committee responsible for the oversight of their QI Programs. These committees evaluated the results of the QI activities and made recommendations as needed. Minutes were maintained for each meeting and copies of the meeting minutes were provided with the desk materials. Participating practitioners from each CCO serve as voting members of the QI committees and provide clinical review and feedback to the committee. There were no issues identified with the quality committees and meeting minutes.

DOM requires the CCOs to track provider compliance with EPSDT services provided to the Medicaid population and the Well-Baby and Well-Child services provided to the CHIP population. DOM further requires the health plans to track any abnormal diagnosis, treatments, and or referrals provided to those members. All plans have policies and procedures for tracking EPSDT and Well-Baby and Well-Child services, as applicable. For



2022–2023 External Quality Review

United and Magnolia, members identified with abnormal conditions receive additional outreach and referrals, if needed. Molina tracks EPSDT and Well-Baby and Well-Child services and follow-up with members who have not received or are behind in getting **services. Molina’s policy included the process for tracking follow-up** treatment and referrals for abnormal conditions found during EPSDT and Well-Baby and Well-Child services. However, Molina had not conducted any follow-up activities related to abnormal findings. Molina was found to be **out of compliance with DOM’s requirement in the 2020, 2021, and 2022 EQRs**. CCME required Molina to address this deficiency with a corrective action plan in 2020, 2021, and in 2022. The table that follows provides a summary of the **2021 EQR findings related to Molina’s EPSDT and Well Baby and Well Child processes and Molina’s response**.

Table 27: The 2021 EOD EPSDT and Well-Baby and Well-Child Follow-Up CAP Items - Molina

Standard	EQR Comments
IV E. Provider Participation in Quality Improvement Activities - CAN	
<p>4. The CCO tracks provider compliance with EPSDT service provision requirements for:</p> <p>4.3 Diagnosis and/or treatment for children.</p>	<p>Policy MHMS-QI-003 addresses EPSDT services, how Molina tracks those services, and follow-up with members who have not received or are behind in getting services. This policy did not address how Molina tracks provider or member compliance with treatments or referrals needed for abnormal conditions identified through the EPSDT services. Also, the tracking reports did not include the treatment and/or referrals made for any abnormal findings. This was an issue found during the previous EQR. Molina addressed the corrective action and indicated once the member is identified, follow-up will be provided via letter or call to determine if the member received a referral, received treatment, missed any follow-up appointments and/or needs assistance with securing an appointment with the appropriate specialist. A draft template was also included that addressed the deficiencies. However, this tracking report template was not implemented.</p> <p><i>Corrective Action: Include the process Molina uses for tracking treatments or referrals needed for abnormal findings during the EPSDT service. Also, include the follow-up on the EPSDT tracking report.</i></p>
<p>Molina Response: The process for EPSDT tracking follow-up treatment and referrals includes the following: First, members who receive an abnormal finding during their EPSDT screening are identified via claims data and ICD 10/z codes on a monthly basis. The contact info on the member and provider, with dates of service, is listed. Follow-up is provided via letter or call to determine if the member received a referral, received treatment, missed any follow-up appointments and/or need assistance with securing an appointment with the appropriate specialist which is also documented in the tracker. An example of the current tracker is uploaded to the portal. (File Name: Molina-EPSDT-Well Child Exam Tracker-MSCAN-CHIP-December 2021).</p>	



2022–2023 External Quality Review

Standard	EQR Comments
<p>Quality Improvement working with Healthcare Services and Salesforce Call Center to assist with calls to members and scheduling follow-up appointments, if needed (by February 2022). To increase productivity and decrease member abrasion, QI has been collaborating with the Enterprise Information Management team to create an automated tracking dashboard that displays recent/previous calls made to members’ parents with documented results of the contact (by March 2022).</p> <p>2.24.2022- Molina’s Response: Language regarding the process for tracking treatments or referrals needed for abnormal findings for EPSDT services has been added as a draft to Policy MHMS-QI-003. The draft policy will be sent to Compliance and Government Contracts for review of appropriate language and contractual requirements (by 2nd Quarter 2022). Upon approval, the policy will then be presented to the Quality Improvement Committee (QIC) for review and approval (by 3rd Quarter 2022).</p>	
<p>IV E. Provider Participation in Quality Improvement Activities - CHIP</p>	
<p>4. The CCO tracks provider compliance with Well-Baby and Well-Child service provision requirements for:</p> <p>4.3 Diagnosis and/or treatment for children.</p>	<p>Policy MHMS-QI-005, Well-Baby and Well-Child Services and Immunization Services, did not address how Molina tracks provider or member compliance with treatments or referrals needed for abnormal conditions identified through Well-Baby and Well-Child services. Also, the tracking reports did not include the treatment and/or referrals made for any abnormal findings. This was an issue found during the previous EQR.</p> <p>Corrective Action: Include Molina’s process for tracking treatments or referrals needed for abnormal findings during the Well-Child and Well-Baby service. Also, include the follow-up on the Well-Child Well-Baby tracking report.</p>
<p>Molina Response: The process for Well-Baby/Well Child tracking follow-up treatment and referrals includes the following: First, members who receive an abnormal finding during their Well-Baby/Well Child screening are identified via claims data and ICD 10/z codes on a monthly basis. The contact info on the member and provider, with dates of service, is listed. Follow-up is provided via letter or call to determine if the member received a referral, received treatment, missed any follow-up appointments and/or need assistance with securing an appointment with the appropriate specialist which is also documented in the tracker. An example of the current tracker is uploaded to the portal. (File Name: Molina-EPSDT-Well Child Exam Tracker-MSCAN-CHIP-December 2021).</p> <p>Quality Improvement is collaborating with Healthcare Services and Salesforce Call Center to assist with calls to members and scheduling follow-up appointments, if needed (by February 2022). To increase productivity and decrease member abrasion, QI has been working with the EIM team to create an automated tracking dashboard that displays recent/previous calls made to members’ parents with documented results of the contact (by March 2022).</p> <p>2.24.2022- Molina’s Response: Language regarding the process for tracking treatments or referrals needed for abnormal findings for Well-Baby/Well Child Services has been added as a draft to Policy MHMS-QI-005. The draft policy will be sent to Compliance and Government Contracts for review of appropriate language and contractual requirements (by 2nd Quarter 2022). Upon approval, the policy will then be presented to the Quality Improvement Committee (QIC) for review and approval (by 3rd Quarter 2022).</p>	

Each CCO evaluates the overall effectiveness of the QI Program and reports the evaluation to the Board of Directors and to various Quality Improvement Committees.



2022–2023 External Quality Review

Each plan provided copies of the Annual Evaluations for review. Molina provided the 2021 QI Program Evaluation. The QI Program Evaluation was incomplete and did not include the results or status of all the QI activities completed or underway in 2021. The section of the Executive Summary regarding the focus for the upcoming year incorrectly included the focus for 2022 instead of 2021. These errors and omissions were discussed during the onsite. Molina indicated those activities omitted from the program evaluation were conducted and provided copies of some of the reports after the onsite. However, these activities were not considered when the 2020 QI Program Evaluation was conducted. This was a similar finding for Molina in the 2020, 2021, and the current (2022) EQRs. CCME required Molina to complete a corrective action plan to address this non-compliance. *Table 28: 2021 EQR QI Program Evaluation CAP Items - Molina* provides an overview of **CCME’s findings and Molina’s response**.

Table 28: 2021 EQR QI Program Evaluation CAP Items - Molina

Standard	EQR Comments
IV F. Annual Evaluation of the Quality Improvement Program - CAN	
1. A written summary and assessment of the effectiveness of the QI program is prepared annually.	<p>The Quality Improvement Program 2020 Annual Evaluation did not include the results and analysis of availability of practitioners, accessibility of services, continuity and coordination of medical care, provider directory analysis, results of delegation oversight, and credentialing activities. The performance improvement projects were included in the executive summary; however, the information was incomplete. There was no mention of the barriers and interventions to address the barriers. Most of the target rates were listed as “TBD.” These were the same or similar errors found during the previous EQR.</p> <p><i>Corrective Action: Correct the 2020 QI Program Evaluation and include a description and results of completed and ongoing QI activities, identified issues or barriers, trending measures to assess performance, and any analysis to demonstrate the overall effectiveness of the QI program.</i></p>
<p>Molina’s Response: To comply with requirements of Section 10 (D) and Exhibit G, per the CAN Contract, Molina will ensure the 2021 QI Program Evaluation (expected by February 2022) and subsequent annual evaluations include the following components: a description of completed and ongoing Molina QI activities, identified issues or barriers, trending measures to assess performance, results of performance improvement projects, results and analysis of availability of practitioners, accessibility of services, continuity and coordination of medical care, provider directory analysis, results of delegation oversight, and credentialing activities, and any analysis to demonstrate the overall effectiveness of the QI program.</p> <p>During the virtual onsite discussion, information was relayed that the 2021 QI Program Evaluation would include the required components since the evaluation is conducted annually. Also, during that discussion, CCME requested Molina to provide an outline/template of the program evaluation which was provided. Molina is currently collecting data sets from multiple sources to obtain information for the QI Evaluation program. Additionally, we are collaborating with our corporate counterparts to ensure data</p>	



2022–2023 External Quality Review

Standard	EQR Comments
<p>set collection for compliance requirements and the aforementioned components are included in the report. The template of the program evaluation is uploaded to the portal. (File Name: EQR CAP Items 5 and 14_TEMPLATE_2021 Annual QI Program Evaluation).</p>	
<p>IV F. Annual Evaluation of the Quality Improvement Program - CHIP</p>	
<p>1. A written summary and assessment of the effectiveness of the QI program is prepared annually</p>	<p>The Quality Improvement Program 2020 Annual Evaluation did not include the results and analysis of availability of practitioners, accessibility of services, continuity and coordination of medical care, provider directory analysis, results of delegation oversight, and credentialing activities. The performance improvement projects were included in the executive summary; however, the information was incomplete. There was no mention of the barriers and interventions to address the barriers. Most of the target rates were listed as “TBD.” These were the same or similar errors found during the previous EQR.</p> <p><i>Corrective Action: Correct the 2020 QI Program Evaluation and include a description and results of completed and ongoing QI activities, identified issues or barriers, trending measures to assess performance, and any analysis to demonstrate the overall effectiveness of the QI program.</i></p>
<p>Molina’s Response: To comply with requirements of Section 10 (D) and Exhibit G, per the CAN Contract, Molina will ensure the 2021 QI Program Evaluation (expected by February 2022) and subsequent annual evaluations include the following components: a description of completed and ongoing Molina QI activities, identified issues or barriers, trending measures to assess performance, results of performance improvement projects, results and analysis of availability of practitioners, accessibility of services, continuity and coordination of medical care, provider directory analysis, results of delegation oversight, and credentialing activities, and any analysis to demonstrate the overall effectiveness of the QI program.</p> <p>During our onsite discussion, information was relayed that the 2021 QI Program Evaluation would include the required components since the evaluation is conducted annually. Also, during that discussion, CCME requested Molina to provide an outline/template of the program evaluation which was provided. Molina is currently collecting data sets from multiple sources to obtain information for the QI Evaluation program. Additionally, we are collaborating with our corporate counterparts to ensure data set collection for compliance requirements and the aforementioned components are included in the report. The template of the program evaluation is uploaded to the portal. (File Name: EQR CAP Items 5 and 14_TEMPLATE_2021 Annual QI Program Evaluation).</p>	



2022–2023 External Quality Review

Performance Measure Validation

42 CFR §438.330 (c) and §457.1240 (b)

Health plans are required to have an ongoing quality improvement program and to report plan performance using Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the Medicaid population. DOM has selected a set of performance measures (PMs) to evaluate the quality of care and services delivered by the plans to its members. To evaluate the accuracy of the PMs reported, CCME contracted with Aqurate Health Data Management, Inc. (Aqurate), an NCOA-certified HEDIS Compliance Organization, to conduct a validation review. Performance measure validation determines the extent to which the CCO followed the specifications established for the NCOA HEDIS® measures as well as the Adult and Child Core Set measures when calculating the PM rates. Aqurate conducted validation following the CMS-developed protocol for validating PMs. The final PM validation results reflected the measurement period of January 1, 2021, through December 31, 2021.

HEDIS® Measure Overview for CAN Programs

Per the contract between the CCOs and DOM, the CCOs are required to submit HEDIS data to NCOA. To ensure HEDIS rates were accurate and reliable, DOM also required each CCO to undergo an NCOA HEDIS Compliance Audit. The three CCOs contracted with an NCOA-licensed organization to conduct the HEDIS audits. Aqurate **reviewed each CCO's final audit report, Information Systems Capabilities Assessment, and the Interactive Data Submission System files approved by the CCOs' NCOA licensed organizations. Aqurate found that the CCOs' information systems and processes were compliant** with the applicable information system standards and the HEDIS reporting requirements.

In addition, Aqurate conducted additional source code review, medical record review validation, and primary source verification to ensure accuracy of rates submitted for the CMS Adult and Child Core Set measures. Several aspects crucial to the calculation of PM data reviewed included: data integration, data control, and documentation of PM calculations. The following are some of the main steps conducted during the validation process:

Data Integration—The steps used to combine various data sources (including claims and encounter data, eligibility data, and other administrative data) must be carefully controlled and validated. Aqurate validated the data integration process used by the CCOs, which included a review of file consolidations, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Aqurate determined the data integration processes were acceptable.



2022–2023 External Quality Review

Data Control—Organizational infrastructure must support all necessary information systems. Quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data and to provide data protection in the event of a **disaster. Aqurate validated the CCOs’ data control processes and determined that the data control processes in place were acceptable.**

Performance Measure Documentation—Interviews and system demonstrations provide supplementary information and validation review findings were also based on documentation provided by each CCO. Aqurate reviewed all related documentation, which included completed HEDIS Roadmaps, job logs, computer programming code, output files, workflow diagrams, narrative descriptions of PM calculations, and other related documentation. Aqurate determined that the documentation of PM generation was acceptable.

The CCOs rates based on audit reports for the most recent review year are reported in *Table 29: HEDIS® Performance Measure Data for CAN Programs*. The statewide average is calculated as the average of the health plan rates and shown in the last column of the table. Rates highlighted in green indicate a substantial improvement of more than 10 percent year over year. The rates highlighted in red indicate a substantial decrease in the rate of more than 10 percent.

Table 29: HEDIS® Performance Measure Data for CAN Programs

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates	Statewide Average
Effectiveness of Care: Prevention and Screening				
Adult BMI Assessment (aba)	53.13%	46.80%	45.34%	49.21%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)				
<i>BMI Percentile</i>	68.37%	49.88%	54.26%	57.50%
<i>Counseling for Nutrition</i>	53.28%	44.28%	44.28%	47.28%
<i>Counseling for Physical Activity</i>	48.42%	42.82%	41.36%	44.20%
Childhood Immunization Status (cis)				
<i>DTaP</i>	72.51%	75.43%	69.34%	72.42%
<i>IPV</i>	90.51%	91.73%	82.48%	88.24%
<i>MMR</i>	88.32%	90.02%	85.64%	88.00%
<i>HiB</i>	85.40%	86.13%	80.29%	83.94%
<i>Hepatitis B</i>	91.24%	89.54%	80.29%	87.02%
<i>VZV</i>	86.86%	89.29%	83.45%	86.54%
<i>Pneumococcal Conjugate</i>	75.43%	74.94%	68.13%	72.83%
<i>Hepatitis A</i>	76.40%	77.37%	75.18%	76.32%
<i>Rotavirus</i>	71.05%	76.89%	69.83%	72.59%
<i>Influenza</i>	32.12%	29.68%	27.01%	29.60%
<i>Combination #3</i>	68.86%	68.13%	61.07%	66.02%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates	Statewide Average
<i>Combination #7</i>	53.28%	55.72%	49.15%	52.72%
<i>Combination #10</i>	23.60%	24.09%	20.68%	22.79%
Immunizations for Adolescents (ima)				
<i>Meningococcal</i>	52.07%	55.96%	47.69%	51.91%
<i>Tdap/Td</i>	74.45%	75.91%	63.99%	71.45%
<i>HPV</i>	19.22%	21.65%	11.19%	17.36%
<i>Combination #1</i>	51.82%	55.23%	46.47%	51.18%
<i>Combination #2</i>	18.98%	20.19%	10.95%	16.71%
Lead Screening in Children (lsc)	68.13%	69.62%	71.29%	69.63%
Breast Cancer Screening (bcs)	44.72%	50.85%	33.33%	47.82%
Cervical Cancer Screening (ccs)	48.91%	57.18%	52.31%	52.80%
Chlamydia Screening in Women (chl)				
<i>16-20 Years</i>	45.73%	48.69%	47.74%	47.37%
<i>21-24 Years</i>	61.34%	57.22%	62.11%	60.20%
<i>Total</i>	48.25%	49.77%	52.19%	49.54%
Effectiveness of Care: Respiratory Conditions				
Appropriate Testing for Children with Pharyngitis (cwp)				
<i>Appropriate Testing for Pharyngitis (3-17)</i>	74.71%	75.14%	76.18%	75.13%
<i>Appropriate Testing for Pharyngitis (18-64)</i>	61.47%	60.82%	65.23%	61.99%
<i>Appropriate Testing for Pharyngitis (65+)</i>	NA	NA	NA	NA
<i>Appropriate Testing for Pharyngitis (Total)</i>	72.75%	73.17%	74.02%	73.14%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (spr)	22.65%	21.84%	NA	22.16%*
Pharmacotherapy Management of COPD Exacerbation (pce)				
<i>Systemic Corticosteroid</i>	49.89%	51.48%	60.48%	51.81%
<i>Bronchodilator</i>	76.36%	80.28%	80.65%	78.76%
Asthma Medication Ratio (amr)				
<i>5-11 Years</i>	81.97%	81.03%	77.07%	81.07%
<i>12-18 Years</i>	73.43%	70.25%	65.28%	71.32%
<i>19-50 Years</i>	57.05%	59.94%	46.03%	57.47%
<i>51-64 Years</i>	58.42%	45.70%	NA	48.71%*
<i>Total</i>	73.36%	70.95%	64.75%	71.48%
Effectiveness of Care: Cardiovascular Conditions				
Controlling High Blood Pressure (cbp)	57.42%	49.39%	50.12%	52.31%
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	76.67%	75.00%	NA	78.72%*
Statin Therapy for Patients with Cardiovascular Disease (spc)				
<i>Received Statin Therapy - 21-75 years (Male)</i>	75.73%	75.00%	76.00%	75.36%
<i>Statin Adherence 80% - 21-75 years (Male)</i>	57.49%	58.27%	85.96%	60.14%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates	Statewide Average
<i>Received Statin Therapy - 40-75 years (Female)</i>	71.70%	72.81%	76.92%	72.62%
<i>Statin Adherence 80% - 40-75 years (Female)</i>	48.66%	50.60%	85.00%	51.82%
<i>Received Statin Therapy - Total</i>	73.76%	73.84%	76.38%	73.97%
<i>Statin Adherence 80% - Total</i>	53.28%	54.27%	85.57%	56.00%
Cardiac Rehabilitation (cre)				
<i>Cardiac Rehabilitation - Initiation (18-64)</i>	NQ	1.42%	2.22%	1.61%**
<i>Cardiac Rehabilitation - Engagement1 (18-64)</i>	NQ	1.77%	4.44%	2.42%**
<i>Cardiac Rehabilitation - Engagement2 (18-64)</i>	NQ	1.42%	3.33%	1.88%**
<i>Cardiac Rehabilitation - Achievement (18-64)</i>	NQ	0.35%	1.11%	0.54%**
<i>Cardiac Rehabilitation - Initiation (65+)</i>	NQ	NA	NA	NA
<i>Cardiac Rehabilitation - Engagement1 (65+)</i>	NQ	NA	NA	NA
<i>Cardiac Rehabilitation - Engagement2 (65+)</i>	NQ	NA	NA	NA
<i>Cardiac Rehabilitation - Achievement (65+)</i>	NQ	NA	NA	NA
<i>Cardiac Rehabilitation - Initiation (Total)</i>	NQ	1.42%	2.22%	1.61%**
<i>Cardiac Rehabilitation - Engagement1 (Total)</i>	NQ	1.77%	4.44%	2.42%**
<i>Cardiac Rehabilitation - Engagement2 (Total)</i>	NQ	1.42%	3.33%	1.88%**
<i>Cardiac Rehabilitation - Achievement (Total)</i>	NQ	0.35%	1.11%	0.54%**
Effectiveness of Care: Diabetes				
Comprehensive Diabetes Care (cdc)				
<i>Hemoglobin A1c (HbA1c) Testing</i>	90.51%	88.32%	82.00%	86.94%
<i>HbA1c Poor Control (>9.0%)</i>	45.26%	52.80%	62.53%	53.53%
<i>HbA1c Control (<8.0%)</i>	46.47%	38.69%	30.17%	38.44%
<i>Eye Exam (Retinal) Performed</i>	56.69%	67.40%	53.28%	59.12%
<i>Blood Pressure Control (<140/90 mm Hg)</i>	59.12%	54.74%	53.77%	55.88%
Kidney Health Evaluation for Patients With Diabetes (ked)				
<i>Kidney Health Evaluation for Patients With Diabetes (18-64)</i>	16.64%	15.68%	17.04%	86.94%
<i>Kidney Health Evaluation for Patients With Diabetes (65-74)</i>	NA	15.63%	NA	14.58%*
<i>Kidney Health Evaluation for Patients With Diabetes (75-85)</i>	NA	NA	NA	NA
<i>Kidney Health Evaluation for Patients With Diabetes (Total)</i>	17.62%	15.68%	17.04%	16.57%
Statin Therapy for Patients with Diabetes (spd)				
<i>Received Statin Therapy</i>	57.70%	60.86%	51.36%	59.12%
<i>Statin Adherence 80%</i>	50.77%	50.84%	77.06%	52.05%
Effectiveness of Care: Behavioral Health				
Antidepressant Medication Management (amm)				



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates	Statewide Average
<i>Effective Acute Phase Treatment</i>	48.82%	49.45%	75.31%	53.35%
<i>Effective Continuation Phase Treatment</i>	31.22%	31.65%	61.18%	36.22%
Follow-Up Care for Children Prescribed ADHD Medication (add)				
<i>Initiation Phase</i>	44.56%	47.87%	30.61%	44.64%
<i>Continuation and Maintenance (C&M) Phase</i>	59.32%	61.81%	38.46%	57.90%
Follow-Up After Hospitalization for Mental Illness (fuh)				
<i>6-17 years - 30-Day Follow-Up</i>	61.70%	68.36%	59.32%	64.43%
<i>6-17 years - 7-Day Follow-Up</i>	37.26%	41.16%	37.08%	39.04%
<i>18-64 years - 30-Day Follow-Up</i>	51.85%	57.75%	51.68%	54.37%
<i>18-64 years - 7-Day Follow-Up</i>	29.52%	34.35%	23.32%	30.51%
<i>65+ years - 30-Day Follow-Up</i>	NA	NA	NA	NA
<i>65+ years - 7-Day Follow-Up</i>	NA	NA	NA	NA
<i>30-Day Follow-Up</i>	57.33%	63.91%	55.74%	60.03%
<i>7-Day Follow-Up</i>	33.83%	38.31%	30.63%	35.32%
Follow-Up After Emergency Department Visit for Mental Illness (fum)				
<i>6-17 years - 30-Day Follow-Up</i>	52.51%	50.50%	59.02%	52.50%
<i>6-17 years - 7-Day Follow-Up</i>	32.96%	38.50%	27.87%	34.77%
<i>18-64 years - 30-Day Follow-Up</i>	43.68%	41.20%	42.33%	42.38%
<i>18-64 years - 7-Day Follow-Up</i>	26.71%	26.91%	33.13%	28.21%
<i>65+ years - 30-Day Follow-Up</i>	NA	NA	NA	NA
<i>65+ years - 7-Day Follow-Up</i>	NA	NA	NA	NA
<i>Total - 30-Day Follow-Up</i>	47.05%	44.91%	46.88%	46.11%
<i>Total - 7-Day Follow-Up</i>	29.10%	31.54%	31.70%	30.63%
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)				
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (13-17)</i>	NA	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (13-17)</i>	NA	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (18-64)</i>	37.35%	28.63%	31.00%	32.81%
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (18-64)</i>	19.28%	16.30%	14.00%	17.19%
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (65+)</i>	NA	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (65+)</i>	NA	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (Total)</i>	35.91%	27.20%	29.52%	31.34%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates	Statewide Average
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (Total)</i>	18.53%	15.48%	13.33%	16.42%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (fua)				
<i>30-Day Follow-Up: 13-17 Years</i>	0.0%	0.0%	NA	NA
<i>7-Day Follow-Up: 13-17 Years</i>	0.0%	0.0%	NA	NA
<i>30-Day Follow-Up: 18+ Years</i>	6.17%	7.36%	6.94%	6.85%
<i>7-Day Follow-Up: 18+ Years</i>	3.29%	4.68%	4.17%	4.08%
<i>30-Day Follow-Up: Total</i>	5.43%	6.65%	6.29%	6.14%
<i>7-Day Follow-Up: Total</i>	2.90%	4.23%	3.77%	3.66%
Pharmacotherapy for Opioid Use Disorder (POD)				
<i>Pharmacotherapy for Opioid Use Disorder (16-64)</i>	33.79%	22.83%	49.59%	32.98%
<i>Pharmacotherapy for Opioid Use Disorder (65+)</i>	NA	NA	NA	NA
<i>Pharmacotherapy for Opioid Use Disorder (Total)</i>	33.64%	22.83%	49.59%	32.92%
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (ssd)	69.47%	71.34%	70.60%	70.49%
Diabetes Monitoring for People with Diabetes and Schizophrenia (smd)	71.62%	70.19%	67.95%	70.58%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (smc)	85.37%	74.51%	NA	79.38%*
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (saa)	57.86%	56.99%	51.50%	56.79%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)				
<i>Blood Glucose Testing (1-11)</i>	33.63%	34.04%	37.32%	34.21%
<i>Cholesterol Testing (1-11)</i>	24.65%	23.30%	22.01%	23.69%
<i>Blood Glucose and Cholesterol Testing (1-11)</i>	21.24%	20.81%	19.62%	20.85%
<i>Blood Glucose Testing (12-17)</i>	47.33%	48.98%	43.67%	47.69%
<i>Cholesterol Testing (12-17)</i>	29.56%	29.83%	26.68%	29.35%
<i>Blood Glucose and Cholesterol Testing (12-17)</i>	27.36%	27.52%	23.72%	27.01%
<i>Blood Glucose Testing (Total)</i>	42.07%	42.89%	41.38%	42.40%
<i>Cholesterol Testing (Total)</i>	27.68%	27.17%	25.00%	27.13%
<i>Blood Glucose and Cholesterol Testing (Total)</i>	25.01%	24.78%	22.24%	24.59%
Effectiveness of Care: Overuse/Appropriateness				
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)	1.51%	NO	1.30%	1.45%**
Appropriate Treatment for Upper Respiratory Infection (uri)				



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates	Statewide Average
<i>Appropriate Treatment for Upper Respiratory Infection (3 Months-17 Years)</i>	72.99%	71.73%	75.83%	73.05%
<i>Appropriate Treatment for Upper Respiratory Infection (18-64)</i>	57.41%	56.32%	55.35%	56.57%
<i>Appropriate Treatment for Upper Respiratory Infection (65+)</i>	NA	NA	NA	NA
<i>Appropriate Treatment for Upper Respiratory Infection (Total)</i>	71.22%	69.88%	73.88%	71.19%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (aab)				
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (3 Months-17 Years)</i>	45.13%	43.33%	51.50%	54.14%
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (18-64)</i>	41.65%	43.74%	29.48%	59.36%
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (65+)</i>	NA	NA	NA	NA
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Total)</i>	44.43%	43.46%	48.25%	55.15%
Use of Imaging Studies for Low Back Pain (lbp)	69.51%	71.49%	67.49%	30.06%
Use of Opioids at High Dosage (hdo)	0.84%	1.15%	3.42%	1.37%
Use of Opioids from Multiple Providers (uop)				
<i>Multiple Prescribers</i>	15.26%	11.40%	13.39%	13.45%
<i>Multiple Pharmacies</i>	1.87%	1.96%	1.59%	1.86%
<i>Multiple Prescribers and Multiple Pharmacies</i>	1.21%	0.82%	0.80%	0.99%
Risk of Continued Opioid Use (cou)				
<i>18-64 years - >=15 Days covered</i>	4.99%	3.18%	9.34%	5.00%
<i>18-64 years - >=31 Days covered</i>	3.27%	2.36%	3.42%	2.91%
<i>65+ years - >=15 Days covered</i>	NA	NA	NA	NA
<i>65+ years - >=31 Days covered</i>	NA	NA	NA	NA
<i>Total - >=15 Days covered</i>	5.00%	3.18%	9.34%	5.01%
<i>Total - >=31 Days covered</i>	3.28%	2.36%	3.42%	2.91%
Access/Availability of Care				
Adults' Access to Preventive/Ambulatory Health Services (aap)				
<i>20-44 Years</i>	84.01%	84.81%	82.23%	84.01%
<i>45-64 Years</i>	89.06%	91.21%	85.92%	89.80%
<i>65+ Years</i>	78.57%	80.15%	NA	79.23%*
<i>Total</i>	85.99%	87.48%	83.15%	86.22%
Annual Dental Visit (adv)				
<i>2-3 Years</i>	48.43%	48.49%	44.25%	47.46%
<i>4-6 Years</i>	66.21%	66.50%	51.85%	63.72%
<i>7-10 Years</i>	68.38%	68.29%	53.61%	65.87%
<i>11-14 Years</i>	65.20%	65.50%	50.16%	63.17%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates	Statewide Average
15-18 Years	58.18%	58.14%	44.71%	56.36%
19-20 Years	41.90%	41.27%	32.80%	40.27%
Total	62.41%	62.51%	49.13%	60.27%
Initiation and Engagement of AOD Dependence Treatment (iet)				
Alcohol abuse or dependence: Initiation of AOD Treatment: 13-17 Years	70.73%	75.93%	NA	71.79%*
Alcohol abuse or dependence: Engagement of AOD Treatment: 13-17 Years	0.00%	3.70%	NA	5.13%*
Opioid abuse or dependence: Initiation of AOD Treatment: 13-17 Years	NA	NA	NA	NA
Opioid abuse or dependence: Engagement of AOD Treatment: 13-17 Years	NA	NA	NA	NA
Other drug abuse or dependence: Initiation of AOD Treatment: 13-7 Years	67.27%	68.46%	64.21%	67.30%
Other drug abuse or dependence: Engagement of AOD Treatment: 13-17 Years	4.55%	4.23%	2.11%	4.00%
Total: Initiation of AOD Treatment: 13-17 Years	65.98%	66.33%	62.86%	65.63%
Total: Engagement of AOD Treatment: 13-17 Years	4.10%	4.42%	4.76%	4.35%
Alcohol abuse or dependence: Initiation of AOD Treatment: 18+ Years	46.06%	36.88%	41.78%	41.30%
Alcohol abuse or dependence: Engagement of AOD Treatment: 18+ Years	5.84%	4.47%	3.29%	4.82%
Opioid abuse or dependence: Initiation of AOD Treatment: 18+ Years	40.04%	35.43%	47.73%	39.22%
Opioid abuse or dependence: Engagement of AOD Treatment: 18+ Years	16.67%	13.16%	23.86%	16.25%
Other drug abuse or dependence: Initiation of AOD Treatment: 18+ Years	40.03%	37.52%	38.76%	38.73%
Other drug abuse or dependence: Engagement of AOD Treatment: 18+ Years	5.52%	5.51%	3.72%	5.19%
Total: Initiation of AOD Treatment: 18+ Years	40.11%	35.07%	38.71%	37.67%
Total: Engagement of AOD Treatment: 18+ Years	7.85%	6.63%	7.03%	7.18%
Alcohol abuse or dependence: Initiation of AOD Treatment: Total	47.36%	39.27%	43.25%	43.09%
Alcohol abuse or dependence: Engagement of AOD Treatment: Total	5.53%	4.43%	4.29%	4.84%
Opioid abuse or dependence: Initiation of AOD Treatment: Total	40.21%	35.79%	48.33%	39.55%
Opioid abuse or dependence: Engagement of AOD Treatment: Total	16.60%	12.92%	23.33%	16.05%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates	Statewide Average
<i>Other drug abuse or dependence: Initiation of AOD Treatment: Total</i>	43.70%	41.99%	42.03%	42.66%
<i>Other drug abuse or dependence: Engagement of AOD Treatment: Total</i>	5.39%	5.32%	3.51%	5.03%
<i>Total: Initiation of AOD Treatment: Total</i>	42.56%	38.25%	40.99%	40.40%
<i>Total: Engagement of AOD Treatment: Total</i>	7.50%	6.40%	6.82%	6.90%
Prenatal and Postpartum Care (ppc)				
<i>Timeliness of Prenatal Care</i>	93.67%	93.67%	91.24%	92.86%
<i>Postpartum Care</i>	74.70%	74.70%	63.50%	70.97%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)				
<i>1-11 years</i>	60.97%	63.56%	57.98%	61.87%
<i>12-17 years</i>	62.31%	66.80%	60.30%	64.15%
<i>Total</i>	61.81%	65.53%	59.43%	63.28%
Utilization				
Well-Child Visits in the First 30 Months of Life (W30)				
<i>First 15 Months</i>	57.07%	55.81%	54.68%	55.90%
<i>15 Months-30 Months</i>	60.51%	62.42%	62.67%	61.75%
Child and Adolescent Well-Care Visits (WCV)				
<i>3-11 Years</i>	43.57%	45.29%	38.37%	43.46%
<i>12-17 Years</i>	36.72%	38.77%	32.46%	37.06%
<i>18-21 Years</i>	19.15%	20.20%	14.80%	19.01%
<i>Total</i>	39.16%	41.02%	34.86%	39.33%

NA indicates that the plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

BR: Biased Rate

NR indicates that the rate was not reported.

NQ indicates that the rate was not required.

*: This statewide average includes CCO rates with small denominators.

**: This statewide average was calculated with data from only two CCOs.

UHC, Magnolia, and Molina had data for comparison year over year, between MY 2020 and MY 2021, for the CAN population. There were only a few measures that showed a substantial improvement of more than 10 percentage points year over year. *Table 30: CAN HEDIS Measures with Substantial Changes in Rates* highlights the HEDIS measures found to have a substantial increase or decrease in rate.

Table 30: CAN HEDIS Measures with Substantial Changes in Rates

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates
Substantial Increase in Rate (>10% improvement)			



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CAN Rates	Magnolia HEDIS MY 2021 CAN Rates	Molina HEDIS MY 2021 CAN Rates
Childhood Immunization Status (cis)			
<i>DTaP</i>	72.51%	75.43%	69.34%
<i>Pneumococcal Conjugate</i>	75.43%	74.94%	68.13%
Asthma Medication Ratio (amr)			
<i>12-18 Years</i>	73.43%	70.25%	65.28%
Persistence of Beta-Blocker Treatment After a Heart Attack (pbh)	76.67%	75.00%	NA
Follow-Up After Emergency Department Visit for Mental Illness (fum)			
<i>6-17 years - 30-Day Follow-Up</i>	52.51%	50.50%	59.02%
<i>18-64 years - 30-Day Follow-Up</i>	43.68%	41.20%	42.33%
<i>18-64 years - 7-Day Follow-Up</i>	26.71%	26.91%	33.13%
<i>Total - 30-Day Follow-Up</i>	47.05%	44.91%	46.88%
<i>Total - 7-Day Follow-Up</i>	29.10%	31.54%	31.70%
Diabetes Monitoring for People with Diabetes and Schizophrenia (smd)	71.62%	70.19%	67.95%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)			
<i>Blood Glucose Testing (1-11)</i>	33.63%	34.04%	37.32%
<i>Blood Glucose and Cholesterol Testing (1-11)</i>	21.24%	20.81%	19.62%
Initiation and Engagement of AOD Dependence Treatment (iet)			
<i>Opioid abuse or dependence: Initiation of AOD Treatment: 18+Years</i>	40.04%	35.43%	47.73%
Well-Child Visits in the First 30 Months of Life (W30)			
<i>15 Months-30 Months</i>	60.51%	62.42%	62.67%
Substantial Decrease in Rate (>10% decrease)			
Childhood Immunization Status (cis)			
<i>Rotavirus</i>	71.05%	76.89%	69.83%
<i>Combination #7</i>	53.28%	55.72%	49.15%
Follow-Up Care for Children Prescribed ADHD Medication (add)			
<i>Initiation Phase</i>	44.56%	47.87%	30.61%
<i>Continuation and Maintenance (C&M) Phase</i>	59.32%	61.81%	38.46%
Pharmacotherapy for Opioid Use Disorder (POD)			
<i>Pharmacotherapy for Opioid Use Disorder (16-64)</i>	33.79%	22.83%	49.59%
<i>Pharmacotherapy for Opioid Use Disorder (Total)</i>	33.64%	22.83%	49.59%



2022–2023 External Quality Review

HEDIS® Measure Overview for CHIP Programs

MY 2021 was the second year for Molina to report data for the CHIP population. Since Molina started receiving enrollment for the CHIP population in late 2019, there were no measure rates available for measures that needed more than one year of continuous enrollment for MY 2020 reporting. Therefore, in the prior year, many of the statewide average rates for the CHIP population were calculated with data from United only.

MY 2021 is the first year that rates are available for calculating the statewide averages for the CHIP population and for comparison of rates with the prior year, between MY 2020 and MY 2021. The statewide average is calculated as the average of the health plan rates and shown in the last column of the table that follows. Rates highlighted in green indicate a substantial improvement of more than 10 percent year over year. Rates highlighted in red indicate a substantial decrease in the rate of more than 10 percent.

Table 31: HEDIS® Performance Measure Data for CHIP Programs

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates	Statewide Average
Effectiveness of Care: Prevention and Screening			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (wcc)			
<i>BMI Percentile</i>	70.07%	52.80%	61.44%
<i>Counseling for Nutrition</i>	53.04%	43.55%	48.30%
<i>Counseling for Physical Activity</i>	49.88%	40.63%	45.26%
Childhood Immunization Status (cis)			
<i>DTaP</i>	82.97%	77.34%	80.37%
<i>IPV</i>	92.46%	86.69%	89.79%
<i>MMR</i>	91.73%	92.07%	91.88%
<i>HiB</i>	88.56%	84.42%	86.65%
<i>Hepatitis B</i>	91.73%	83.85%	88.09%
<i>VZV</i>	91.73%	91.22%	91.49%
<i>Pneumococcal Conjugate</i>	85.40%	76.20%	81.15%
<i>Hepatitis A</i>	82.97%	84.99%	83.90%
<i>Rotavirus</i>	84.67%	79.89%	82.46%
<i>Influenza</i>	39.17%	33.99%	36.78%
<i>Combination #3</i>	81.02%	69.12%	75.52%
<i>Combination #7</i>	70.56%	58.92%	65.18%
<i>Combination #10</i>	32.85%	27.20%	30.24%
Immunizations for Adolescents (ima)			
<i>Meningococcal</i>	58.88%	45.26%	52.07%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates	Statewide Average
<i>Tdap/Td</i>	83.21%	62.04%	72.63%
<i>HPV</i>	23.36%	15.57%	19.46%
<i>Combination #1</i>	58.64%	44.28%	51.46%
<i>Combination #2</i>	22.38%	15.09%	18.73%
Lead Screening in Children (lsc)	66.67%	77.90%	71.86%
Chlamydia Screening in Women (chl)			
<i>16-20 Years</i>	37.92%	38.94%	38.20%
<i>21-24 Years</i>	NA	NA	NA
<i>Total</i>	37.92%	38.94%	38.20%
Effectiveness of Care: Respiratory Conditions			
Appropriate Testing for Children with Pharyngitis (cwp)			
<i>3-17 years</i>	76.89%	78.37%	77.36%
<i>18-64 years</i>	79.12%	74.65%	77.87%
<i>65+ years</i>	NA	NA	NA
<i>Total</i>	77.00%	78.21%	77.39%
Asthma Medication Ratio (amr)			
<i>5-11 Years</i>	86.74%	87.39%	86.99%
<i>12-18 Years</i>	79.18%	78.64%	79.02%
<i>19-50 Years</i>	NA	NA	NA
<i>51-64 Years</i>	NA	NA	NA
<i>Total</i>	82.48%	83.18%	82.71%
Effectiveness of Care: Behavioral			
Antidepressant Medication Management (amm)			
<i>Effective Acute Phase Treatment</i>	60.00%	NA	67.80%*
<i>Effective Continuation Phase Treatment</i>	35.00%	NA	44.07%*
Follow-up care for children prescribed ADHD Medication (add)			
<i>Initiation Phase</i>	36.52%	32.98%	35.34%
<i>Continuation and Maintenance (C&M) Phase</i>	51.79%	48.05%	50.26%
Follow-Up After Hospitalization for Mental Illness (fuh)			
<i>6-17 years - 30-Day Follow-Up</i>	66.51%	55.68%	63.37%
<i>6-17 years - 7-Day Follow-Up</i>	35.81%	34.09%	35.31%
<i>18-64 years - 30-Day Follow-Up</i>	NA	NA	NA
<i>18-64 years - 7-Day Follow-Up</i>	NA	NA	NA
<i>65+ years - 30-Day Follow-Up</i>	NA	NA	NA
<i>65+ years - 7-Day Follow-Up</i>	NA	NA	NA
<i>Total-30-day Follow-Up</i>	65.78%	56.67%	63.17%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates	Statewide Average
<i>Total-7-day Follow-Up</i>	35.11%	34.44%	34.92%
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)			
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (13-17)</i>	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (13-17)</i>	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (18-64)</i>	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (18-64)</i>	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (65+)</i>	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (65+)</i>	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (Total)</i>	NA	NA	NA
<i>Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (Total)</i>	NA	NA	NA
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)			
<i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 30 days (13-17)</i>	NA	NA	NA
<i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7 days (13-17)</i>	NA	NA	NA
<i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 30 days (18+)</i>	NA	NA	NA
<i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7 days (18+)</i>	NA	NA	NA
<i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 30 days (Total)</i>	NA	NA	NA
<i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7 days (Total)</i>	NA	NA	NA
Follow-Up After Emergency Department Visit for Mental Illness (fum)			
<i>6-17 years - 30-Day Follow-Up</i>	NA	NA	NA
<i>6-17 years - 7-Day Follow-Up</i>	NA	NA	NA
<i>18-64 years - 30-Day Follow-Up</i>	NA	NA	NA
<i>18-64 years - 7-Day Follow-Up</i>	NA	NA	NA
<i>65+ years - 30-Day Follow-Up</i>	NA	NA	NA



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates	Statewide Average
<i>65+ years - 7-Day Follow-Up</i>	NA	NA	NA
<i>Total-30-day Follow-Up</i>	60.61%	NA	63.83%*
<i>Total-7-day Follow-Up</i>	36.36%	NA	36.17%*
Pharmacotherapy for Opioid Use Disorder (pod)			
<i>Pharmacotherapy for Opioid Use Disorder (16-64)</i>	NA	NA	NA
<i>Pharmacotherapy for Opioid Use Disorder (65+)</i>	NA	NA	NA
<i>Pharmacotherapy for Opioid Use Disorder (Total)</i>	NA	NA	NA
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med (ssd)	NA	NA	NA
Diabetes Monitoring for People With Diabetes and Schizophrenia (smd)	NA	NA	NA
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (smc)	NA	NA	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (saa)	NA	NA	NA
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)			
<i>Blood Glucose Testing (1-11)</i>	32.00%	30.23%	31.36%
<i>Cholesterol Testing (1-11)</i>	21.33%	18.60%	20.34%
<i>Blood Glucose and Cholesterol Testing (1-11)</i>	21.33%	18.60%	20.34%
<i>Blood Glucose Testing (12-17)</i>	58.64%	62.96%	59.72%
<i>Cholesterol Testing (12-17)</i>	29.63%	35.19%	31.02%
<i>Blood Glucose and Cholesterol Testing (12-17)</i>	29.01%	33.33%	30.09%
<i>Blood Glucose Testing (Total)</i>	50.21%	48.45%	49.70%
<i>Cholesterol Testing (Total)</i>	27.00%	27.84%	27.25%
<i>Blood Glucose and Cholesterol Testing (Total)</i>	26.58%	26.80%	26.65%
Effectiveness of Care: Overuse/Appropriateness			
Non-Recommended Cervical Cancer Screening in Adolescent Females (ncs)	1.11%	1.25%	1.15%
Appropriate Treatment or Children with URI (uri)			
<i>3 months-17 Years</i>	66.47%	65.90%	66.29%
<i>18-64 Years</i>	59.65%	62.32%	60.42%
<i>65+ Years</i>	NA	NA	NA
<i>Total</i>	66.23%	65.79%	66.09%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)			
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (3 Months-17 Years)</i>	28.13%	31.22%	29.20%
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (18-64)</i>	NA	NA	25.00%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates	Statewide Average
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (65+)</i>	NA	NA	NA
<i>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Total)</i>	28.21%	30.80%	29.10%
Use of Imaging Studies for Low Back Pain (lbp)	NA	NA	NA
Use of Opioids at High Dosage (hdo)	NA	NA	NA
Use of Opioids From Multiple Providers (uop)			
<i>Use of Opioids From Multiple Providers - Multiple Prescribers</i>	NA	NA	NA
<i>Use of Opioids From Multiple Providers - Multiple Pharmacies</i>	NA	NA	NA
<i>Use of Opioids From Multiple Providers - Multiple Prescribers and Multiple Pharmacies</i>	NA	NA	NA
Risk of Continued Opioid Use (cou)			
<i>18-64 years - >=15 Days covered</i>	2.00%	9.09%	3.76%
<i>18-64 years - >=31 Days covered</i>	0.00%	3.03%	0.75%
<i>65+ - >=15 Days covered</i>	NA	NA	NA
<i>65+ - >=31 Days covered</i>	NA	NA	NA
<i>Total - >=15 Days covered</i>	2.00%	9.09%	3.76%
<i>Total - >=31 Days covered</i>	0.00%	3.03%	0.75%
Access/Availability of Care			
Annual Dental Visit (adv)			
<i>2-3 Years</i>	51.81%	52.63%	52.10%
<i>4-6 Years</i>	71.11%	64.10%	68.70%
<i>7-10 Years</i>	76.82%	66.57%	73.43%
<i>11-14 Years</i>	72.76%	63.32%	69.87%
<i>15-18 Years</i>	63.96%	52.35%	60.46%
<i>19-20 Years</i>	55.45%	40.91%	51.30%
<i>Total</i>	69.56%	60.47%	66.65%
Initiation and Engagement of AOD Dependence Treatment (iet)			
<i>Initiation of AOD - Alcohol Abuse or Dependence (13-17)</i>	NA	NA	NA
<i>Engagement of AOD - Alcohol Abuse or Dependence (13-17)</i>	NA	NA	NA
<i>Initiation of AOD - Opioid Abuse or Dependence (13-17)</i>	NA	NA	NA
<i>Engagement of AOD - Opioid Abuse or Dependence (13-17)</i>	NA	NA	NA
<i>Initiation of AOD - Other Drug Abuse or Dependence (13-17)</i>	58.97%	NA	62.00%*



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates	Statewide Average
<i>Engagement of AOD - Other Drug Abuse or Dependence (13-17)</i>	7.69%	NA	10.00%*
<i>Initiation of AOD - Total (13-17)</i>	56.10%	NA	58.49%*
<i>Engagement of AOD - Total (13-17)</i>	7.32%	NA	9.43%*
<i>Initiation of AOD - Alcohol Abuse or Dependence (18+)</i>	NA	NA	NA
<i>Engagement of AOD - Alcohol Abuse or Dependence (18+)</i>	NA	NA	NA
<i>Initiation of AOD - Opioid Abuse or Dependence (18+)</i>	NA	NA	NA
<i>Engagement of AOD - Opioid Abuse or Dependence (18+)</i>	NA	NA	NA
<i>Initiation of AOD - Other Drug Abuse or Dependence (18+)</i>	NA	NA	NA
<i>Engagement of AOD - Other Drug Abuse or Dependence (18+)</i>	NA	NA	NA
<i>Initiation of AOD - Total (18+)</i>	NA	NA	NA
<i>Engagement of AOD - Total (18+)</i>	NA	NA	NA
<i>Initiation of AOD - Alcohol Abuse or Dependence (Total)</i>	NA	NA	NA
<i>Engagement of AOD - Alcohol Abuse or Dependence (Total)</i>	NA	NA	NA
<i>Initiation of AOD - Opioid Abuse or Dependence (Total)</i>	NA	NA	NA
<i>Engagement of AOD - Opioid Abuse or Dependence (Total)</i>	NA	NA	NA
<i>Initiation of AOD - Other Drug Abuse or Dependence (Total)</i>	52.83%	NA	57.53%*
<i>Engagement of AOD - Other Drug Abuse or Dependence (Total)</i>	5.66%	NA	8.22%*
<i>Initiation of AOD - Total (Total)</i>	51.61%	NA	54.76%*
<i>Engagement of AOD - Total (Total)</i>	4.84%	NA	7.14%*
Prenatal and Postpartum Care (ppc)			
<i>Timeliness of Prenatal Care</i>	NA	NA	NA
<i>Postpartum Care</i>	NA	NA	NA
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)			
<i>1-11 Years</i>	57.50%	NA	56.92%*
<i>12-17 Years</i>	61.29%	74.36%	65.15%
<i>Total</i>	60.15%	67.19%	62.44%
Utilization			
Well-Child Visits in the First 30 Months of Life (w30)			
<i>First 15 Months</i>	68.93%	78.38%	72.24%
<i>15 Months-30 Months</i>	73.46%	74.50%	73.79%



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates	Statewide Average
Child and Adolescent Well-Care Visits (WCV)			
3-11 Years	44.35%	40.50%	43.07%
12-17 Years	40.16%	35.53%	38.75%
18-21 Years	25.34%	20.40%	23.92%
Total	41.11%	37.15%	39.85%

NA indicates that the plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

NR indicates that the rate was not reported.

*: This statewide average includes CCO rates with small denominators.

There were several measures that showed a substantial improvement of more than 10 percentage points year over year. *Table 32: CHIP HEDIS Measures with Substantial Changes in Rates* highlights the HEDIS measures found to have a substantial increase or decrease in rate.

Table 32: CHIP HEDIS Measures with Substantial Changes in Rates

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates
Substantial Increase in Rate (>10% improvement)		
Childhood Immunization Status (cis)		
VZV	91.73%	91.22%
Combination #3	81.02%	69.12%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (apm)		
Blood Glucose Testing (12-17)	58.64%	62.96%
Cholesterol Testing (12-17)	29.63%	35.19%
Blood Glucose and Cholesterol Testing (12-17)	29.01%	33.33%
Blood Glucose Testing (Total)	50.21%	48.45%
Annual Dental Visit (adv)		
2-3 Years	51.81%	52.63%
19-20 Years	55.45%	40.91%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (app)		
12-17 Years	61.29%	74.36%
Total	60.15%	67.19%
Well-Child Visits in the First 30 Months of Life (w30)		
First 15 Months	68.93%	78.38%
15 Months-30 Months	73.46%	74.50%
Substantial Decrease in Rate (>10% decrease)		
Follow-up care for children prescribed ADHD Medication (add)		



2022–2023 External Quality Review

Measure/Data Element	United HEDIS MY 2021 CHIP Rates	Molina HEDIS MY 2021 CHIP Rates
<i>Continuation and Maintenance (C&M) Phase</i>	51.79%	48.05%

CAN Adult and Child Core Set Performance Measure Validation

DOM requires the CCOs to report all Adult and Child Core Set measures annually. The measure rates for the CAN population reported by the CCOs for MY 2021 are listed in *Table 33: CAN Adult and Child Core Set Measure Rates*. The statewide averages have been included where applicable.

Table 33: CAN Adult and Child Core Set Measure Rates

Measure	United MY 2021 Rates	Magnolia MY 2021 Rates	Molina MY 2021 Rates	Statewide Average
Adult Core Set Measures				
Primary Care Access and Preventative Care				
Colorectal Cancer Screening (COL-AD)				
<i>Ages 50 - 64</i>	42.01%	46.24%	NA	44.38%*
<i>Ages 65 - 75</i>	39.06%	47.60%	NA	46.07%*
<i>Total</i>	41.99%	46.28%	NA	44.42%*
SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN: AGE 18 AND OLDER (CDF-AD)				
<i>Ages 18 - 64</i>	0.54%	0.74%	0.72%	0.67%
<i>Ages 65+</i>	0.96%	0.00%	NA	0.42%*
<i>Total</i>	0.54%	0.74%	0.72%	0.67%
Maternal and Perinatal Health				
CONTRACEPTIVE CARE - POSTPARTUM WOMEN AGES 21 TO 44 (CCP-AD)				
<i>Most or moderately effective contraception - 3 days</i>	11.46%	11.24%	NA	11.36%*
<i>Most or moderately effective contraception - 60 days</i>	43.33%	41.06%	NA	42.30%*
<i>LARC - 3 Days</i>	0.61%	0.44%	NA	0.53%*
<i>LARC - 60 Days Reported</i>	8.37%	7.65%	NA	8.04%*
CONTRACEPTIVE CARE - ALL WOMEN AGES 21 TO 44 (CCW-AD)				
<i>Most or moderately effective contraception rate</i>	24.55%	23.41%	NA	23.96%*
<i>LARC rate</i>	2.75%	2.38%	NA	2.56%*
Care of Acute and Chronic Conditions				
DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE (POI01-AD)				



2022–2023 External Quality Review

Measure	United MY 2021 Rates	Magnolia MY 2021 Rates	Molina MY 2021 Rates	Statewide Average
<i>Ages 18 - 64</i>	22.50	25.20	10.18	23.78
<i>Ages 65+</i>	0.00	0.00	NA	0.00*
<i>Total</i>	22.47	25.15	10.18	23.73
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) OR ASTHMA IN OLDER ADULTS ADMISSION RATE (PQI-05)				
<i>Ages 40 - 64</i>	44.42	53.10	NA	49.12*
<i>Ages 65+</i>	0.00	151.17	NA	94.83*
<i>Total</i>	44.25	53.64	NA	49.34*
HEART FAILURE ADMISSION RATE (PQI-08)				
<i>Ages 18 - 64</i>	46.46	48.86	0.00	47.29
<i>Ages 65+</i>	381.68	0.00	NA	142.25*
<i>Total</i>	46.94	48.75	0.00	47.46
ASTHMA IN YOUNGER ADULTS ADMISSION RATE (PQI 15-AD)				
<i>Ages 18 - 39</i>	1.45	2.91	0.00	2.15
HIV VIRAL LOAD SUPPRESSION (HVL - AD)				
<i>Ages 18 - 64</i>	19.22%	31.30%	NA	25.87%*
<i>Ages 65+</i>	NA	NA	NA	NA
<i>Total</i>	19.13%	31.60%	NA	26.05%*
Behavioral Health Care				
USE OF OPIOIDS AT HIGH DOSAGE IN PERSONS WITHOUT CANCER (OHD-AD)				
<i>Ages 18 - 64</i>	0.84%	1.32%	NA	1.05%*
<i>Ages 65+</i>	NA	NA	NA	NA
<i>Total</i>	0.84%	1.32%	NA	1.05%*
CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (COB-AD)				
<i>Ages 18 - 64</i>	3.83%	3.35%	NA	3.61%*
<i>Ages 65+</i>	NA	NA	NA	NA
<i>Total</i>	3.82%	3.35%	NA	3.60%*
USE OF PHARMACOTHERAPY FOR OPIOID USE DISORDER (OUD-AD)				
<i>Overall</i>	39.98%	33.65%	NA	36.79%*
<i>Prescription for Buprenorphine</i>	38.63%	33.17%	NA	35.88%*
<i>Prescription for Oral Naltrexone</i>	0.87%	0.57%	NA	0.72%*
<i>Prescription for Long-acting, injectable naltrexone</i>	0.00%	0.10%	NA	0.05%*
<i>Prescription for Methadone</i>	0.77%	0.00%	NA	0.38%*
Child Core Set Measures				
Primary Care Access and Preventative Care				
SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN: AGES 12 TO 17 (CDF-CH)				



2022–2023 External Quality Review

Measure	United MY 2021 Rates	Magnolia MY 2021 Rates	Molina MY 2021 Rates	Statewide Average
<i>Ages 12 - 17</i>	0.92%	0.88%	0.64%	0.88%
DEVELOPMENTAL SCREENING IN THE FIRST 3 YEARS OF LIFE (DEV-CH)				
<i>Age 1 Screening</i>	29.25%	3.50%	NA	17.34%*
<i>Age 2 Screening</i>	41.80%	4.05%	56.18%	22.63%
<i>Age 3 Screening</i>	41.03%	3.59%	41.65%	22.30%
<i>Total Screening</i>	36.43%	3.69%	47.42%	20.56%
Maternal and Perinatal Health				
CONTRACEPTIVE CARE - POSTPARTUM WOMEN AGES 15 TO 20 (CCP-CH)				
<i>Most or moderately effective contraception - 3 days</i>	1.78%	1.81%	NA	1.79%*
<i>Most or moderately effective contraception - 60 days</i>	46.52%	43.01%	NA	44.94%*
<i>LARC - 3 Days</i>	0.97%	0.73%	NA	0.85%*
<i>LARC - 60 Days Reported</i>	10.21%	12.70%	NA	11.40%*
CONTRACEPTIVE CARE - ALL WOMEN AGES 15 TO 20 (CCW-CH)				
<i>Most or moderately effective contraception rate</i>	28.77%	28.76%	25.15%	28.58%
<i>LARC Rate</i>	2.58%	2.24%	1.42%	2.34%
Dental and Oral Health Services				
SEALANT RECEIPT ON PERMANENT FIRST MOLARS (SFM-CH)				
<i>Numerator 1 At Least One Sealant</i>	29.25%	46.74%	0.00%	36.45%
<i>Numerator 2 All Four Molars Sealed</i>	17.32%	31.22%	0.00%	23.39%
ORAL EVALUATION, DENTAL SERVICES (OEV-CH)				
<i>Age <1</i>	0.20%	0.25%	NA	0.22%*
<i>Ages 1-2</i>	4.22%	15.46%	20.05%	9.15%
<i>Ages 3-5</i>	11.52%	47.15%	43.26%	27.23%
<i>Ages 6-7</i>	12.44%	53.31%	49.83%	31.86%
<i>Ages 8-9</i>	12.46%	53.59%	47.38%	32.13%
<i>Ages 10-11</i>	12.14%	51.25%	48.39%	30.72%
<i>Ages 12-14</i>	10.98%	47.07%	41.18%	27.92%
<i>Ages 15-18</i>	8.89%	39.12%	31.51%	23.45%
<i>Ages 19-20</i>	5.02%	24.12%	19.50%	14.17%
<i>Total Ages <1-20</i>	9.87%	41.91%	40.01%	24.98%
PREVENTION: TOPICAL FLUORIDE FOR CHILDREN (TLF-CH) (Rate 1)				
<i>Ages 1-2</i>	10.77%	4.26%	10.29%	7.95%
<i>Ages 3-5</i>	24.97%	8.29%	13.14%	17.38%
<i>Ages 6-7</i>	29.55%	9.29%	15.01%	19.69%



2022–2023 External Quality Review

Measure	United MY 2021 Rates	Magnolia MY 2021 Rates	Molina MY 2021 Rates	Statewide Average
<i>Ages 8-9</i>	29.31%	8.84%	15.97%	19.43%
<i>Ages 10-11</i>	27.26%	8.00%	13.34%	18.01%
<i>Ages 12-14</i>	24.26%	7.06%	12.38%	16.03%
<i>Ages 15-18</i>	17.42%	4.70%	8.01%	11.08%
<i>Ages 19-20</i>	8.10%	3.00%	4.21%	5.10%
<i>Total Ages 1-20</i>	22.70%	6.88%	12.04%	15.14%
PREVENTION: TOPICAL FLUORIDE FOR CHILDREN (TLF-CH) (Rate 2)				
<i>Ages 1-2</i>	0.92%	1.31%	2.23%	1.12%
<i>Ages 3-5</i>	2.47%	6.54%	7.92%	4.44%
<i>Ages 6-7</i>	2.75%	8.71%	11.48%	5.89%
<i>Ages 8-9</i>	2.62%	8.65%	11.94%	5.86%
<i>Ages 10-11</i>	2.00%	7.90%	9.83%	5.04%
<i>Ages 12-14</i>	2.06%	6.94%	9.20%	4.61%
<i>Ages 15-18</i>	1.54%	4.64%	6.04%	3.21%
<i>Ages 19-20</i>	0.43%	2.95%	4.21%	1.96%
<i>Total Ages 1-20</i>	2.00%	6.21%	8.48%	4.21%
PREVENTION: TOPICAL FLUORIDE FOR CHILDREN (TLF-CH) (Rate 3)				
<i>Ages 1-2</i>	3.62%	1.78%	0.00%	2.72%
<i>Ages 3-5</i>	0.40%	0.17%	0.00%	0.29%
<i>Ages 6-7</i>	0.00%	0.00%	0.00%	0.00%
<i>Ages 8-9</i>	0.00%	0.00%	0.00%	0.00%
<i>Ages 10-11</i>	0.00%	0.00%	0.00%	0.00%
<i>Ages 12-14</i>	0.00%	0.00%	0.00%	0.00%
<i>Ages 15-18</i>	0.00%	0.00%	0.00%	0.00%
<i>Ages 19-20</i>	0.00%	0.00%	0.00%	0.00%
<i>Total Ages 1-20</i>	0.44%	0.19%	0.00%	0.30%

NA indicates that the plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

BR: Biased Rate

NR indicates that the rate was not reported.

*: This statewide average includes CCO rates with small denominators.

** : Since only one health plan reported this rate, a statewide average cannot be calculated

The table that follows highlights the measures that showed a substantial improvement or substantial decrease of more than 10 percentage points year over year.



2022–2023 External Quality Review

Table 34: CAN Adult and Child Core Set Measure Rates with Substantial Changes in Rates

Measure/Data Element	United MY 2021 CAN Rates	Magnolia MY 2021 CAN Rates	Molina MY 2021 CAN Rates
Substantial Increase in Rate (>10% improvement)			
HEART FAILURE ADMISSION RATE (PQI-08)			
Ages 65+	381.68	0.00	NA
HIV VIRAL LOAD SUPPRESSION (HVL - AD)			
Ages 18 - 64	19.22%	31.30%	NA
Total	19.13%	31.60%	NA
Substantial Decrease in Rate (>10% decrease)			
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) OR ASTHMA IN OLDER ADULTS ADMISSION RATE (PQI-05)			
Ages 40 - 64	44.42	53.10	NA
Ages 65+	0.00	151.17	NA
Total	44.25	53.64	NA
HEART FAILURE ADMISSION RATE (PQI-08)			
Ages 18 - 64	46.46	48.86	0.00
Ages 65+	381.68	0.00	NA
Total	46.94	48.75	0.00
USE OF PHARMACOTHERAPY FOR OPIOID USE DISORDER (OUD-AD)			
Overall	39.98%	33.65%	NA
Prescription for Buprenorphine	38.63%	33.17%	NA

Adult and Child Core Set Measure Validation - CHIP Program

MY 2021 was the second year for Molina to report data for the CHIP population. Since Molina started receiving enrollment for the CHIP population in late 2019, there were no measure rates available for measures that needed more than one year of continuous enrollment for MY 2020 reporting. Therefore, in the prior year, many of the statewide average rates for the CHIP population were calculated with data from United only. MY 2021 was the first year that rates are available for calculating the statewide averages for the CHIP population. A comparison of rates with the prior year was not conducted. *Table 35: CHIP Adult and Child Core Set Measure Rates*, provides an overview of rates reported by United and Molina for the CHIP population.

Table 35: CHIP Adult and Child Core Set Measure Rates

Measure	United MY 2021 Rates	Molina MY 2021 Rates	Statewide Average
Adult Core Set Measures			
Primary Care Access and Preventative Care			



2022–2023 External Quality Review

Measure	United MY 2021 Rates	Molina MY 2021 Rates	Statewide Average
SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN: AGE 18 AND OLDER (CDF-AD)			
<i>Ages 18 - 64</i>	0.41%	0.72%	0.50%
<i>Total</i>	0.41%	0.72%	0.50%
Care of Acute and Chronic Conditions			
DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE (PQI01-AD)			
<i>Ages 18 - 64</i>	29.83	10.18	24.03
<i>Total</i>	29.83	10.18	24.03
HEART FAILURE ADMISSION RATE (PQI-08)			
<i>Ages 18 - 64</i>	0.00	0.00	0.00
<i>Total</i>	0.00	0.00	0.00
ASTHMA IN YOUNGER ADULTS ADMISSION RATE (PQI 15-AD)			
<i>Ages 18 - 39</i>	0.00	0.00	0.00
HIV VIRAL LOAD SUPPRESSION (HVL - AD)			
<i>Ages 18 - 64</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
Behavioral Health Care			
USE OF OPIOIDS AT HIGH DOSAGE IN PERSONS WITHOUT CANCER (OHD-AD)			
<i>Ages 18 - 64</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES (COB-AD)			
<i>Ages 18 - 64</i>	NA	NA	NA
<i>Total</i>	NA	NA	NA
USE OF PHARMACOTHERAPY FOR OPIOID USE DISORDER (OUD-AD)			
<i>Overall</i>	NA	NA	NA
<i>Prescription for Buprenorphine</i>	NA	NA	NA
<i>Prescription for Oral Naltrexone</i>	NA	NA	NA
<i>Prescription for Long-acting, injectable naltrexone</i>	NA	NA	NA
<i>Prescription for Methadone</i>	NA	NA	NA
Child Core Set Measures			
Primary Care Access and Preventative Care			
SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN: AGES 12 TO 17 (CDF-CH)			
<i>Ages 12 - 17</i>	0.63%	0.64%	0.63%
DEVELOPMENTAL SCREENING IN THE FIRST 3 YEARS OF LIFE (DEV-CH)			
<i>Age 1 Screening</i>	NA	NA	NA
<i>Age 2 Screening</i>	47.82%	56.18%	50.87%



2022–2023 External Quality Review

Measure	United MY 2021 Rates	Molina MY 2021 Rates	Statewide Average
<i>Age 3 Screening</i>	44.83%	41.65%	43.79%
<i>Total Screening</i>	45.83%	47.42%	46.37%
Maternal and Perinatal Health			
CONTRACEPTIVE CARE - POSTPARTUM WOMEN AGES 15 TO 20 (CCP-CH)			
<i>Most or moderately effective contraception - 3 days</i>	NA	NA	NA
<i>Most or moderately effective contraception - 60 days</i>	NA	NA	NA
<i>LARC - 3 Days</i>	NA	NA	NA
<i>LARC - 60 Days</i>	NA	NA	NA
CONTRACEPTIVE CARE - ALL WOMEN AGES 15 TO 20 (CCW-CH)			
<i>Most or moderately effective contraception rate</i>	29.04%	25.15%	27.88%
<i>LARC Rate</i>	2.48%	1.42%	2.17%
Dental and Oral Health Services			
SEALANT RECEIPT ON PERMANENT FIRST MOLARS (SFM-CH)			
<i>Numerator 1 At Least One Sealant</i>	28.63%	0.00%	18.82%
<i>Numerator 2 All Four Molars Sealed</i>	17.88%	0.00%	11.75%
ORAL EVALUATION, DENTAL SERVICES (OEV-CH)			
<i>Age <1</i>	0.00%	NA	NA
<i>Ages 1-2</i>	6.66%	20.05%	11.75%
<i>Ages 3-5</i>	11.26%	43.26%	22.29%
<i>Ages 6-7</i>	12.97%	49.83%	25.67%
<i>Ages 8-9</i>	13.62%	47.38%	24.98%
<i>Ages 10-11</i>	12.59%	48.39%	24.44%
<i>Ages 12-14</i>	11.96%	41.18%	21.08%
<i>Ages 15-18</i>	9.71%	31.51%	16.49%
<i>Ages 19-20</i>	5.48%	19.50%	9.48%
<i>Total Ages <1-20</i>	11.21%	40.01%	20.61%
PREVENTION: TOPICAL FLUORIDE FOR CHILDREN (TLF-CH) (Rate 1)			
<i>Ages 1-2</i>	19.29%	10.29%	15.68%
<i>Ages 3-5</i>	30.71%	13.14%	24.72%
<i>Ages 6-7</i>	35.77%	15.01%	28.74%
<i>Ages 8-9</i>	37.19%	15.97%	30.21%
<i>Ages 10-11</i>	35.17%	13.34%	28.21%
<i>Ages 12-14</i>	30.63%	12.38%	25.11%
<i>Ages 15-18</i>	21.61%	8.01%	17.51%
<i>Ages 19-20</i>	13.93%	4.21%	11.21%



2022–2023 External Quality Review

Measure	United MY 2021 Rates	Molina MY 2021 Rates	Statewide Average
<i>Total Ages 1-20</i>	29.41%	12.04%	23.85%
PREVENTION: TOPICAL FLUORIDE FOR CHILDREN (TLF-CH) (Rate 2)			
<i>Ages 1-2</i>	1.61%	2.23%	1.86%
<i>Ages 3-5</i>	2.77%	7.92%	4.53%
<i>Ages 6-7</i>	2.88%	11.48%	5.79%
<i>Ages 8-9</i>	3.03%	11.94%	5.96%
<i>Ages 10-11</i>	2.22%	9.83%	4.65%
<i>Ages 12-14</i>	2.46%	9.20%	4.50%
<i>Ages 15-18</i>	1.98%	6.04%	3.20%
<i>Ages 19-20</i>	0.82%	4.21%	1.77%
<i>Total Ages 1-20</i>	2.40%	8.48%	4.35%
PREVENTION: TOPICAL FLUORIDE FOR CHILDREN (TLF-CH) (Rate 3)			
<i>Ages 1-2</i>	4.71%	0.00%	2.82%
<i>Ages 3-5</i>	0.23%	0.00%	0.15%
<i>Ages 6-7</i>	0.00%	0.00%	0.00%
<i>Ages 8-9</i>	0.00%	0.00%	0.00%
<i>Ages 10-11</i>	0.00%	0.00%	0.00%
<i>Ages 12-14</i>	0.00%	0.00%	0.00%
<i>Ages 15-18</i>	0.00%	0.00%	0.00%
<i>Ages 19-20</i>	0.00%	0.00%	0.00%
<i>Total Ages 1-20</i>	0.20%	0.00%	0.13%

NA indicates that the plan followed the specifications, but the denominator was too small (<30) to report a valid rate.

BR: Biased Rate

NR indicates that the rate was not reported.

*: This statewide average includes CCO rates with small denominators.

**: Since only one health plan reported this rate, a statewide average cannot be calculated.

Performance Improvement Project Validation

42 CFR §438.330 (d) and §457.1240 (b)

The validation of the Performance Improvement Projects (PIPs) was conducted in accordance with the protocol developed by CMS titled, *EQR Protocol 1: Validation of Performance Improvement Projects, October 2019*. The protocol validates components of the project and its documentation to provide an assessment of the overall study design and methodology of the project. The components assessed are as follows:

- Study topic(s)
- Study question(s)
- Study indicator(s)



2022–2023 External Quality Review

- Identified study population
- Sampling methodology (if used)
- Data collection procedures
- Improvement strategies

DOM requires each health plan to conduct PIPs for the following topics: Behavioral Health Readmissions, Improved Pregnancy Outcomes, Sickle Cell Disease Outcomes, and Respiratory Illness Management (Child-Asthma and Adult-COPD). Each health plan is required to submit PIPs to CCME for validation annually. CCME validates and scores the submitted projects using the CMS designed protocol to evaluate the validity and confidence in the results of each project. Twenty-three projects were validated for the three health plans. Results of the validation and project status for each project are displayed in the sections that follow.

CAN PIP VALIDATION RESULTS

United submitted four PIPs for validation: Behavioral Health Readmissions, Improving Pregnancy Outcomes: Care Management to Reduce Preterm Deliveries, Respiratory Illness: COPD/Asthma, and Care Coordination for SCD Patients to Reduce ER Utilization. *Table 36: United CAN PIPs* provides an overview of each PIP, the validation results and intervention.

Table 36: United CAN PIPs

Behavioral Health Readmissions	
<p>The Behavioral Health Readmissions PIP is aimed at reducing the 30-day psychiatric readmission rates. The goal is to improve care coordination and discharge planning for members who experience psychiatric admissions at five inpatient facilities and to determine if the interventions help decrease psychiatric readmissions. For this validation, the PIP <u>showed no improvement</u> in the latest readmission rate from 17.7% in 2020 to 21.4% in 2021 with a goal of 14.2%. The case management enrollment indicator had a decline from 38% in 2020 to 28% in 2021. Individual facility rates were reported as well for each of the five facilities.</p>	
Previous Validation Score	Current Validation Score
<p>79/80=99% High Confidence in Reported Results</p>	<p>74/75=99% High Confidence in Reported Results</p>
Interventions	
<ul style="list-style-type: none"> • Collaboration with high volume Hinds County outpatient and inpatient providers in order to schedule and facilitate meetings to discuss ways to improve readmissions rates by increasing the seven day-follow-up appointment. • Meds to Beds Program to provide transition solutions to coordinate care and discharge medications for members discharged from inpatient facilities. • Enhanced Case Management. 	



2022–2023 External Quality Review

- Direct referrals to Genoa Pharmacy.
- Partial Hospitalization Programs and/or Intensive Outpatient Programs as a step down from Inpatient level of care.

Improved Pregnancy Outcomes

The Improved Pregnancy Outcomes PIP goal is to reduce the total number of preterm deliveries by monitoring the percentage of women who had a live birth and received a prenatal care visit in the first trimester or within 42 days of enrollment. For this validation, this PIP showed some improvement. The baseline rate was 92.21% and the remeasurement one rate was 91.48%. The most recent remeasurement improved to 93.67%, which is above the DOM goal rate of 93.62%. This rate reflects an improvement in the visit rate.

Previous Validation Score	Current Validation Score
79/80=99% High Confidence in Reported Results	80/80=100% High Confidence in Reported Results

Interventions

- Home visit care management services in seven underserved communities in MS.
- Care management for high-risk pregnant members and their babies less than a year old.
- The Optum Whole Person Care Program provides telephonic and/or face-to-face outreach to high-risk members to educate the member and help with establishing an obstetric practice.
- Dedicated maternity Member Services Team for telephonic outreach to low-risk members or to members whose risk is unknown to identify any barriers such as transportation childcare and connect the member to support resources.
- Member and provider education with the First Steps packets and the OB toolkits.
- National Healthy Starts program to address social needs.
- Provider education with OB Toolkits.
- Weekly data analysis with risk stratification.
- Healthy Starts Program to address social needs.

Sickle Cell Disease Outcomes

The goal of the Sickle Cell Disease PIP is to decrease emergency room utilization by monitoring the number of members five to 64 years of age who were identified as a persistent super user of emergency room services for sickle cell disease complications. For this validation, the PIP showed no improvement. The rate was 26.43% in 2020 and increased to 28.50% in 2021. The goal is to reduce it to 25.64%.

Previous Validation Score	Current Validation Score
80/80=100% High Confidence in Reported Results	74/75=99% High Confidence in Reported Results

Interventions



2022–2023 External Quality Review

- Outreach to providers encouraging the use of hydroxyurea for patients who do not have a pharmacy claim for hydroxyurea.
- Quarterly meetings with FOHCs to address emergency room utilization and high-risk cohort patients.
- Member outreach for scheduling appointments, transportation, pharmacy concerns, enrollment in case management, and assisting with follow-up appointments.
- Telehealth campaigns and after-hour care newsletters.
- Weekly interdisciplinary rounds for Case Management.
- Provider education with the After Hour Care newsletter.

Respiratory Illness: COPD/Asthma

The Respiratory Illness PIP examines the COPD exacerbations and pharmacotherapy management HEDIS rate. The bronchodilators baseline rate was 75.13%% which improved to 76.36%% although it is still below the DOM goal rate of 77.38%. The corticosteroids baseline rate was 54.02% at remeasurement one and declined to 49.89% for 2021. It is below the goal rate of 55.62% for DOM. The AMR rate for 2021 was 73.36% which is a decline from the remeasurement one rate of 74.08%.

Previous Validation Score	Current Validation Score
80/80=100% High Confidence in Reported Results	74/75=99% High Confidence in Reported Results

Interventions

- Clinical practice consultants visit high volume practices to discuss Clinical Practice Guidelines and evidence-based Quality Performance Guidelines and assist with interpreting patient care opportunity reports.
- Pharmacy outreach to ensure members have educational materials, prescriptions are filled and assist with overrides or claims issues related to prescribed inhalers.
- Communication with clinics regarding non-compliant members, patient care opportunity reports, and provider education.

For United CAN, CCME provided recommendations for the Behavioral Health Readmission, Respiratory Illness, and Sickle Cell PIPs. They are displayed in *Table 37: CAN Performance Improvement Project Recommendations--United*.



2022–2023 External Quality Review

Table 37: CAN Performance Improvement Project Recommendations--United

Project	Section	Reason	Recommendation
Behavioral Health Readmissions	Was there any documented, quantitative improvement in processes or outcomes of care?	The readmission rate overall showed no improvement in the latest rate from 17.7% in 2020 to 21.4% in 2021 with a goal of 14.2%. The case management enrollment indicator had a decline from 38% in 2020 to 28% in 2021.	Evaluate the impact of Partial Hospitalization Programs and/or Intensive Outpatient Programs as a step down from inpatient level of care to determine if this additional intervention improves readmissions. Determine if additional steps should be taken to ensure re-admitters are enrolled in high-risk case management.
Respiratory Illness	Was there any documented, quantitative improvement in processes or outcomes of care?	The corticosteroids baseline rate was 54.02% at remeasurement one and declined to 49.89% for 2021. This rate is below the goal rate of 55.62%. The AMR rate for 2021 was 73.36% which is a decline from remeasurement one rate of 74.08%.	Assess the impact of patient care opportunity reports, provider education, and the Community Plan Incentive program using interim rate monitoring.
Sickle Cell Disease	Was there any documented, quantitative improvement in processes or outcomes of care?	The rate was 26.43% in 2020 and increased to 28.50% in 2021. The goal is to reduce this rate to 25.64%.	Continue weekly interdisciplinary rounds for CM, Sickle Cell Disease Program and monitor interim rates for monitoring the success of these interventions

Magnolia submitted four PIPs for validation on the four priority topics. The PIPs included: Asthma/COPD: Asthma Medication Ratio, Behavioral Health Readmissions, Sickle Cell Disease: Increasing Compliance with Hydroxyurea, and Reducing Preterm Births. *Table 38: Magnolia CAN PIPs* provides an overview of each PIP, the validation results, and interventions.



2022–2023 External Quality Review

Table 38: Magnolia CAN PIPs

Asthma/COPD	
<p>The Asthma/COPD PIP focuses on the percentage of members 12-18 years of age with persistent asthma and who had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year. This indicator uses the HEDIS measure, Asthma Medication Ratio (AMR). The documentation provided showed <u>no change</u> with an AMR rate of 70.24% for 2020 and 70.25% for 2021 with a goal of 76.86%. The COPD spirometry testing indicator <u>declined</u> from 26.49% in 2020 to 21.84% in 2021. The goal is 36.82%.</p>	
Previous Validation Score	Current Validation Score
<p>73/74= 99% High Confidence in Reported Results</p>	<p>73/74= 99% High Confidence in Reported Results</p>
Interventions	
<ul style="list-style-type: none"> • Direct outreach by the Population Health Management Team to non-compliant members identified in both the Asthma Medication Ratio (AMR) and Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) populations. • Pharmacy Team mailed letters encouraging the addition of a long-term controller medication to both members and providers in the AMR population. • Education on the AMR & SPR measures in provider newsletters by the QI Team. 	
Behavioral Health Readmission	
<p>The Behavioral Health Readmission PIP is focused on reducing 30-day readmissions for members discharged from a behavioral health facility and increasing case management enrollment for those that are readmitted. Magnolia tracks data quarterly and annually for this PIP. The 2021/2022 rate was 19.73% which <u>reduced</u> slightly in the Q2 2022 rate to 19.7%. The enrollment rate <u>improved</u> from Q1 2022 at 35.7% to Q2 2022 at 37.5%.</p>	
Previous Validation Score	Current Validation Score
<p>73/74=99% High Confidence in Reported Results</p>	<p>80/80 = 100% High Confidence in Reported Results</p>
Interventions	
<ul style="list-style-type: none"> • Telephonic outreach by the Clinical Provider Trainer for Behavioral Health to all Hinds County Behavioral Health facilities to provide education, resources, and address any barriers. • Direct outreach to members discharged from Hinds County BH facilities by the Behavioral Health Team to complete the TOC Assessment. 	
Sickle Cell Disease Outcomes	
<p>The Sickle Cell Disease PIP focuses on increasing compliance with Hydroxyurea for eligible members throughout the treatment period. The most recent rate <u>improved</u> from 20.6% in 2020/2021 to 25.8% in 2021/2022. The goal is 47%.</p>	
Previous Validation Score	Current Validation Score



2022–2023 External Quality Review

73/74= 99% High Confidence in Reported Results	80/80 = 100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> The Pharmacy Team mailed educational letters to members identified with a prescription for Hydroxyurea suggesting ways to be proactive in taking their medication daily (pillbox, daily alarm, auto-refill pharmacy) and on the importance of medication adherence. Pharmacy Team mailed letters to the Providers of those members identified, encouraging the Provider to discuss medication adherence at the member's next scheduled appointment. Pharmacy Team outreached all members who received letters to provide education and to address any barriers/concerns. Referrals to Care Management as needed. 	
Reducing Preterm Births	
<p>The Reducing Preterm Births PIP is focused on reducing the preterm birth rate for pregnant mothers with hypertension/preeclampsia. The baseline rate was 14.47%, which <u>increased</u> to 15.84% in the 2021-2022 measurement period. The goal is to reduce the preterm birth rate to 11.4%.</p>	
Previous Validation Score	Current Validation Score
70/70=100% High Confidence in Reported Results	72/73= 99% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> Completing Notification of Pregnancy (NOP) as applicable Enrolling member in the Start Smart for Baby program. Refer to Care Management for continuous follow up. Identify various methodologies to enhance patient education and engagement to increase early intervention. Develop materials on controlling hypertension during pregnancy, distribute to members as needed. Develop a plan and criteria to distribute blood pressure cuffs to members. 	

CCME provided Magnolia with recommendations for the Reducing Preterm Births and Asthma/COPD PIPs. The recommendations are displayed in *Table 39 Performance Improvement Project Recommendations*.

Table 39: Performance Improvement Project Recommendations

Project	Section	Reason	Recommendation
Reducing Preterm Births	Was there any documented, quantitative improvement in processes or outcomes of care?	The baseline rate was 14.47% which increased to 15.84% in the 2021-2022 measurement period. The goal is to reduce the preterm birth rate to 11.4%.	Continue monitoring newly implemented interventions, including education and enrollment programs to determine if preterm birth rate can be reduced.



2022–2023 External Quality Review

Project	Section	Reason	Recommendation
Asthma/COPD	Was there any documented, quantitative improvement in processes or outcomes of care?	Asthma medication ratio (12-18-year-olds at 50% or greater) showed no change with an AMR rate of 70.24% for 2020 and 70.25% for 2021. The goal is 76.86%. The COPD spirometry testing indicator declined from 26.49% in 2020 to 21.84% in 2021. The goal is 36.82%.	Initiate enhancements for support services and the Care Management program to improve AMR and COPD rates.

Molina CAN submitted seven PIPs for validation on the four priority topics. The PIPs included: Behavioral Health Readmissions, Asthma - AMR, Pharmacotherapy Management of COPD Exacerbation, Follow-up 7 and 30 Days after Hospitalization for Mental Illness, Prenatal and Postpartum Care, Sickle Cell Disease, and Obesity. *Table 40: Molina CAN PIPs* provides an overview of each PIP, the validation results and intervention.

Table 40: Molina CAN PIPs

Behavioral Health Readmissions	
The Behavioral Health Readmissions PIP is aimed at reducing the 30-day psychiatric readmission rates. The goal is to improve care coordination and discharge planning for members who experience psychiatric admissions at five inpatient facilities and determine if the interventions help decrease psychiatric readmissions. The BH Readmissions for Hinds County showed a <u>decline in readmissions from Q1 2022 at 24.4% to Q2 2022 at 15%</u> . The goal is 14%. The enrollment in high-risk case management for unique readmitted patients is reported to be 100%.	
Previous Validation Score	Current Validation Score
73/74=99% High Confidence in Reported Results	80/80=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> • Community connectors • Primary care initiative • Scheduling process changed • Onsite discharge planning • Transition of Care letters sent to members • Patient Outreach 	
Asthma Medication Ratio	
The aim for the Asthma PIP is to increase the compliance rate for members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of	



2022–2023 External Quality Review

0.50 or greater during the measurement year. The rate declined from 81.4% to 72.3% but is still <u>above the goal rate of 71.3%</u> .	
Previous Validation Score	Current Validation Score
73/74=99% High Confidence in Reported Results	80/80=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> • Asthma education video on proper use of the inhaler • Monitoring of the non-compliant members and encourage providers to contact members to close the gap in care • Telephone call campaign to encourage members to get their annual wellness exams • Provider toolkits and educational materials • Member educational materials 	
Pharmacotherapy Management of COPD Exacerbation (PCE)	
The COPD PIP focuses on improving the rate of COPD members who are dispensed a systemic corticosteroid within 14 days of an acute event. The PCE measure is used and both rates improved. For systemic corticosteroid, the rate <u>improved from 36.4% to 46.3%</u> with a goal of 67%. The bronchodilator rate <u>improved from 54.6% to 71.6%</u> with a goal of 81.8%.	
Previous Validation Score	Current Validation Score
80/80=100% High Confidence in Reported Results	80/80=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> • Smoking Cessation Program: This program provides access to over-the-counter tobacco cessation products. • Provider Education: The Provider Toolkit is a quick reference guide for providers. This kit includes the 2021 revised HEDIS Tip Sheets to support the providers in meeting the goals of the NCOA HEDIS measures, MHMS resources (i.e., useful phone and fax numbers), and tips to increase member satisfaction. 	
Follow-up 7 and 30 Days after Hospitalization for Mental Illness	
Measures the percentage of behavioral health discharges for which the member received follow-up within 7 days and 30 days of discharge. The 7-day rate <u>improved from 24.24% to 30.22%</u> . The goal rate is 28.32%. For 30-day follow up, the rate also <u>improved from 31.8% to 49.1%</u> with a goal of 50%.	
Previous Validation Score	Current Validation Score
80/80=100% High Confidence in Reported Results	80/80=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> • TOC Coaches: Once notified of assigned admitted members, the TOC coaches follow a bundle process to outreach to members. They complete an in-patient assessment with the member. In addition, they assist with scheduling a 7- or 30-day follow-up visit with a behavioral health provider. They also address any current or foreseen barriers that may prohibit the member from keeping an aftercare follow-up plan. • Discharge planning checklist • Processes to improve efficiency of scheduling follow-up appointments 	



2022–2023 External Quality Review

<ul style="list-style-type: none"> Provider Education 	
<h3 style="background-color: #0056b3; color: white; padding: 5px;">Prenatal and Postpartum Care</h3>	
<p>The aim of the Prenatal and Postpartum Care PIP is to improve the percentage of deliveries that receive a prenatal care visit as a member of Molina in the first trimester and to improve the percentage of deliveries that had a postpartum visit on or between 21-56 days of delivery. For prenatal care, the <u>rate improved from 90.2% to 90.4%</u> with a goal of 93.6%. The post-partum <u>rate improved from 34.7% to 42%</u> with a goal of 74.3%.</p>	
<p>Previous Validation Score</p>	<p>Current Validation Score</p>
<p>80/80=100% High Confidence in Reported Results</p>	<p>80/80=100% High Confidence in Reported Results</p>
<h3 style="background-color: #e6f2ff; padding: 5px;">Interventions</h3>	
<ul style="list-style-type: none"> Provider education Member incentives, gift cards, and car seats Member outreach events Mother's Liquid Gold, Reduce Baby's Cold (Electric Breast Pump Pilot)-currently recruiting 100 maternity members to utilize electric breast pump for the first 6 months of their child's life. 	
<h3 style="background-color: #0056b3; color: white; padding: 5px;">Sickle Cell Disease</h3>	
<p>The aim for the Sickle Cell Disease (SCD) PIP is to increase the rate of case management services for members with SCD. The rate declined from 7.5% to 4% with a goal of 15.9%.</p>	
<p>Previous Validation Score</p>	<p>Current Validation Score</p>
<p>80/80=100% High Confidence in Reported Results</p>	<p>74/75=99% High Confidence in Reported Results</p>
<h3 style="background-color: #e6f2ff; padding: 5px;">Interventions</h3>	
<ul style="list-style-type: none"> Internal monitoring and tracking for inpatient care and Emergency Department visits. Provider education: Distribution of educational materials to providers. The Provider Toolkit contains information to assist providers in HEDIS measures and other preventive and maintenance health measures that affect the sickle cell population. Collaboration: Working in collaboration with MS Sickle Cell Foundation (MSCF). MSCF is a non-profit 501(c)3 that has been in existence in MS since 1996. The goal of this organization is to improve the lives of individuals and families in MS, living with sickle cell disease. QI is also in collaboration with MHMS internal teams, mainly Health Care Services and Member and Community Engagement. Member educational materials 	
<h3 style="background-color: #0056b3; color: white; padding: 5px;">Obesity</h3>	
<p>The Obesity PIP focuses on the child population. The BMI percentile, Nutrition, and Counseling HEDIS rates are utilized. For BMI Percentile, the <u>rate went from 9.7% to 17.1%</u> with a goal of 61.3%. The Nutrition <u>rate went from 4.3% to 8.1%</u> with a goal of 52.3%. The Counseling <u>rate improved from 4.1% to 7.9%</u> with a goal of 57.4%.</p>	
<p>Previous Validation Score</p>	<p>Current Validation Score</p>
<p>73/74=99% High Confidence in Reported Results</p>	<p>80/80=100% High Confidence in Reported Results</p>



2022–2023 External Quality Review

Interventions
<ul style="list-style-type: none"> • Provider Education • Member Incentives • Member outreach and member events for awareness and education

CCME provided a recommendation for the Sickle Cell Disease PIP, as displayed in *Table 41: CAN Performance Improvement Project Recommendation—Molina*.

Table 41: CAN Performance Improvement Project Recommendation—Molina

Project	Section	Reason	Recommendation
Sickle Cell Disease	Was there any documented, quantitative improvement in processes or outcomes of care?	The Case Management Enrollment rate declined from 7.5% to 4% with a goal of 15.9%.	Continue working on member and plan related barriers to improve enrollment rates including internal collaboration and identification of members as well as member awareness and SCD pediatric to adult transition of care.

CHIP PIP VALIDATION RESULTS

For the CHIP population, United submitted four PIPs for validation. Topics included: Adolescent Well Care, Member Satisfaction, Follow Up After Hospitalization, and Obesity. *Table 42: United CHIP PIPs* provides an overview of each PIP, the validation results and intervention.

Table 42: United CHIP PIPs

Adolescent Well Child Visits (AWC)/ Child and Adolescent Well Care Visits (WCV)	
<p>The Adolescent Well Child Visits (AWC)/Child and Adolescent Well Care Visits (WCV) PIP's goal is to improve and sustain adolescent well care visits for ages 12 - 21 with a PCP or OB/GYN each calendar year. The AWC measure was retired and replaced with the WCV measure. This measure looks at the percentage of members completing at least one comprehensive wellness visit during the calendar year. The rate for the 12-17-year-olds <u>improved</u> from 36.37% to 40.16%. This is above the goal rate of 37.46%. The rate for 18-21-year-olds also <u>improved</u> from 19.64% to 25.34% which is above the goal rate of 24.63%.</p>	
Previous Validation Score	Current Validation Score
73/73=100% High Confidence in Reported Results	80/80 = 100% High Confidence in Reported Results
Interventions	



2022–2023 External Quality Review

- Phone calls to noncompliant members and after hour and weekend clinic days. Staff collaborated with participating clinics to close care gaps.
- Clinical practice consultants and clinical transformation consultants conduct educational sessions with providers on HEDIS requirements.
- Resumption of the Farm to Fork activities for members to receive educational materials regarding wellness visits and immunizations.

Follow Up After Hospitalization for Mental Illness

The goal for the Follow-Up After Hospitalization for Mental Illness PIP is to improve the number of post hospitalization 7-day and 30-day follow-up visits. For this review period the PIP documentation report showed that the 30-day follow up rate remained about the same over the last 2 measurement periods, with a rate of 65.9% in 2020 and 65.8% in 2021. The 7-day follow up rate declined from 39.31% to 35.11% in 2021. The goal rate for United is 38.95%.

Previous Validation Score	Current Validation Score
80/80=100% High Confidence in Reported Results	74/75=99% High Confidence in Reported Results

Interventions

- Reviewing current audit tools to ensure discharge planning is started at the beginning of the inpatient stay.
- Continue demographic workflow to improve capture of current contact numbers for enrollees.
- Fax blasts sent to practitioners and clinical staff sharing the requirement for behavioral health practitioners and PCPs to communicate relevant treatment information involving member care.
- Network notes and Optum news and updates for UBH clinicians and facilities.
- Case management initiates calls to schedule follow-up appointments.

Reducing Adolescent and Childhood Obesity

The goal of the Reducing Adolescent and Childhood Obesity PIP is to decrease childhood obesity through improved communication between the provider and member regarding counseling for weight, physical activity, and nutritional counseling. This PIP has three HEDIS indicators: body mass index (BMI) percentile, counseling for nutrition, and counseling for physical activity. BMI percentile documentation improved from 64.23% in 2020 to 70.07% in 2021. The goal rate is 76.64%. Counseling on nutrition improved slightly from 52.07% to 53.04% with a goal of 70.11%. Counseling for physical activity improved slightly from 49.15% to 49.88% with a goal of 66.18%.

Previous Validation Score	Current Validation Score
99/100 = 99% High Confidence in Reported Results	100/100=100% High Confidence in Reported Results

Interventions

- Member and provider education.
- Phone calls to noncompliant members.
- After hour and weekend clinic days.
- Member events such as health fairs and Farm to Fork events.



2022–2023 External Quality Review

<ul style="list-style-type: none"> Clinical Practice Consultants conduct routine visits to PCPs to provide education on HEDIS measures and appropriate coding and billing. Community outreach activities such as the Farm to Fork program and health fairs. 	
Getting Needed Care CAHPS	
<p>For the member satisfaction PIP, Getting Needed Care, the goal is to increase the percentage of members who answer the CAHPS Child Survey question regarding the ease of seeing a specialist and improve the rate to meet the NCQA quality compass percentile rate. For this review the rate <u>improved</u> from 82.3% to 90.3% which is above the goal of 79.8%.</p>	
Previous Validation Score	Current Validation Score
99/100=99% High Confidence in Reported Results	100/100=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> Member education regarding the provider network and how to access care. Clinical Practice Consultants make face to face visits with high volume clinics to discuss the CAHPS survey. Provide member education during phone calls and town hall meetings regarding United’s provider network. Offer case management to providers to support or expedite referrals. 	

CCME provided United with recommendations for the Getting Needed Care and the Reducing Adolescent and Childhood Obesity PIPs. They are displayed in *Table 43: CHIP Performance Improvement Project Recommendations—United*.

Table 43: CHIP Performance Improvement Project Recommendations—United

Project	Section	Reasoning	Recommendation
Follow-Up After Hospitalization	Was there any documented, quantitative improvement in processes or outcomes of care?	The 30-day follow up rate remained about the same over the last 2 measurement periods, with a rate of 65.9% in 2020 and 65.8% in 2021. The 7-day follow up rate declined from 39.31% to 35.11% in 2021.	Determine if there are ways to identify the most impactful interventions and if those are identified, focus efforts on those methods and processes.

Molina submitted four PIPs for the CHIP population. Topics included: Adolescent Well Care/Well Child, Asthma Medication Ratio, Obesity, and Follow-up After Hospitalization for Mental Illness. *Table 44: Molina CHIP PIPs* provides an overview of each PIP, the validation results, and interventions.



2022–2023 External Quality Review

Table 44: Molina CHIP PIPs

Adolescent Well Care/Well Child	
<p>The aim for the Well Care/Well Child PIP is to increase the number of CHIP members who receive at least 6 or more well care/well child visits during the first 0-15 months of life. The baseline rate was 42.59% with a goal of 55.79%. The most recent rates were 57% in Q1 and 60.33% in Q2. The last four rates have been <u>above the goal rate</u>.</p>	
Previous Validation Score	Current Validation Score
72/72=100% High Confidence in Reported Results	85/85=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> • Provider education with periodic face-to-face visits offering HEDIS toolkits, non-compliant member lists, provider portal training, and HEDIS Tip Sheets for well visits. • Member/Community outreach with health fairs and community events as a primary source of meeting and informing members on a large scale. • Member incentives provided on the day of the screening. 	
Asthma Medication Ratio (AMR)	
<p>The aim for the Asthma PIP is to increase the compliance rate of asthma medication for CHIP members. The baseline rate was presented at 84.5% with a goal of 71.28%. The last two <u>rates are also above the goal rate</u>, with a rate of 81.82% in Q1 and 88.15% in Q2.</p>	
Previous Validation Score	Current Validation Score
72/72=100% High Confidence in Reported Results	85/85=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> • Asthma education for members on the proper use of the inhaler • Telephone campaigns to encourage members to get their annual wellness exams. • Provider education with toolkits and assistance with member outreach. 	
Obesity- Ages 3 to 19	
<p>The Obesity PIP's aim is to increase the percentage of CHIP members who had an outpatient visit with their PCP or OBGYN that includes weight assessment counseling. For the Obesity PIP, the BMI documentation rate <u>improved from 9.36% in Q1 to 15.28% in Q2</u>. The goal rate is 61.31%. The nutrition counseling rate also <u>improved from 4.36% to 8.43%</u> with a goal of 52.3%. Counseling for physical activity <u>improved from 3.89% to 8.11%</u> with a goal of 57.42%. The BMI percentile goal is 61.31%; the nutrition goal rate is 52.31%; and the physical activity counseling goal is 57.42%.</p>	
Previous Validation Score	Current Validation Score
72/72=100% High Confidence in Reported Results	80/80=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> • Provider toolkits to help facilitate tracking reports and address areas needed. • Member education, community outreach, and incentives. 	



2022–2023 External Quality Review

Follow-up After Hospitalization for Mental Illness (FUH)- Ages 6 to 19	
The aim for this PIP is to increase the number of CHIP members who receive a follow-up after hospitalization within 7 and 30 days. The 30-day rate <u>improved from 31.25% in Q1 2022 to 62.5% in Q2 2022</u> . The goal is 50%. The 7-day baseline rate <u>improved from 12.5% to 35.4%</u> - this is over the goal of 28.32%.	
Previous Validation Score	Current Validation Score
72/72=100% High Confidence in Reported Results	80/80=100% High Confidence in Reported Results
Interventions	
<ul style="list-style-type: none"> • Transition of Care collaborative on-site discharge planning. • Transition of Care/Case Management post-discharge follow-up to assist with scheduling follow-up appointments and transportation. • Implementation of a Discharge Planning Checklist. • Behavioral Health Provider Engagement to establish processes to ensure members can be seen within 7- or 30-days post discharge. 	

Table 45: *Quality Improvement Comparative Data* provides an overview of each health plan’s scores for the Quality Improvement standards.



2022–2023 External Quality Review

Table 45: Quality Improvement Comparative Data

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	 = <i>Quality</i>  = <i>Timeliness</i>  = <i>Access to Care</i>
Quality Improvement (QI) Program 42 CFR §438.330 (a)(b) and 42 CFR §457.1240(b)						
The CCO formulates and implements a formal quality improvement program with clearly defined goals, structure, scope, and methodology directed at improving the quality of health care delivered to members	Met	Met	Met	Met	Met	<p>Strengths:</p> <ul style="list-style-type: none">  The Quality Improvement Program Descriptions were updated annually and submitted to the appropriate committees for approval. The Program Descriptions detailed the QI Program’s scope, goals, objectives, structure, and functions for the plan.  Each CCO provided information to members and providers about their QI programs via their websites, in the Member Handbooks and in the Provider Manuals.
The scope of the QI program includes monitoring of services furnished to members with special health care needs and health care disparities	Met	Met	Met	Met	Met	
The scope of the QI program includes investigation of trends noted through utilization data collection and analysis that demonstrate potential health care delivery problems	Met	Met	Met	Met	Met	
An annual plan of QI activities is in place which includes areas to be studied, follow up of previous projects where appropriate, timeframes for implementation and completion, and the person(s) responsible for the project(s)	Met	Met	Met	Met	Met	
Quality Improvement Committee						
The CCO has established a committee charged with oversight of the QI program, with clearly delineated responsibilities	Met	Met	Met	Met	Met	<p>Strengths:</p> <ul style="list-style-type: none">  Each CCO has established a committee responsible for the oversight of their QI



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = <i>Quality</i> ▶ = <i>Timeliness</i> ▶ = <i>Access to Care</i>
The composition of the QI Committee reflects the membership required by the contract	Met	Met	Met	Met	Met	Programs. These committees evaluated the results of the QI activities and made recommendations as needed.
The QI Committee meets at regular intervals	Met	Met	Met	Met	Met	▶ Participating practitioners from each CCO serve as voting members of the QI committees. The practitioners provide clinical review and feedback to the committee.
Minutes are maintained that document proceedings of the QI Committee	Met	Met	Met	Met	Met	
Performance Measures <i>42 CFR §438.330 (c) and §457.1240 (b)</i>						
Performance measures required by the contract are consistent with the requirements of the CMS protocol, “Validation of Performance Measures”	Met	Met	Met	Met	Met	<p>Strengths:</p> <ul style="list-style-type: none"> ▶ The CCOs were fully compliant with all information system standards and submitted valid and reportable rates for all HEDIS measures in the scope of the audit. ▶ There were no concerns with the CCO’s data processing, integration, and measure production for the CMS Adult and Child Core Set measures that were reported. Measure specifications were followed, and reportable rates were produced. <p>Weaknesses:</p> <ul style="list-style-type: none"> ▶ While the CCOs have sufficient systems and processes in place, the rates reported for the Adult and Child Core



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	<p>▶ = <i>Quality</i> ▶ = <i>Timeliness</i> ▶ = <i>Access to Care</i></p>
						<p>Set measures indicate that the CCOs need to improve processes around monitoring rate trends for improvement opportunities.</p> <p>▶ All CCOs did not report at least one or more HEDIS and/or Adult and Child Core Set measures that were required for reporting by DOM for MY 2021.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Improve processes around the monitoring of HEDIS and Adult and Child Core set measure rate trends to identify opportunities for improvement and verification of the rates reported. • Work with DOM to obtain the CMS Adult and Child Core set measure interpretation/clarification to ensure accuracy of rate reporting. • Improve processes around calculation, reporting and verification of the rates reported for the DOM required Adult and Child Core set measures. • The CCOs should pay special attention to supplemental data accuracy as well as opportunities to leverage more supplemental data to calculate HEDIS as



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	<ul style="list-style-type: none"> ▶ = <i>Quality</i> ▶ = <i>Timeliness</i> ▶ = <i>Access to Care</i>
						<p>well as the Adult and Child Core Set measures.</p> <ul style="list-style-type: none"> DOM should work with the CCOs to identify why all three CCOs reported a decline of 10 percentage points or more for the Follow-Up Care for Children Prescribed ADHD Medication (add) measure, both the Initiation Phase indicator and the Continuation and Maintenance Phase (CAN population).
Quality Improvement Projects						
Topics selected for study under the QI program are chosen from problems and/or needs pertinent to the member population or as directed by DOM	Met	Met	Met	Met	Met	<p>Strengths:</p> <ul style="list-style-type: none"> ▶ PIP reports included the CMS elements and integrated Corrective Actions from the previous review. ▶ PIPs were based on analysis of comprehensive aspects of enrollee needs and services, and rationale for each topic was documented.
The study design for QI projects meets the requirements of the CMS protocol, “Validating Performance Improvement Projects”	Met	Met	Met	Met	Met	<p>Weaknesses:</p> <ul style="list-style-type: none"> ▶ United’s CAN PIPs, Behavioral Health Readmission, Respiratory Illness, and Sickle Cell Disease demonstrated no quantitative improvement in process or care. ▶ United’s CHIP PIP, Follow Up After Hospitalization demonstrated no



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
						quantitative improvement in process or care. Recommendations: <ul style="list-style-type: none"> For PIPs that are lacking improvement in indicator rates, determine if there are ways to identify the most impactful interventions and if those are identified, focus efforts on those methods and processes. Continue monitoring newly implemented interventions to allow for revisions as needed to enhance their impact on the project outcomes.
Provider Participation in Quality Improvement Activities						
The CCO requires its providers to actively participate in QI activities	Met	Met	Met	Met	Met	Strengths: <ul style="list-style-type: none"> The CCOs network providers receive feedback regarding their performance data through provider reports and gaps in care reports. Weaknesses:
Providers receive interpretation of their QI performance data and feedback regarding QI activities	Met	Met	Met	Met	Met	
The scope of the QI program includes monitoring of provider compliance with CCO practice guidelines	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
CAN - The CCO tracks provider compliance with EPSDT service provision requirements for: Initial visits for newborns CHIP - The CCO tracks provider compliance with Well-Baby and Well-Child service provision requirements for: Initial visits for newborns	Met	Met	Met	Met	Met	Molina is not tracking member follow-up treatment and referrals needed for abnormal findings on an EPSDT and Well-Baby and Well-Child exam, as required by the <i>CAN Contract, Section 5 (D)</i> and the <i>CHIP Contract, Section 5 (D)</i> . <u>This was an issue identified during the 2020 and 2021 EOR that has not been corrected.</u> Recommendations: <ul style="list-style-type: none"> To ensure compliance with the contractual requirements, Molina must implement a system for tracking members identified with an abnormal finding on an EPSDT exam that includes the diagnosis, treatment, and referrals needed to address the abnormal findings, as required by the <i>CAN Contract, Section 5 (D)</i> and the <i>CHIP Contract, Section 5 (D)</i>.
CAN - The CCO tracks provider compliance with EPSDT service provision requirements for: EPSDT screenings and results CHIP - The CCO tracks provider compliance with Well-Baby and Well-Child service provision requirements for: Well-Baby and Well-Child screenings and results	Met	Met	Met	Met	Met	
CAN - The CCO tracks provider compliance with EPSDT service provision requirements for: Diagnosis and/or treatment for children CHIP - The CCO tracks provider compliance with Well-Baby and Well-Child service provision requirements for: Diagnosis and/or treatment for children	Met	Met	Met	Not Met↓	Not Met↓	
Annual Evaluation of the Quality Improvement Program <i>42 CFR §438.330 (e)(2) and §457.1240 (b)</i>						



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
A written summary and assessment of the effectiveness of the QI program is prepared annually	Met	Met	Met	Not Met ↓	Not Met ↓	<p>Weaknesses:</p> <ul style="list-style-type: none"> Molina’s 2021 QI Program Evaluation was incomplete and did not contain the results or status of all QI activities completed or underway in 2021, as required by the CAN Contract, Section 10 (D) (8) and the CHIP Contract, Section 9 (D) (8). This continues to be an issue. It was identified in the 2020 and 2021 EQRs and not corrected. <p>Recommendations:</p> <ul style="list-style-type: none"> The QI Program Evaluations must include the results of all activities completed in the previous year and/or an update for the ongoing activities to meet the requirements in the CAN Contract, Section 10 and Exhibit G and the CHIP Contract, Section 9, and Exhibit F.
The annual report of the QI program is submitted to the QI Committee, the CCO Board of Directors, and DOM	Met	Met	Met	Met	Met	



E. Utilization Management

42 CFR § 438.210(a-e), 42 CFR § 440.230, 42 CFR § 438.114, 42 CFR § 457.1230 (d), 42 CFR § 457.1228, 42 CFR § 438.228, 42 CFR § 438, Subpart F, 42 CFR § 457.1260, 42 CFR § 208, 42 CFR § 457.1230 (c), 42 CFR § 208, 42 CFR § 457.1230 (c)

United Health Care’s Utilization Management (UM) Program is integrated within United Healthcare Clinical Services. The Chief Medical Officer (CMO) is responsible for providing clinical consultation and oversight. Additionally, Optum is responsible for management of behavioral health services. **Magnolia’s Chief Medical Director (CMD) is responsible for daily oversight and management within UM that is operated within the Clinical Operations Department. Molina’s UM Program is structured within the Health Care Services (HCS) Program, wherein the CMO has oversight responsibilities over the HCS Program. Each plan has licensed practitioners that participate in policy development, clinical criteria application, and perform initial clinical review determinations.**

The health plans have detailed UM Program Descriptions and policies that define and describe the UM process and supervisory oversight of staff. The policies also accurately explain the operational aspects of UM activities that include managing standard and urgent prior authorization requests.

Coverage and Authorization of Services

42 CFR § 438.210(a-e), 42 CFR § 440.230, 42 CFR § 438.114, 42 CFR § 457.1230 (d), 42 CFR § 457.1228

Prior authorization is required by each of the CCOs for specific procedures and services. Prior authorization is not required for emergency or urgent care services. Each CCO has a staff of clinical licensed healthcare professionals conducting initial reviews using evidence based guidelines such as InterQual, Milliman Care Guidelines, American Society of Addiction Medicine (ASAM), and other applicable criteria. The review criteria are reviewed and approved at least annually by various committees responsible for oversight of the UM Programs within the CCOs.

Initial clinical reviews are conducted by actively licensed health care professionals who hold current licensure as a registered nurse, licensed practical nurse, licensed vocational nurse, or other appropriately licensed health professionals. The licensed health professionals have access to licensed clinical medical directors if a second level medical necessity review is needed.

Annual inter-rater reliability (IRR) testing is conducted for review staff, including physicians, to assess the consistency with which the criteria is applied. The passing score goals are set for each CCO. Reviewers that do not pass the initial IRR testing receive refresher training and are retested. Results reflected processes are on-target for consistency and adherence to established guidelines.



2022–2023 External Quality Review

Timeframes for completing authorization requests are included in the CCOs’ UM Program Descriptions, policies, and other materials. United’s UM Program Descriptions (CAN and CHIP) indicate that United may request an extension for completing authorization requests. The notice sent to members when United requests an extension is missing information regarding the member’s right to file a grievance regarding the extension, as required by 42 CFR § 438.408 (c). This requirement is also not specifically mentioned in policy, the CAN and CHIP Provider Manuals, or in the CAN and CHIP Member Handbooks.

During the 2021 EQR, CCME identified an issue with Molina’s Policy MHMS-HCS-UM-383, Timeliness of UM Decisions, regarding the requirements for extending the timeframe for completing authorization requests. Molina addressed this deficiency and corrected the policy. The table that follows provides an overview of this deficiency and Molina’s response to correct the issue.

Table 46: 2021 Utilization Management Program CAP Items—Molina

Standard	EQR Comments
V A. Utilization Management (UM) Program - CAN	
<p>1. The CCO formulates and acts within policies and procedures that describe its utilization management program, including but not limited to:</p> <p>1.4 Timeliness of UM decisions, initial notification, and written (or electronic) verification;</p>	<p>CCME identified the following issues on pages two, seven, and 11 of Policy MHMS-HCS-UM-383, Timeliness of UM Decision Making and Notification, related to extensions of urgent prior authorization requests:</p> <ul style="list-style-type: none"> •Incorrect documentation indicating that requests can be extended up to 48 hours and a decision must be made no later than 72 hours. •No documentation that Molina has to request an extension from DOM. <p>According to requirements in the <i>CAN Contract, Section 5 (J) (6)</i> “the 24 hour period may be extended up to 14 additional calendar days upon request of the Member, or the Provider, or if Contractor requests an extension from the Division.”</p> <p><i>Corrective Action Plan: Edit Policy MHMS-HCS-UM-383, Timeliness of UM Decision Making and Notification, to reflect the correct timeframe requirements for extensions of urgent prior authorization requests and to indicate that Molina must request an extension from DOM, according to requirements in the CAN Contract, Section 5 (J) (6).</i></p>
<p>Molina’s Response: Policy MHMS-HCS-UM 383 was updated to reflect that the supporting documentation listed in the policy (on the identified pages) to include the correct timeframe as defined by CAN Contract Section 5(j)(6)” the 24-hour period may be extended up to 14 calendar days upon request of the member, or the Provider, or if the contractor requests an extension from the Division”</p>	
V A. Utilization Management (UM) Program - CHIP	



2022–2023 External Quality Review

Standard	EOR Comments
<p>1. The CCO formulates and acts within policies and procedures that describe its utilization management program, including but not limited to:</p> <p>1.4 Timeliness of UM decisions, initial notification, and written (or electronic) verification;</p>	<p>CCME identified the following issues on pages two, seven, and 11 of Policy MHMS-HCS-UM-383.1, Timeliness of UM Decision Making and Notification, related to extensions of urgent prior authorization requests:</p> <ul style="list-style-type: none"> •Incorrect documentation indicating that requests can be extended up to 48 hours and a decision must be made no later than 72 hours. •No documentation that Molina must request an extension from DOM. <p>According to requirements in <i>CHIP Contract, Section 5 (I) (4)</i>, “the 24 hour period may be extended up to 14 additional calendar days upon request of the Member, or the Provider, or if Contractor requests an extension from the Division.”</p> <p><i>Corrective Action Plan: Edit Policy MHMS-HCS-UM-383.1, Timeliness of UM Decision Making and Notification, to reflect the correct timeframe requirements for extensions of urgent prior authorization requests and to indicate that Molina must request an extension from DOM, according to requirements in the CHIP Contract, Section 5 (I) (4).</i></p>
<p>Molina’s Response: Policy MHMS-HCS-UM 383 was updated to reflect that the supporting documentation is in listed in the policy (on the identified pages) to include the correct timeframe as defined by CHIP Contract, Section 5 (I) (4) the 24 hour period may be extended up to 14 calendar days upon request of the member, or the Provider, or if the contractor requests an extension from the Division”</p>	

CCME reviewed a sample of CAN and CHIP UM decisions from United and Molina and a sample of CAN UM decisions from Magnolia. The review reflected that physical and behavioral health utilization determinations were made within required timeframes, additional clinical information was requested when needed, and consultation with physician reviewers was utilized appropriately. An offer for a peer-to-peer discussion by telephone was communicated appropriately to providers when notified of an adverse determination. Denial decisions were communicated timely to members and providers, and the adverse benefit determination notices included the rationale for the denial and instructions for filing an appeal.

The CCOs Pharmacy Program Descriptions, provider and member handbooks, and policies provided an overview of the prior authorization process, the emergency supply of medications that may be available when an authorization is pending, and how to access the Medicaid Preferred Drug List (PDL). The PDL is accessible from **United’s** CAN and CHIP websites. However, links provided in the CAN Member Handbook to access the PDL and a listing of over the counter (OTC) medicines resulted in an error message indicating **“page not found.”** During the previous EQR (2021), CCME alerted United to



2022–2023 External Quality Review

the failed links and recommended this issue be resolved. However, the links were found not working during the 2022 EQR.

Appeals

42 CFR § 438.228, 42 CFR § 438, Subpart F, 42 CFR § 457.1260

The CCOs address the process for filing and handling member appeals in their policies.

Information is also provided on the CCOs’ websites, in the CAN and CHIP Member Handbooks, and in the Provider Manuals. During the 2022 EQR, there were several **deficiencies identified in the CCOs’ appeal process and/or policies**. Those are outlined as follows:

United CAN and CHIP:

United’s website, CAN and CHIP Member Handbooks, and CAN and CHIP Provider Manuals incorrectly require members to follow a verbal appeal with a written appeal.

The appeal policy indicates United may extend the appeal resolution timeframe and notify the members in writing of the delay. United provided a copy of the notice sent to members if an extension is needed. This notice, the CAN and CHIP Member Handbooks, **Provider Manuals, and United’s website** do not inform the member of their right to file a grievance if they disagree with this extension, as required by the *CAN Contract, Section 6*, and the *CHIP Contract, Section 6*, and *42 CFR § 438.408 (c)*.

In the 2021 EQR of United, CCME **identified a deficiency with United’s “Your Additional Rights” document provided to members when an appeal is upheld**. This document did not include the requirement that members have the right to request and receive benefits while an Independent External Review is pending. *Table 47: 2021 CHIP Appeals CAP Item - United* provides an overview of this deficiency and **United’s response**. For the 2022 EQR, **CCME found the “Your Additional Rights” document was not corrected**.

Table 47: 2021 CHIP Appeals CAP Item - United

Standard	EQR Comments
V C. Appeals - CHIP	
1. The CCO formulates and acts within policies and procedures for registering and responding to member and/or provider appeals of an adverse benefit determination by the CCO in a manner consistent with contract requirements, including:	The CHIP Uphold and Overturned letter templates contain the required information. Additionally, the “Your Additional Rights” enclosure provides information and instructions for requesting an Independent External Review. However, it does not include the requirement that members have the right to request and receive benefits while the Independent External Review is pending and that the member can be held liable for the cost.



2022–2023 External Quality Review

Standard	EOR Comments
1.6 Written notice of the appeal resolution;	Corrective Action Plan: Edit the “Your Additional Rights” enclosure for CHIP appeal letters to include the requirement that members have the right to request and receive benefits and can be held liable for the cost, according to CHIP Contract Section E (14)(d).
United’s Response: UHC has made the recommended edits to the “Your Additional Rights” letter and is currently in the process of having the letter vetted by the Division. SUPPORTING DOCUMENTATION: MS_Addl Rights Member CHP	

During the 2021 EOR, CCME noted that United did not consistently follow guidelines in the appeal policy. There were also issues with the language in appeal resolution letters. United addressed these issues with a corrective action plan as noted in the tables that follow. For the 2022 review, these deficiencies were corrected.

Table 48: 2021 Appeals CAP Items—United

Standard	EOR Comments
V C. Appeals - CAN	
2. The CCO applies the appeal policies and procedures as formulated.	<p>During the onsite, CCME discussed that the review of appeal files reflected United did not consistently follow guidelines in Policy UCSMM.07.11, Appeal Review Timeframes, which indicated the appeal timeframe starts the day United receives the verbal or the written request. CCME identified the following issues in five out of 24 CAN files:</p> <ul style="list-style-type: none"> •“Received dates” in the Resolution Letter and/or the Standard Acknowledgement Letter reflected the appeal start time began when the member’s consent form was received instead of when the verbal request was received by the Call Center. •Discrepancies were noted in documentation of “received dates” between the Resolution Letter, the Standard Acknowledgement Letter, and the Verbal Acknowledgment Letter. <p>Additionally appeal resolution letters in five out of 24 CAN files incorrectly use the term “previously upheld” instead of “previously denied” when referencing the adverse benefit determination for the original service authorization request.</p> <p>Corrective Action Plan:</p> <ul style="list-style-type: none"> •Ensure staff are following the guidelines for appeals start times outlined in Policy UCSMM.07.11, Appeal Review Timeframes, to reflect when the verbal request was made with Call Center and ensure staff are consistently documenting the same “received date” on the Verbal Acknowledgement Letter, Standard Acknowledgement letter and Resolution Letter.



2022–2023 External Quality Review

Standard	EOR Comments
	<p>•<i>Ensure appeal Resolution Letters correctly reference the adverse benefit determination in the original service authorization as “previously denied” instead of “previously upheld.”</i></p>
	<p>United’s Response: UHC believes that the appeal files that reflect a breach of appeal review timeframe policy are files in which UHC was awaiting consent of the member to proceed with investigating the appeal. UHC reached out to the Division of Medicaid for clarification on when the Division of Medicaid considers an appeal request complete/received. UHC received the following explanation from Lucretia Causey, Deputy Director of Managed Care, Office of Coordinated Care, Division of Medicaid: “I have read various sections of 42 CFR Subpart F - Grievance and Appeal System and I have not found anything that gives specific level of guidance for this instance. However, based on previous experience with appeals the appeal clock begins once the appeal is received. If it is determined additional information is needed, the information is requested, and the clock stops. The CCO should make reasonable requests to get the necessary information and once the information is received the clock resumes.”</p> <p>UHC implemented this exposition in the fourth quarter of 2021 by marking the received date across resolution, standard acknowledgement, and verbal acknowledgment letters to reflect the date the verbal request was received by the call center. Per this exposition, UHC would not be in excess of the appeal review timeframe if a “pause” for additional information occurred as the clock on the timeframe would stop until the requested information/consent was received.</p> <p>Regarding the use of “previously upheld” and “previously denied,” these isolated occurrences were typographical errors. On 1/11/2022, UHC provided education and coaching to the appeal analysts to correct this issue moving forward.</p> <p>UHC’s Follow-up Response: UHC acknowledges the findings regarding received dates and has identified a need to clarify our response based on the overall finding to each scenario identified by CCME. To help clarify and align our response, we will distinguish between the received date discrepancies on the acknowledgement and resolution letters, and the received date for member consent.</p> <p>Received Date Discrepancy on the Acknowledgement and Resolution Letters: Previously, UHC was incorrectly changing the appeal received date from the date a verbal appeal was received from the member to the date written confirmation of the appeal request was received from the member. This was not in line with our policy and believe it is what caused the discrepancy of received dates between acknowledgement and resolution letters. UHC has ceased this practice and provided education to our resolution analysts in Q4 2021. Moving forward, analysts will use the date a member verbally requested an appeal as the received date in our tracking system and on corresponding letters. Additionally, UHC does not believe that USCMM.7.11 requires amendment as the issues were related to staff training and not policy.</p> <p>Received Date for Member Consent: In the instance that a person/representative other than the member submits a request for appeal, verbal or written, UHC cannot validate the request until consent from the member is received. As a result, UHC lists this request as an inquiry until such time as the member’s consent is received. UHC then documents the appeal received date as the date member consent was given. This is the equivalent of waiting or pausing the process until the consent is received. This process would be addressed in policy POL2015-021, Rider 1. A draft of the rider is attached to this response.</p>



2022–2023 External Quality Review

Standard	EOR Comments
V C. Appeals - CHIP - United	
<p>2. The CCO applies the appeal policies and procedures as formulated.</p>	<p>During the onsite, CCME discussed that the review of appeal files reflected United did not consistently follow guidelines in Policy UCSMM.07.11, Appeal Review Timeframes, which indicates that the appeal timeframe starts the day United receives the verbal request or the written request. CCME identified the following issues in 10 out of 20 CHIP files:</p> <ul style="list-style-type: none"> •“Received dates” in the Resolution Letter and/or the Standard Acknowledgement Letter reflect the appeals start time began when the member’s consent form was received instead of when the verbal request was made with Call Center. •Discrepancies were noted in documentation of “received dates” between the Resolution Letter, the Standard Acknowledgement Letter, and the Verbal Acknowledgment Letter. <p>Additionally appeal resolution letters in eight out of 20 CHIP files incorrectly use the term “previously upheld” instead of “previously denied” when referencing the adverse benefit determination for the original service authorization request.</p> <p><i>Corrective Action Plan: Ensure staff are following the guidelines for appeals start times outlined in Policy UCSMM.07.11, Appeal Review Timeframes, to reflect when the verbal request was received by the Call Center and ensure staff are consistently documenting the same “received date” on the Verbal Acknowledgement Letter, Standard Acknowledgement letter and Resolution Letter. Ensure appeal Resolution Letters correctly reference the adverse benefit determination in original service authorization as “previously denied” instead of “previously upheld.”</i></p>
<p>United’s Response: UHC believes that the appeal files that reflect a breach of appeal review timeframe policy are files in which UHC was awaiting consent of the member to proceed with investigating the appeal. UHC reached out to the Division of Medicaid for clarification on when the Division of Medicaid considers an appeal request complete/received. UHC received the following explanation from Lucretia Causey, Deputy Director of Managed Care, Office of Coordinated Care, Division of Medicaid: “I have read various sections of 42 CFR Subpart F - Grievance and Appeal System and I have not found anything that gives specific level of guidance for this instance. However, based on previous experience with appeals the appeal clock begins once the appeal is received. If it is determined additional information is needed, the information is requested, and the clock stops. The CCO should make reasonable requests to get the necessary information and once the information is received the clock resumes.”</p> <p>UHC implemented this exposition in the fourth quarter of 2021 by marking the received date across resolution, standard acknowledgement, and verbal acknowledgment letters to reflect the date the verbal request was received by the call center. Per this exposition, UHC would not be in excess of the</p>	



2022–2023 External Quality Review

Standard	EOR Comments
	<p>appeal review timeframe if a “pause” for additional information occurred as the clock on the timeframe would stop until the requested information/consent was received.</p> <p>Regarding the use of “previously upheld” and “previously denied,” these isolated occurrences were typographical errors. On 1/11/2022, UHC provided education and coaching to the appeal analysts to correct this issue moving forward.</p> <p>UHC’s Follow-up Response: UHC acknowledges the findings regarding received dates and has identified a need to clarify our response based on the overall finding to each scenario identified by CCME. To help clarify and align our response, we will distinguish between the received date discrepancies on the acknowledgement and resolution letters, and the received date for member consent.</p> <p>Received Date Discrepancy on the Acknowledgement and Resolution Letters: Previously, UHC was incorrectly changing the appeal received date from the date a verbal appeal was received from the member to the date written confirmation of the appeal request was received from the member. This was not in line with our policy and believe it is what caused the discrepancy of received dates between acknowledgement and resolution letters. UHC has ceased this practice and provided education to our resolution analysts in Q4 2021. Moving forward, analysts will use the date a member verbally requested an appeal as the received date in our tracking system and on corresponding letters. Additionally, UHC does not believe that USCMM.7.11 requires amendment as the issues were related to staff training and not policy.</p> <p>Received Date for Member Consent: In the instance that a person/representative other than the member submits a request for appeal, verbal or written, UHC cannot validate the request until consent from the member is received. As a result, UHC lists this request as an inquiry until such time as the member’s consent is received. UHC then documents the appeal received date as the date member consent was given. This is the equivalent of waiting or pausing the process until the consent is received. This process would be addressed in policy POL2015-021, Rider 1. A draft of the rider is attached to this response.</p>

A sample of appeal files reviewed for United revealed the following issues:

- The rationale in the resolution notices in five CAN files and four CHIP files was not written in language clear and understandable to members. The rationale was confusing regarding the physician who made the appeal decision. For example, the verbiage in one of the notices mentions the reviewer that made the appeal decision specializes in Plastic Surgery. The next paragraph indicates the decisions were made by a physician Board-Certified in Internal Medicine.
- None of the CHIP resolution letters sent when the denials were upheld contained the requirement that members have a right to request and receive benefits while the Independent External Review is pending.

Magnolia CAN:

Magnolia’s policy MS.UM08, Appeal of UM Decisions, the UM Program Description, Member Handbook, Provider Manual, and Magnolia’s website incorrectly mention an oral request



for an appeal must be followed up in writing unless the request is for an expedited appeal.

The appeal policy specifies information that is contained in the acknowledgement letter. However, some of the information was not included in the acknowledgement letter. The following were missing:

- **The member’s right to submit comments, documents, or other information relevant to the appeal.**
- **The member’s right to present information relevant to the appeal within a reasonable distance so that the member can appear in person if desired.**

Magnolia’s appeal policy explained that Magnolia would notify the member of the need to extend the timeframe for resolution and that the member has a right to file a grievance if he or she disagrees with the extension. However, the notice sent to the member **regarding the extension did not mention the member’s right to file a grievance. This requirement was also missing in the Member Handbook, the Provider Manual, and Magnolia’s website.**

Magnolia’s files contained the following issues:

- In one file, the resolution notice was sent to the member prior to the date of the decision.
- In two files, the appeal was requested as expedited and the members were not notified of the decision to deny the request for expedited resolution.
- One appeal was not resolved within the required timeframe, and one acknowledgement letter was not sent.

Molina CAN and CHIP:

The procedures for filing an appeal were described in Policy MHMS-MRT-02, Standard Member Appeals, and Policy MHMS-MRT-03, Expedited Member Appeals. Information regarding the process for filing an appeal was also found in the CAN and CHIP Member Handbooks, CAN and CHIP Provider Manuals, **and on Molina’s website. These documents** along with the website, several appeal request forms, and the Adverse Benefit Notification template incorrectly indicate that a verbal appeal must be followed by a signed written appeal.

Policy MHMS-MRT-02, Standard Member Appeals, defines information that must be included in appeal acknowledgement letters. However, the CAN standard appeal acknowledgement letter template does not include the statement offering a State Fair Hearing or the offering of the one-page **“Grievance/Appeal Form” as mentioned in the policy.**



2022–2023 External Quality Review

Policy MHMS-MRT-02, Standard Member Appeals, and Policy MHMS-MRT-03, Expedited Member Appeals, correctly document the resolution timeframe for standard and expedited appeals. Both policies include the process followed if the member or Molina requests more time to complete the review. However, these policies, the CAN and CHIP **Member Handbooks, the CAN and CHIP Provider Manuals, and Molina’s website did not include the member’s right to file a grievance if they disagree with this extension.**

The CHIP Member Handbook, page 57, provides information regarding continuation of benefits while an Independent External Review takes place. However, the timeframe for requesting the continuation of benefits is not mentioned. This information is included in the Appeal Request Form attached to the Adverse Benefit Determination notice.

During the 2021 EQR, CCME found that **Molina’s** policy MHMS-MRT-02, Standard Member Appeals, did not include the process for CHIP members to request an Independent External Review. *Table 49: 2021 Appeals CAP Items—Molina CHIP* contains an overview of this deficiency **and Molina’s response**. The policy received with the 2022 desk materials did not contain the corrected language. This was discussed onsite, and Molina informed CCME that the wrong policy had been provided. Following the onsite, another copy of Policy MHMS-MRT-02 was provided and included the correct information regarding a CHIP **member’s right to request an Independent External Review.**

Table 49: 2021 Appeals CAP Items—Molina CHIP

Standard	EQR Comments
V C. Appeals (CHIP) - Molina	
<p>1. The CCO formulates and acts within policies and procedures for registering and responding to member and/or provider appeals of an adverse benefit determination by the CCO in a manner consistent with contract requirements, including:</p> <p>1.6 Written notice of the appeal resolution;</p>	<p>The header on Policy MHMS-MRT-02, Standard Member Appeals, indicates that it applies to both CAN and CHIP lines of business. However, CCME could not identify documentation about the process for CHIP members to request an Independent External Review in the policy. Additionally, Policy MHMS-MRT-05, Member Independent External Review, which applies to CHIP members, is not listed as a reference.</p> <p><i>Corrective Action Plan: Edit Policy MHMS-MRT-02, Standard Member Appeals, to include information on the Independent External Review process for CHIP members <u>and</u> include Policy MHMS-MRT-05, Member Independent External Review to the list of references.</i></p>
<p>Molina’s Response: The ‘Reference’ list on MHMS-MRT-02 has been updated to include MHMS-MRT-05. MHMS-MRT-02 has also been updated to include Independent External Review language; specifically bullet 26 under the Procedure section.</p>	

Overall, the review of Molina’s CAN and CHIP appeal files reflected Molina consistently processed standard and expedited appeal requests according to the requirements. There



2022–2023 External Quality Review

were a few minor issues and CCME offered a recommendation to reeducate staff to ensure there is an understanding that a verbal request for an appeal is no longer required and improve the documentation in the appeal files regarding extension requests.

Care Management, Coordination and Continuity of Care

42 CFR § 208, 42 CFR § 457.1230 (c)

Each health plan has developed a Care Management Program and Population Health Program according to CAN and CHIP requirements. The health plans have a process for care management referrals and stratifying members to an appropriate level of care after completion of a Health Risk Assessment. Each of the health plans offers an integrated approach to care management activities for members that entails a team of social workers, guardians if applicable, nurses, physicians, etc. according to the developed Individualized Care Plan.

Review of the Care Management files reflect that the health risk assessments were completed by qualified clinicians. Also, each health plan utilized appropriate care management activities for members based upon their acuity levels and needs.

As noted in *Table 50: 2021 Care Management CAP Items - Molina*, during the 2021 EQR for Molina, deficiencies were noted related to continuity of care when a member disenrolls from the health plan. Molina addressed this deficiency by updating Policy MHMS-HCS-CM-406, Transition to Other Care When Benefits End.

Table 50: 2021 Care Management CAP Items—Molina

Standard	EQR Comments
V D. Care Management - CAN	
10. The CCO has policies and procedures that address continuity of care when the member disenrolls from the health plan.	<p>Documentation of Molina’s processes for addressing continuity of care when a member disenrolls from the health plan could not be identified. These processes include transferring the member’s care management history, six months of claims history, and other pertinent information, according to requirements in the CAN Contract, Section 9 (A) (4).</p> <p><i>Corrective Action Plan: Include in a policy or other document Molina’s processes for addressing continuity of care when the member disenrolls from the health plan, according to requirements in the CAN Contract, Section 9 (A) (4).</i></p>
Molina’s Response: MHMS-HCS-CM-406 Transition to Other Care When Benefits End uploaded to the portal.	
V D. Care Management - CHIP	
10. The CCO has policies and procedures that address continuity	During the onsite, CCME discussed that documentation of Molina’s processes for addressing continuity of care when a



2022–2023 External Quality Review

Standard	EOR Comments
of care when the member disenrolls from the health plan.	member disenrolls from the health plan could not be identified, according to requirements in the <i>CHIP Contract, Section 8 (A) (3)</i> . Molina’s staff explained that they are following that requirement; however, no supporting documentation was provided. <i>Corrective Action Plan: Include in a policy or other document Molina’s processes for addressing continuity of care when a member disenrolls from the health plan, according to requirements in the CHIP Contract, Section 8 (A) (3).</i>
Molina’s Response: Uploaded to the portal document: MHMS-HCS-CM-406 Transition to Other Care When Benefits End	

An overview of all scores for the Utilization Management section is illustrated in *Table 51: Utilization Management Services Comparative Data*.



2022–2023 External Quality Review

Table 51: Utilization Management Services Comparative Data for the 2021 EQR

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = <i>Quality</i> ▶ = <i>Timeliness</i> ▶ = <i>Access to Care</i>
Utilization Management (UM) Program						
The CCO formulates and acts within policies and procedures that describe its utilization management program, including but not limited to	Met	Met	Met	Met	Met	<p>Strengths:</p> <ul style="list-style-type: none"> ▶ The health plans have detailed UM Program Descriptions and policies that define and describe the UM process and supervision oversight that is provided to staff. <p>Weaknesses:</p> <ul style="list-style-type: none"> ▶ The notice sent to members when United requests an extension for completing a UM decision is missing the information regarding the member's right to file a grievance regarding the extension as required by <i>42 CFR § 438.408 (c)</i>. This requirement was not specifically mentioned in the CAN and CHIP UM Program Descriptions, the policy, the CAN and CHIP Provider Manuals, or in the CAN and CHIP Member Handbooks. <p>Recommendations:</p> <ul style="list-style-type: none"> • United's notices sent to members regarding a request for an extension to
Structure of the program	Met	Met	Met	Met	Met	
Lines of responsibility and accountability	Met	Met	Met	Met	Met	
Guidelines/standards to be used in making utilization management decisions	Met	Met	Met	Met	Met	
Timeliness of UM decisions, initial notification, and written (or electronic) verification	Partially Met ↓	Partially Met ↓	Met	Met ↑	Met ↑	
Consideration of new technology	Met	Met	Met	Met	Met	
The appeal process, including a mechanism for expedited appeal	Met	Met	Met	Met	Met	
The absence of direct financial incentives and/or quotas to provider or UM staff for denials of coverage or services	Met	Met	Met	Met	Met	
Utilization management activities occur within significant oversight by the Medical Director or the Medical Director's physician designee	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
The UM program design is periodically reevaluated, including practitioner input on medical necessity determination guidelines and grievances and/or appeals related to medical necessity and coverage decisions	Met	Met	Met	Met	Met	<p>include the member’s right to file a grievance as required by 42 CFR 438.408 (c) should be updated. Also, update the UM Program Descriptions, the policy, the Provider Manuals, and the Member Handbooks.</p>
Medical Necessity Determinations <i>42 CFR § 438.210(a-e), 42 CFR § 440.230, 42 CFR § 438.114, 42 CFR § 457.1230 (d), 42 CFR § 457.1228</i>						
Utilization management standards/criteria are in place for determining medical necessity for all covered benefit situations	Met	Met	Met	Met	Met	<p>Strengths:</p> <ul style="list-style-type: none"> ▶ Each health plan processed their approval and denial files within a timely manner. ▶ Interrater Reliability testing is conducted to ensure criteria are consistently applied to all members across all reviewers. ▶ The health plans ensure that clinical reviews are conducted by appropriate health care professionals that hold current licensure. ▶ The sample of UM approval files reviewed reflect that determinations are consistent with utilizing evidence-based criteria such as InterQual, MCG, and relevant clinical information. ▶ Attempts to obtain additional clinical information were made when needed to
Utilization management decisions are made using predetermined standards/criteria and all available medical information	Met	Met	Met	Met	Met	
Utilization management standards/criteria are reasonable and allow for unique individual patient decisions	Met	Met	Met	Met	Met	
Utilization management standards/criteria are consistently applied to all members across all reviewers	Met	Met	Met	Met	Met	
The CCO uses the most current version of the Mississippi Medicaid Program Preferred Drug List	Partially Met ↓	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
The CCO has established policies and procedures for prior authorization of medications	Met	Met	Met	Met	Met	<p>render a determination of medical necessity.</p> <p>▶ Final adverse determinations were made by an appropriate physician when requests did not meet medical necessity.</p> <p>Weaknesses:</p> <p>▶ Links provided in the United’s CAN Member Handbook to access the listing of OTC medicines and for the PDL resulted in an error message indicating “Page Not Found.”</p> <p>▶ CCME reviewed a sample of denial decisions made by Magnolia and found all the Adverse Benefits Notices incorrectly mention that an oral request for an appeal by members must be followed up in writing unless the request is for an expedited appeal.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Ensure the embedded links for the Preferred Drug List and the Over-the-
Emergency and post-stabilization care are provided in a manner consistent with the contract and federal regulations	Met	Met	Met	Met	Met	
Utilization management standards/criteria are available to providers	Met	Met	Met	Met	Met	
Utilization management decisions are made by appropriately trained reviewers	Met	Met	Met	Met	Met	
Initial utilization decisions are made promptly after all necessary information is received	Met	Met	Met	Met	Met	
A reasonable effort that is not burdensome on the member or provider is made to obtain all pertinent information prior to making the decision to deny services	Met	Met	Met	Met	Met	
All decisions to deny services based on medical necessity are reviewed by an appropriate physician specialist	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
Denial decisions are promptly communicated to the provider and member and include the basis for the denial of service and the procedure for appeal	Met	Met	Partially Met ↓	Met	Met	Counter medications list in the CAN Member Handbooks are in working order. <ul style="list-style-type: none"> Correct the Adverse Benefit Determination Notices and remove the requirement that a member must follow an oral request for appeal with a written request.
Appeals 42 CFR § 438.228, 42 CFR § 438, Subpart F, 42 CFR § 457. 1260						
The CCO formulates and acts within policies and procedures for registering and responding to member and/or provider appeals of an adverse benefit determination by the CCO in a manner consistent with contract requirements, including	Met	Met	Met	Met	Met	Weaknesses: <ul style="list-style-type: none"> ▶ The health plans’ policies, websites, Member Handbooks, Provider Manuals, incorrectly mentions that an oral request for an appeal must also be submitted in writing. ▶ The United and Magnolia’s notices that are sent to members if an extension is needed do not inform the members of their right to file a grievance if they do not agree with the decision. ▶ United’s CHIP “Your Additional Rights” enclosure document did not include the requirement that members have the right to request and receive benefits while the Independent External Review is pending, and that the member can be held liable for the cost. <u>This was an</u>
The definitions of an adverse benefit determination and an appeal and who may file an appeal	Met	Met	Met	Met	Met	
The procedure for filing an appeal	Partially Met ↓	Partially Met ↓	Partially Met ↓	Partially Met ↓	Partially Met ↓	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
Review of any appeal involving medical necessity or clinical issues, including examination of all original medical information as well as any new information, by a practitioner with the appropriate medical expertise who has not previously reviewed the case	Met	Met	Met	Met	Met	<p>issue identified during the 2021 EQR and not corrected.</p> <p>▶ United and Magnolia had issues with processing appeals.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Ensure the appeal information found on each health plan’s website, in Member Handbooks, in Provider Manuals, in Adverse Benefit Determination Notices, and in appeal policies is updated to remove the requirement that a verbal appeal must be followed with a written appeal. Include the member’s right to file a grievance if they disagree with the timeframe extension for processing an appeal in the member’s notices. For United, edit the “Your Additional Rights” enclosure for CHIP appeal letters to include the requirement that members have the right to request and receive benefits and can be held liable for the cost, according to the <i>CHIP Contract, Section E (14)(d)</i>. Initiate a process to monitor appeals to ensure all requirements are met.
A mechanism for expedited appeal where the life or health of the member would be jeopardized by delay	Met	Met	Met	Met	Met	
Timeliness guidelines for resolution of the appeal as specified in the contract	Partially Met ↓	Partially Met ↓	Partially Met ↓	Met	Met	
Written notice of the appeal resolution as required by the contract	Met	Partially Met	Met	Met	Met ↑	
Other requirements as specified in the contract	Met	Met	Met	Met	Met	
The CCO applies the appeal policies and procedures as formulated	Partially Met	Partially Met	Partially Met	Met	Met	
Appeals are tallied, categorized, analyzed for patterns and potential quality improvement opportunities, and reported to the Quality Improvement Committee	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
Appeals are managed in accordance with the CCO confidentiality policies and procedures	Met	Met	Met	Met	Met	
Care Management <i>42 CFR § 208, 42 CFR § 457.1230 (c)</i>						
The CCO has developed and implemented a Care Management and a Population Health Program	Met	Met	Met	Met	Met	<p>Strengths:</p> <p>▶ The health plans’ care management staff conducted appropriate care management activities for members in all risk levels.</p> <p>Weaknesses:</p> <p>▶ Magnolia’s policy CC.MBRS.27, Member Advisory of Provider Termination, and Policy MS.UM.24, Continuity and Coordination of Services, incorrectly state the timeframe for continued access to providers who are no longer available through the CCO’s network is 90 calendar days.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Revise Policy CC.MBRS.27, Member Advisory of Provider Termination, and Policy MS.UM.24, Continuity and Coordination of Services, to reflect the correct timeframe for allowing a continuing course of treatment when a
The CCO uses varying sources to identify members who may benefit from Care Management	Met	Met	Met	Met	Met	
A health risk assessment is completed within 30 calendar days for members newly assigned to the high or medium risk level	Met	Met	Met	Met	Met	
The detailed health risk assessment includes: Identification of the severity of the member's conditions/disease state	Met	Met	Met	Met	Met	
Evaluation of co-morbidities or multiple complex health care conditions	Met	Met	Met	Met	Met	
Demographic information	Met	Met	Met	Met	Met	
Member's current treatment provider and treatment plan, if available	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	▶ = Quality ▶ = Timeliness ▶ = Access to Care
The health risk assessment is reviewed by a qualified health professional and a treatment plan is completed within 30 days of completion of the health risk assessment	Met	Met	Met	Met	Met	provider is no longer in Magnolia's network.
The risk level assignment is periodically updated as the member's health status or needs change	Met	Met	Met	Met	Met	
The CCO utilizes care management techniques to ensure comprehensive, coordinated care for all members	Met	Met	Partially Met	Met	Met	
The CCO provides members assigned to the medium risk level all services included in the low risk level and the specific services required by the contract	Met	Met	Met	Met	Met	
The CCO provides members assigned to the high risk level all the services included in the low and medium risk levels and the specific services required by the contract including high risk perinatal and infant services	Met	Met	Met	Met	Met	
The CCO has policies and procedures that address continuity of care when the member disenrolls from the health plan	Met	Met	Met	Met ↑	Met ↑	






2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
<p>CAN: The CCO has disease management programs that focus on diseases that are chronic or very high cost including, but not limited to, diabetes, asthma, hypertension, obesity, congestive heart disease, and organ transplants.</p> <p>CHIP: The CCO has disease management programs that focus on diseases that are chronic or very high cost, including but not limited to diabetes, asthma, obesity, attention deficit hyperactivity disorder, and organ transplants</p>	Met	Met	Met	Met	Met	
Transitional Care Management						
The CCO monitors continuity and coordination of care between PCPs and other service providers	Met	Met	Met	Met	Met	
The CCO acts within policies and procedures to facilitate transition of care from institutional clinic or inpatient setting back to home or other community setting	Met	Met	Met	Met	Met	
The CCO has an interdisciplinary transition of care team that meets contract requirements, designs and implements a transition of care plan, and provides oversight to the transition process	Met	Met	Met	Met	Met	
The CCO meets other Transition of Care contract requirements	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	 = <i>Quality</i>  = <i>Timeliness</i>  = <i>Access to Care</i>
Annual Evaluation of the Utilization Management Program						
A written summary and assessment of the effectiveness of the UM program is prepared annually	Met	Met	Met	Met	Met	
The annual report of the UM program is submitted to the QI Committee, the CCO Board of Directors, and DOM	Met	Met	Met	Met	Met	



2022–2023 External Quality Review

F. Delegation

42 CFR § 438.230 and 42 CFR § 457.1233(b)

United has delegation agreements with the entities identified in *Table 52: United Delegated Entities and Services*.

Table 52: United Delegated Entities and Services

United Delegated Entities	United Delegated Services
Optum Behavioral Health	Behavioral health case management, utilization management, quality management, network contract management, claims processing
Dental Benefit Providers (SKYGEN)	Dental network services and 3 rd party dental administrator
Medical Transportation Management (MTM) (CAN Only)	Non-Emergency Transportation (NET) benefit services broker, provider network, claims processing, quality management, and call center operations
eviCore National	Radiology and cardiology management services, prior authorization handling
MARCH Vision Care	Vision and eye care benefit administration services, vision network contract management, call center operations, claims processing
Optum RX	Pharmacy benefit administration services
<ul style="list-style-type: none"> •Hattiesburg Clinic, PA •Ochsner Health •Premier Health, Inc. •University Physicians, PLLC •HubHealth •Memorial Hospital at Gulfport •River Region Health System •Health Choice, LLC •North Mississippi Medical Clinics, Inc. (Health Link) •UT Medical Group, Inc. •HCA Physician Services •Optum Physical Health •Optum Behavioral Health 	Credentialing and recredentialing



2022–2023 External Quality Review

Magnolia has delegation agreements with the entities identified in *Table 53: Magnolia Delegated Entities and Services*.

Table 53: Magnolia Delegated Entities and Services

Magnolia Delegated Entities	Magnolia Delegated Services
Envolve Dental	Dental claims, network, utilization management, credentialing, and quality management
Envolve Vision	Vision services claims, network, utilization management, credentialing, and quality management
Envolve Pharmacy Solutions	Pharmacy claims, network, utilization management, credentialing
Envolve PeopleCare - NurseAdvice Line	24/7 Nurse call center
Medical Transportation Management, Inc. (MTM)	Non-emergency transportation claims, network, utilization management, credentialing, and quality management
National Imaging Associates, Inc. (NIA)	Radiology utilization management
<ul style="list-style-type: none"> •Baptist Memorial Health Care-Baptist Health Services Group •Hattiesburg Clinic, PA •LSU Healthcare Network (New Orleans) •Magnolia Regional Health Center •Memorial Hospital at Gulfport •Mississippi Health Partners •Mississippi Physicians Care Network •North Mississippi Medical Clinic/North MS Healthlink •Ochsner Clinic Foundation •Premier Health, Inc. •Rush Health Systems •St. Jude Children’s Research Hospital •University of Mississippi Medical Center 	Credentialing
SourceOne	Credentialing Verification Organization

Molina has delegation agreements with the following entities listed in *Table 54: Molina Delegated Entities and Services*:



2022–2023 External Quality Review

Table 54: Molina Delegated Entities and Services

Molina Delegated Entities	Molina Delegated Services
March Vision Care	Claims, Credentialing, Call Center (Vision Administration)
MTM	Claims, Driver Validation, Call Center (Non-Emergent Transportation)
Progeny	Care Management, Utilization Management
SKYGEN	Claims, Credentialing, Call Center, Utilization Management (Dental Administration)
CVS/ Caremark	Pharmacy Benefit Management (Claims only)
<ul style="list-style-type: none"> •Memorial Hospital at Gulfport •North Mississippi Health Services, Inc •Magnolia Regional Health Care •Singing River Medical Center •Baptist Memorial Medical Group •Hattiesburg Clinic •Ochsner Hancock Medical Group •George Regional Health System •Mississippi Physician's Care Network •University Mississippi Medical Center 	Credentialing/Recredentialing

The health plans’ policies and program descriptions include processes for delegation of health plan activities and address general delegation requirements, pre-delegation assessments, approval of delegation, performance monitoring, annual oversight, and actions that may be taken for substandard performance.

The health plans conduct pre-delegation assessments to evaluate each delegation candidate’s ability to comply with contractual, regulatory, and accreditation standards and requirements. Once the delegation is approved, written delegation agreements between the health plan and the delegated entity are executed. These agreements specify the activities being delegated, delegate reporting responsibilities, performance expectations, and consequences of substandard or noncompliant performance.

The CAN Contract, Section 15 (B) and CHIP Contract, Section 14 (B) state the CCOs “must monitor each Subcontractor’s performance on an ongoing basis” and “subject it to formal review at least once a year.” The EQRs included a review of documentation of routine monitoring and annual evaluations for each of the CCOs’ delegates. Issues found included:



2022–2023 External Quality Review

- United provided evidence of routine delegate reporting and/or meetings with all delegates but reported that a formal annual evaluation is not conducted for non-credentialing delegates.
- Magnolia provided documentation of timely annual evaluation for only 19 of their 20 delegates. The files reviewed for annual monitoring of one credentialing delegate incorrectly listed the verification of the Social Security Death Master File and hospital **admitting privileges as “Not Applicable.”**
- Molina did not provide evidence of a pre-delegation assessment for a delegate with an initial delegation date of October 2021. For one delegate to whom credentialing site visits were delegated, the credentialing file review worksheet did not include evidence of monitoring the delegate for conducting initial site visits. Based on the findings of the 2022 EQR, it was evident that Molina did not address or correct the findings from the 2021 EQR. See *Table 55: 2021 Delegation CAP Items—Molina* for the **findings of the previous EQR and Molina’s responses to those findings.**

Table 55: 2021 Delegation CAP Items—Molina

Standard	EQR Comments
VI. Delegation (CAN)	
<p>2. The CCO conducts oversight of all delegated functions to ensure that such functions are performed using standards that would apply to the CCO if the CCO were directly performing the delegated functions.</p>	<p>Policy DO005, Credentialing Delegation Requirements, does not address site visits for providers credentialing by delegated credentialing entities. As noted in the Provider Services section of this EQR, Molina has not finalized processes for office site visits at initial credentialing for applicable providers.</p> <p>File review worksheets for credentialing delegates include most of the required credentialing elements; however, the tools do not include an indication that the delegate is monitored for conducting site visits at initial credentialing.</p> <p><i>Corrective Action: When the processes for conducting initial credentialing site visits for providers, ensure that Policy DO005, Credentialing Delegation Requirements, is updated to include whether the delegates or Molina itself will be responsible for conducting the initial credentialing site visits for providers who are credentialed by delegated credentialing entities. If the credentialing delegate is responsible for these activities, ensure delegated credentialing file review worksheets include evidence that the delegate is monitored for these activities and that credentialing files include evidence of this.</i></p>
<p>Molina’s Response: Molina has consulted with 3 different vendors regarding site visits and fingerprinting, and all three have either confirmed that they do not perform related services or that they cannot perform the services within proposed time frames (i.e., prior to when uniform credentialing goes live in Mississippi). Molina has since shifted its focus to discussing how this could all be handled</p>	



2022–2023 External Quality Review

Standard	EOR Comments
<p>internally by Molina. A final process still has not been developed, but Molina is making progress. Several additional internal meetings have been held and work is underway on identifying providers subject to these requirements and also the best methods of completing these requirements. Molina can provide additional details on the processes once it is finalized.</p> <p>2.24.2022- Document CAP Item# 8 uploaded to the portal.</p>	
<p>VI. Delegation (CHIP)</p>	
<p>2. The CCO conducts oversight of all delegated functions to ensure that such functions are performed using standards that would apply to the CCO if the CCO were directly performing the delegated functions.</p>	<p>Policy DO005, Credentialing Delegation Requirements, does not address site visits for providers credentialing by delegated credentialing entities nor does it address collection of fingerprints for CHIP providers designated as high risk by DOM. As noted in the Provider Services section of this EQR, Molina has not yet finalized processes for office site visits or collection of fingerprints at initial credentialing for applicable providers.</p> <p>File review worksheets for credentialing delegates do not include an indication that the delegate is monitored for conducting site visits or collecting fingerprints for CHIP providers designated as high-risk by DOM.</p> <p><i>Corrective Action: When the processes for conducting initial credentialing site visits for both CAN and CHIP providers and collecting fingerprints at initial credentialing for CHIP providers designated as high risk by DOM are finalized, ensure that Policy DO005, Credentialing Delegation Requirements, is updated to include whether the delegates or Molina itself will be responsible for these activities for providers who are credentialed by delegated credentialing entities. If the credentialing delegate is responsible for these activities, ensure delegated credentialing file review worksheets include evidence that the delegate is monitored for these activities and that credentialing files include evidence of this.</i></p>
<p>Molina’s Response: Molina has consulted with 3 different vendors regarding site visits and fingerprinting, and all three have either confirmed that they do not perform related services or that they cannot perform the services within proposed time frames (i.e., prior to when uniform credentialing goes live in Mississippi). Molina has since shifted its focus to discussing how this could all be handled internally by Molina. A final process still has not been developed, but Molina is making progress. Several additional internal meetings have been held and work is underway on identifying providers subject to these requirements and also the best methods of completing these requirements. Molina can provide additional details on the processes once it is finalized.</p> <p>2.24.2022- Document CAP Item#18 uploaded to the portal.</p>	



2022–2023 External Quality Review

Table 56, Delegation Services Comparative Data for the 2022 EQR, illustrates the scoring for each standard reviewed during the 2022 EQR as well as strengths, weaknesses, and recommendations related to quality, timeliness, and/or access to care.



2022–2023 External Quality Review

Table 56: Delegation Services Comparative Data for the 2022 EQR

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	= Quality = Timeliness = Access to Care
Delegation <i>42 CFR § 438.230 and 42 CFR § 457.1233(b)</i>						
The CCO has written agreements with all contractors or agencies performing delegated functions that outline responsibilities of the contractor or agency in performing those delegated functions.	Met	Met	Met	Met	Met	Strengths: <ul style="list-style-type: none"> CCO policies and program descriptions address delegation processes, delegation requirements, pre-delegation assessments, approval of delegation, performance monitoring, annual oversight, and actions that may be taken for substandard performance. Written delegation agreements specify the delegated activities, reporting requirements, performance expectations, and consequences of substandard or noncompliant performance.
The CCO conducts oversight of all delegated functions to ensure that such functions are performed using standards that would apply to the CCO if the CCO were directly performing the delegated functions.	Partially Met ↓	Partially Met ↓	Partially Met ↓	Not Met	Not Met	



2022–2023 External Quality Review

Standard	United CAN	United CHIP	Magnolia CAN	Molina CAN	Molina CHIP	<p>▶ = <i>Quality</i> ▶ = <i>Timeliness</i> ▶ = <i>Access to Care</i></p>
						<p>▶ Molina did not provide evidence of a pre-delegation assessment for one delegate. For one credentialing delegate, there was no evidence of monitoring the delegate for conducting initial site visits. This was a repeat finding for Molina.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Ensure pre-delegation assessments are conducted for all potential delegates. • Ensure timely annual evaluations are conducted for all delegated entities. • Ensure that formal annual evaluations of delegates include all activities delegated to the entity. • Re-educate credentialing delegates as needed and confirm during oversight and annual evaluation that they are compliant with all credentialing and recredentialing elements.



2022–2023 External Quality Review

FINDINGS SUMMARY

United CHIP showed improvements from the previous EQRs in eight of the Part 438 Subpart D and QAPI Standards areas for the 2022–2023 EQRs, followed by United CAN in seven areas. Molina improved in five areas for both CAN and CHIP. Magnolia improved in only three areas. *Table 57: Annual Review Comparisons* displays and allows a comparison of **the total percentage of standards scored as “Met”** for the Part 438 Subpart D and QAPI Standards for the 2022–2023 EQRs. The percentages highlighted in green indicate an improvement over the prior review findings for the CCO. Those highlighted in yellow represent a reduction **from the CCO’s** prior review. Up (↑) and down (↓) arrows are included to further illustrate the change from the previous reviews.



2022–2023 External Quality Review

Table 57: Three Year Annual Review Comparisons

		Availability of Services (\$ 438.206, \$ 457.1230) and Assurances of Adequate Capacity and Services (\$ 438.207, \$ 457.1230)	Coordination and Continuity of Care (\$ 438.208, \$ 457.1230)	Coverage and Authorization of Services (\$ 438.210, \$ 457.1230, \$ 457.1228)	Provider Selection (\$ 438.214, \$ 457.1233)	Confidentiality (\$ 438.224)	Grievance and Appeal Systems (\$ 438.228, \$ 457.1260)	Sub- contractual Relationships and Delegation (\$ 438.230, \$ 457.1233)	Practice Guidelines (\$ 438.236, \$ 457.1233)	Health Information Systems (\$ 438.242, \$ 457.1233)	Quality Assessment and Performance Improvement Program (\$ 438.330, \$ 457.1240)
United CAN	2022	100%	100%	92% ↓	100% ↑	100%	75% ↓	50% ↓	100%	100%	100%
	2021	100% ↑	100%	100%	92% ↓	100%	91% ↑	100% ↑	100%	100%	100%
	2020	89%	100%	100%	98%	100%	80%	100%	100%	100%	100%
United CHIP	2022	100%	100%	100%	100% ↑	100%	70% ↓	50% ↓	100%	100%	100%
	2021	100% ↑	100%	100%	97% ↓	100%	82% ↓	100%	100%	100%	100%
	2020	89%	100%	100%	98%	100%	85%	100%	100%	100%	100%
Magnolia CAN	2022	89% ↓	94% ↓	92% ↓	97%	100%	80% ↓	50% ↓	82% ↓	100%	100%
	2021	100%	100%	100%	97% ↑	100%	100% ↑	100%	100%	100%	100%
	2020	100%	100%	100%	93%	100%	90%	100%	100%	100%	100%
Molina CAN	2022	78% ↓	100% ↑	100% ↑	95% ↓	100%	95% ↓	50%	100%	100%	89%
	2021	100% ↑	94% ↓	100%	97% ↑	100%	100% ↑	50%	100%	100%	89% ↑
	2020	89%	100%	100%	96%	100%	95%	50%	100%	100%	79%
Molina CHIP	2022	78% ↓	100% ↑	100% ↑	95%	100%	95%	50%	100%	100%	89%
	2021	100% ↑	89% ↓	100%	95% ↑	100%	95%	50%	100%	100%	89% ↑
	2020	89%	100%	100%	88%	100%	95%	50%	100%	100%	78%

Percentage is calculated as: (Total Number of Met Standards / Total Number of Evaluated Standards) × 100



ATTACHMENTS

- Attachment 1: Provider Access Study/Directory Validation Report 2022-2023
- Attachment 2: MississippiCAN CAHPS® ECHO 3.0 Adult Medicaid Report
- Attachment 3: MississippiCAN CAHPS® ECHO 3.0 Child Medicaid Report
- Attachment 4: Mississippi CHIP CAHPS® ECHO 3.0 CHIP Report



Attachment 1: Provider Access Study/Directory Validation Report 2022-2023



The Carolinas Center *for* Medical Excellence

2022 – 2023
Comprehensive
Provider Access Study and
Directory Validation Report
April 4, 2023

Our Mission
We help people by improving the quality of health care.

Table of Contents

- **I. Executive Summary**3
 - Overall Findings..... 3
 - Overall Recommendations 5
- **II. Introduction**6
 - A. Provider Access and Directory Validation Methodology**6
 - Phase 1: Provider Access Study 6
 - Phase 2: Validation of Online Provider Directory Information 8
 - B. Provider Access and Directory Validation Results** 10
 - Phase 1 – Provider Access Study Results 10
 - Phase 2 - Provider Directory Validation Results 21
 - C. Assessment of Corrective Action Plans**.....23
 - Molina CAN and CHIP..... 23
 - United CAN and CHIP 23
 - Magnolia CAN..... 23
 - D. Conclusions**24
- **Appendix A – Provider Access Study Web Tool**.....26

I. Executive Summary

Federal Regulation 42 CFR § 438.206 and the Mississippi Division of Medicaid (DOM) require the Mississippi Coordinated Care Organizations (CCOs) to have adequate networks to ensure all covered services are available and accessible to members in a timely manner and to develop and regularly maintain provider directories that include information for all types of providers in the CCOs' networks. DOM contracts with The Carolinas Center for Medical Excellence (CCME) to conduct a biannual validation of network access and availability along with provider directory accuracy for the CCOs participating in the MississippiCAN (CAN) and Mississippi CHIP (CHIP) Medicaid Managed Care Programs. The CCOs include UnitedHealthcare Community Plan – Mississippi (United), Magnolia Health Plan (Magnolia), and Molina Healthcare of Mississippi (Molina).

As the contracted External Quality Review Organization (EQRO) for DOM, CCME completed provider access studies and provider directory validations for each CCO to assess member access to network providers and accuracy of the CCOs' online provider directories.

The objectives of the verification activities were to:

Determine the telephonic provider access study success rate

Evaluate the accuracy of each CCO's online provider directory

To conduct the validations, CCME used a two-phase methodology to examine provider contact information and provider access and availability for CAN and CHIP members. *Table 1: Provider Access Study and Directory Validation Phases and Benchmarks* defines each phase along with the objective and benchmark rates for each phase.

Table 1: Provider Access Study and Directory Validation Phases and Benchmarks

Phase	Objective	Benchmark Rate
Phase 1: Provider Access Study	Improve accuracy of provider file information	Baseline Study: >80% successful contact rate for initial access study Subsequent Studies: 95% successful contact rate
Phase 2: Provider Directory Validation	Ensure provider directory contains accurate information for members	Baseline Study: >80% for initial provider accuracy rate Subsequent Studies: 95% accuracy rate

Overall Findings

The overall successful contact rates for the most recent call studies ranged from 31% to 55%, and all rates were below the goal of 95% for all five studies conducted. The most common reason for unsuccessful contacts was that the provider was no longer active at the location. For one CCO, the primary reason was due to the providers not accepting the plan. The provider directory validation rates in the most recent studies ranged from 75% to 92%. Routine appointment

availability and access ranged from 46% to 69% and urgent appointment availability ranged from 23% to 47%. *Table 2: Overview of Findings 2022—2023* provides a summary of the rates of successful contacts, provider directory accuracy, and appointment availability for each CCO. The arrows indicate a change in the rate from the previous study. For example, an up arrow (↑) indicates the rate for the element improved from the previous study and a down arrow (↓) indicates the rate was lower than the previous study.

Table 2: Overview of Findings 2022—2023

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Successful Contact Rates	38%	40% ↑	31%	55% ↑	29%	31% ↑	28%	40% ↑	33%	37% ↑
Provider Directory Accuracy Rates	85%	80% ↓	89%	89%	92%	92%	88%	83% ↓	76%	75% ↓
Routine Appointment Availability	65%	58% ↓	70%	58% ↓	71%	46% ↓	72%	54% ↓	69%	69%
Urgent Appointment Availability	68%	23% ↓	56%	39% ↓	42%	33% ↓	52%	46% ↓	66%	47% ↓

The results of the trended Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in provider contact information accuracy as well as appointment availability. Initiatives are needed to address gaps to ensure all members can contact a PCP using information in the online directory and receive the needed care in an efficient manner.

ASSESSMENT OF CORRECTIVE ACTION PLANS

For the first of the two annual studies conducted for each health plan during this contract year, corrective action plans (CAPs) were required for each of the CCOs.

- For Molina’s initial study in Q3 2022, CCME requested that Molina develop a CAP to include increasing the number of contact points with providers to request updates and verify contact information.
- For United CAN and CHIP, studies were conducted in Q2 2022 and Q4 2022. The Q2 2022 study culminated in corrective actions including: (1) Conducting additional internal analyses of the procedures for updating provider contact information that focus on updating panel status for PCPs and appropriately updating the provider’s primary care status. (2) Developing a proactive process to seek updated provider information, such as

verifying provider contact information with every provider interaction.

- For the Q2 2022 study for Magnolia, CCME requested the CCO to develop a proactive process to seek updated provider information, such as verifying provider contact information with every provider interaction. Conducting additional internal analyses of the procedures for updating provider contact information that focus on the provider’s acceptance of new patients and appropriately classifying the provider’s area of practice (e.g., hospitalist vs primary practice) for all contracted locations, and conducting routine internal audits to validate provider contact information.

The successful contact rates improved for all CCOs during their second annual study, and thus, corrective actions were not requested, although several recommendations were offered based on appointment availability and provider directory validation activities.

Overall Recommendations

The following table provides an overview of strengths, weaknesses, and recommendations related to access to care identified as a result of the Provider Access Studies and Directory Validations conducted for the Coordinated Care Organizations.

Table 3: Evaluation of Access to Care

Strengths Related to Access to Care	
Successful contact rates improved for the call studies for among all the CCOs.	
Weaknesses Related to Access to Care	Recommendations Related to Access to Care
<p>Routine and urgent appointment availability remained the same or declined for all CCOs.</p> <p>Provider Directory Accuracy rates remained the same or declined for all CCOs.</p>	<p>Provide additional education to providers regarding the contract requirements for routine and urgent appointment availability for members.</p> <p>Continue educating PCPs about the appointment access standards.</p> <p>Update and revise processes for updating the provider directory to ensure provider panel status is updated in a timely manner.</p> <p>Conduct additional internal analyses of the procedures for updating provider contact information and conduct routine internal audits to validate provider contact information.</p> <p>Verify provider contact information with every provider interaction.</p> <p>Work with the providers’ office staff to determine why members are informed during the calls that the provider does not accept their health plan.</p>

II. Introduction

As the contracted External Quality Review Organization (EQRO) for the Mississippi Division of Medicaid (DOM), CCME conducts biannual validations of provider access and provider directories to ensure CCOs can provide members with timely access to primary care providers (PCPs). CCME completed a PCP telephonic access study and provider directory validation to assess provider access and the accuracy of CCOs' online provider directories.

The objectives of the verification activities are to:

- Determine the telephonic provider access study success rate.
- Evaluate the accuracy of CCO online provider directories.

A. Provider Access and Directory Validation Methodology

To conduct the validation, CCME initiated a two-phase methodology to examine provider contact information, provider access, and provider availability to Medicaid members. The following sections outline the two-phase methodology and results of the provider access study and provider directory validation activities.

Table 4: Provider Access Study and Directory Validation Standards and Benchmarks defines the phases, objectives, and benchmark rates for each phase.

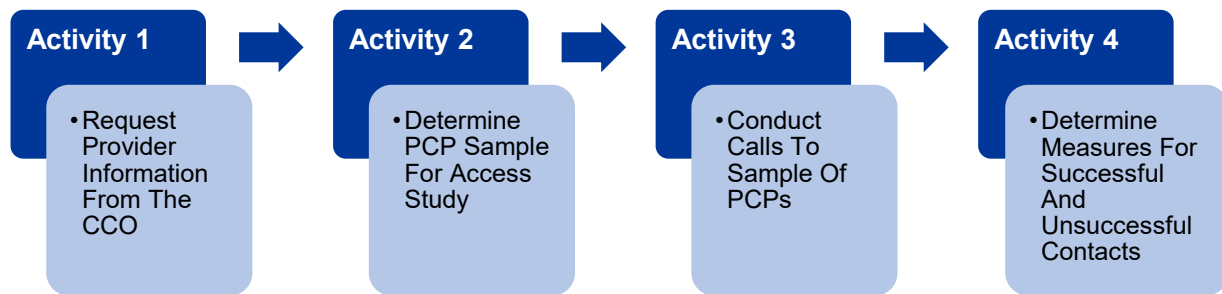
Table 4: Provider Access Study and Directory Validation Phases and Benchmarks

Phase	Objective	Benchmark Rate
Phase 1: Provider Access Study	Improve accuracy of provider file information	Baseline Study: >80% successful contact rate for initial access study Subsequent Studies: 95% successful contact rate
Phase 2: Provider Directory Validation	Ensure provider directory contains accurate information for members	Baseline Study: >80% for initial provider accuracy rate Subsequent Studies: 95% accuracy rate

Phase 1: Provider Access Study

The four activities included in Phase 1 are described in *Figure 1: Phase 1—Provider Access Studies*.

Figure 1: Phase 1—Provider Access Studies



ACTIVITY 1: REQUEST PROVIDER INFORMATION FROM THE CCO

Each of the health plans was notified of the initiation of the review and the information needed to determine the PCP sample. The health plans submitted the requested information via CCME's secure File Transfer Portal. The requested information included the web address for online Provider Directories for CAN and CHIP providers and the following information for each provider: National Provider Identifier (NPI)

Last and First Name

Credentials

Provider Type

Provider Specialty

Practice Location (Address, Suite, City, Town, State, Zip)

Telephone Number

Panel Status

ACTIVITY 2: DETERMINE PCP SAMPLE FOR ACCESS STUDY

When the requested information was received from the health plans, the data was reviewed for missing and/or duplicate information. CCME randomly selected the sample from the PCP lists after omitting any duplicate records and records with missing information for any of the required elements. Using the adjusted PCP population files, a statistically significant sample based on a 90% confidence level (CL) and 10% margin of error was drawn for the provider access study.

ACTIVITY 3: CONDUCT CALLS TO SAMPLE OF PCPS

After selecting the sample of PCPs, CCME loaded the list into a secure web survey tool. A copy of the secure web survey tool is included in *Appendix A*. Calls were conducted to the sample of PCPs to determine the following:

- Primary Elements:
 - Correct Phone Number
 - Correct Address
 - Correct CCO Affiliation
 - Accepting New Patients/Panel Status

- Secondary Elements:
 - Appointment Availability for Routine Care
 - Appointment Availability for Urgent Care

Calls were made during normal business hours from 9:00 am – 5:00 pm local time, excluding the hour from 12:00 pm – 1:00 pm. The Call Center made at least three call attempts when a respondent did not answer on the first call attempt. If the first call attempt resulted in no contact with a live respondent, the call team member attempted to call again on another day and at a different time. No additional attempts were made if the first attempt resulted in reaching a wrong number or if the office was permanently closed. Call Center team members confirmed incorrect telephone numbers by calling the telephone number twice. Call Center team members ended the survey for a PCP on the third attempt if they were prompted to leave a message, if they were on hold for more than five minutes, or if there was no answer. If the respondent stated there was a separate number to call for appointment scheduling, the surveyor requested to be transferred or hung up and contacted the new number to obtain routine and urgent appointment availability. The responses to the survey questions were documented in the web survey tool and stored electronically on CCME’s secure web-based portal.

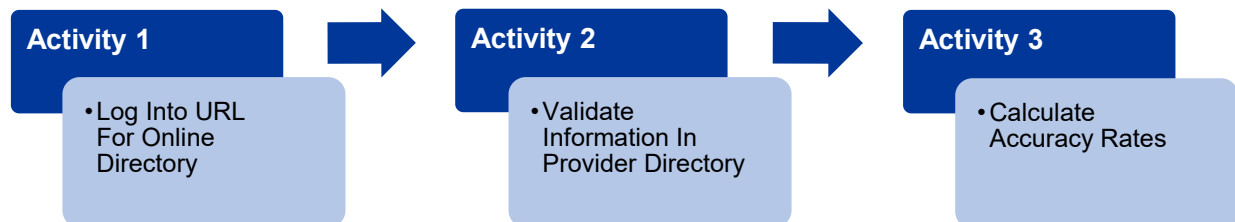
ACTIVITY 4: CALCULATE MEASURES FOR SUCCESSFUL AND UNSUCCESSFUL CONTACTS

A contact was considered successful when Call Center team reached the PCP and obtained a response for the primary elements listed in Activity 3. Calls were considered to be unsuccessful when the survey was incomplete due to hold time, no answer, provider not with practice, refusal to participate, etc. Voicemail responses were not included in the successful or unsuccessful contact rates. For PCPs with successful contacts, Phase 2 activities were initiated.

Phase 2: Validation of Online Provider Directory Information

Phase 2 involved validation of information in the health plan’s online provider directory and included the three activities described in *Figure 2: Validation of Provider Directory*.

Figure 2: Validation of Provider Directory



ACTIVITY 1: LOG INTO URL FOR ONLINE DIRECTORY

CCME confirmed the URL for the health plan’s online provider directory used by members to search for providers.

ACTIVITY 2: VALIDATE INFORMATION IN PROVIDER DIRECTORY

For the PCPs for whom there was a successfully completed call, information in the provider directory was validated. The information validated included the phone number, address, and whether the PCP was accepting new Medicaid patients.

ACTIVITY 3: CALCULATE ACCURACY RATES

The measures included in the calculation of accuracy rates included:

- The percentage of PCPs listed in the online directory.
- The percentage of PCPs with matching phone number.
- The percentage of PCPs with matching address.
- The percentage of PCPs with matching information regarding panel status (whether they were accepting new patients).

The following table displays the timeline for the activities conducted during the 2022-2023 contract year.

Table 5: Contract Year 2022–2023

Health Plan	Initial Notification and Request for Provider Data or CAP Response	Provider Data or CAP Response Received from CCO	Provider Calls & Directory Validation		Report or CAP Response Submitted to DOM
			Begin	End	
SECOND QUARTER 2022					
NETWORK ADEQUACY VALIDATION					
UnitedHealthcare	4/4/22	4/18/22	4/25/22	5/25/22	6/30/22
Magnolia	4/4/22	4/18/22	4/25/22	5/25/22	6/30/22
THIRD QUARTER 2022					
NETWORK ADEQUACY VALIDATION					
Molina	7/1/22	7/15/22	7/25/22	8/23/22	9/22/22
CAP REVIEW					
UnitedHealthcare	6/30/22	7/28/22			8/8/22
Magnolia	6/30/22	7/28/22			8/8/22
FOURTH QUARTER 2022					
NET10/3/22WORK ADEQUACY VALIDATION					
UnitedHealthcare	10/3/22	10/17/22	10/24/22	12/14/22	1/20/23
Magnolia	10/3/22	10/17/22	10/24/22	12/14/22	1/20/23
CAP REVIEW					
Molina	9/22/22	10/20/22			10/31/22
FIRST QUARTER 2023					
NETWORK ADEQUACY VALIDATION					
Molina	1/9/23	1/23/23	1/24/23	2/27/23	3/29/23

B. Provider Access and Directory Validation Results

The following narrative and charts summarize CCME’s Provider Access and Availability Study findings and compare the plans for studies completed during the 2022-2023 contract year. A copy of the tool used for the Provider Access and Directory Validation Study is included in *Appendix A* of this report. Studies were conducted for Magnolia CAN and United CAN and CHIP in Q2 and Q4 2022. Studies were conducted for Molina CAN and CHIP in Q3 2022 and Q1 2023. The results are reported for these referenced timepoints.

Phase 1 – Provider Access Study Results

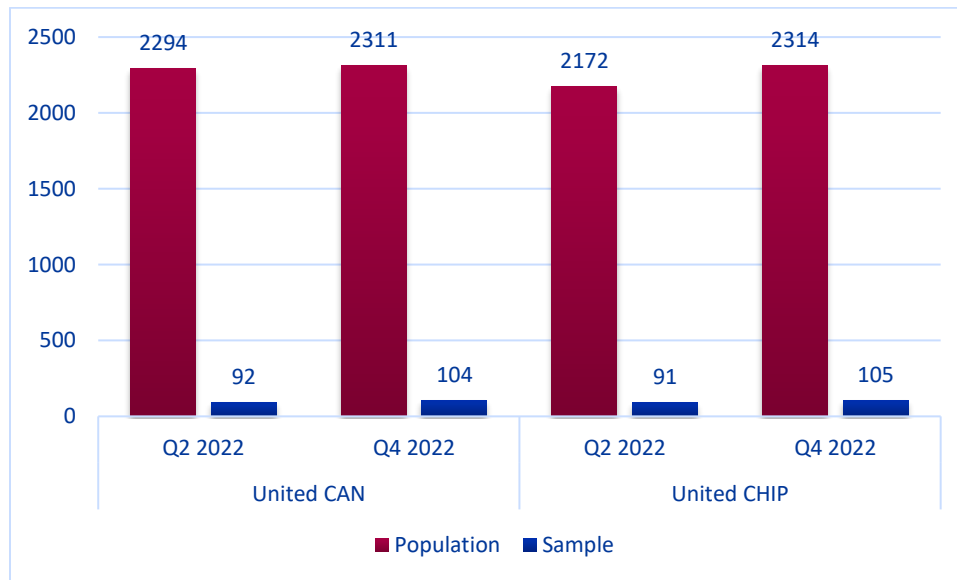
CCME notified each CCO of the initiation of the review and requested network provider information for the CAN and CHIP populations. Each CCO submitted the requested information to CCME’s secure site. The submitted data was used to determine the PCP sample needed to conduct each study.

Population and Sample Size

United CAN – For Q2 2022, United CAN submitted a total of 2,294 unique PCPs. A random sample of 92 PCPs was drawn for Phase 1. For Q4 2022, United submitted a total of 2,311 unique PCPs for the CAN population and a random sample of 104 was drawn for Phase 1.

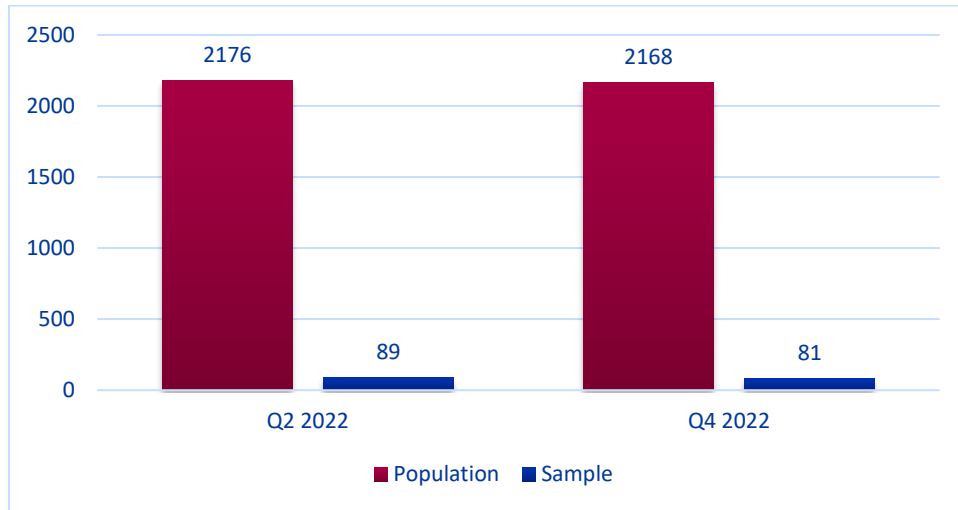
United CHIP – For Q2 2022, United CHIP submitted a total of 2,172 unique PCPs, and a random sample of 91 PCPs was drawn for Phase 1. For Q4 2022, United submitted a total of 2,314 unique PCPs and a random sample of 105 was drawn for Phase 1. See *Figure 3*.

Figure 3: Population and Sample Sizes for United CAN and CHIP



Magnolia CAN – For Q2 2022, a total of 2,176 unique PCPs was submitted. A random sample of 89 PCPs was drawn for Phase 1 (Provider Access Study). For Q4 2022, Magnolia submitted a total of 2,168 unique PCPs and a random sample of 81 was drawn for Phase 1. See *Figure 4*.

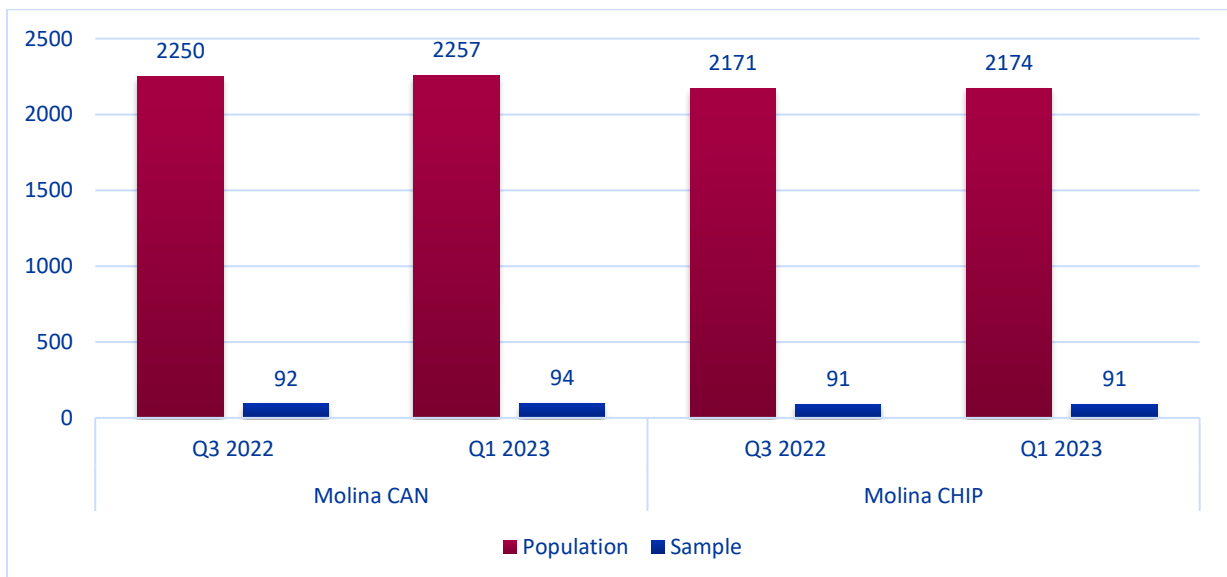
Figure 4: Population and Sample Sizes for Magnolia CAN



Molina CAN – For Q3 2022, Molina CAN submitted a total of 2,250 unique PCPs, and a random sample of 92 was drawn for Phase 1. For Q1 2023, Molina CAN submitted a total of 2,257 unique PCPs, and a random sample of 94 was drawn for Phase 1.

Molina CHIP – For Q3 2022, Molina CHIP submitted a total of 2,171 unique PCPs, and a random sample of 91 was drawn for Phase 1. For Q1 2023, Molina CHIP submitted a total of 2,174 unique PCPs, and a random sample of 91 was drawn for Phase 1. See *Figure 5*.

Figure 5: Population and Sample Sizes for Molina CAN and CHIP



CCME conducted a telephonic survey to determine if the CCO-provided PCP contact information was accurate, including the provider’s telephone number and address, and whether the provider was accepting the CCO and accepting new Medicaid members. Appointment availability for urgent and routine care was also evaluated. An overall success rate was determined using the following formula:

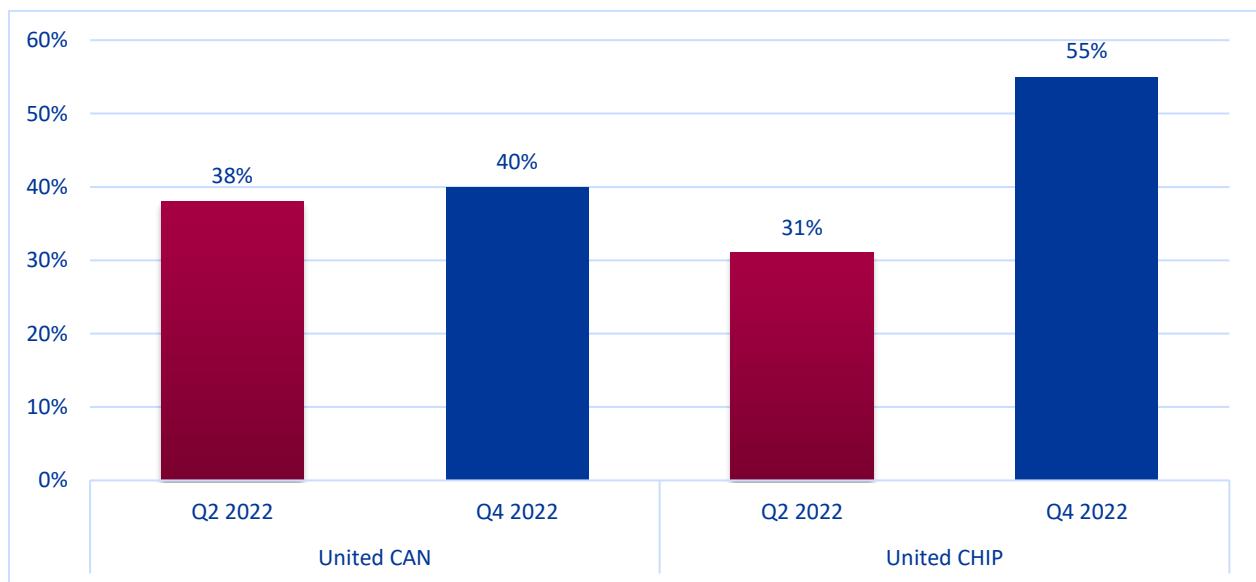
Success Rate = the number of providers contacted at the listed phone number and who confirmed contact information and accepting CCO divided by the number of calls completed that do not have a voicemail answering service, multiplied by 100.

Provider Access Study Successful Contacts

United CAN – For Q2 2022, a live respondent answered 89 calls. Of those 89 calls, a response for the four primary elements was successfully obtained for 34 PCPs (38%), yielding an unsuccessful contact rate of 62%. For Q4 2022 CAN, of the 104 PCPs contacted, five calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 40% (40 out of 99).

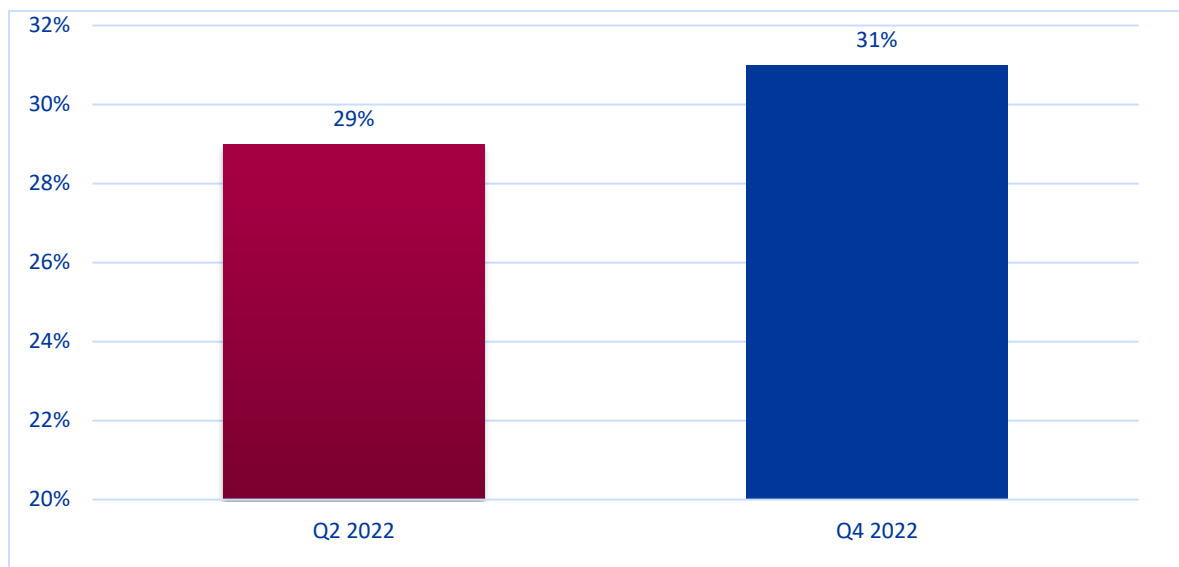
United CHIP For Q2 2022, a live respondent answered 87 calls. Of those 87 calls, a response for the four primary elements was successfully obtained for 27 PCPs (31%), yielding an unsuccessful contact rate of 69%. For Q4 2022, of the 105 PCPs contacted, two were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 55% (57 of 103). Both CAN and CHIP success rates for both studies were below the goal rate of 95% (see *Figure 6*).

Figure 6: United CAN and CHIP Successful Contact Rates



Magnolia CAN – For Q2 2022, of the 89 PCPs contacted, 6 were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 29% (24 out of 83). For Q4 2022, of the 81 PCPs contacted, 3 were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 31% (24 of 78). For both quarters, the success rates were below the target rate of 95% for Phase 1 successful contacts (see *Figure 7*).

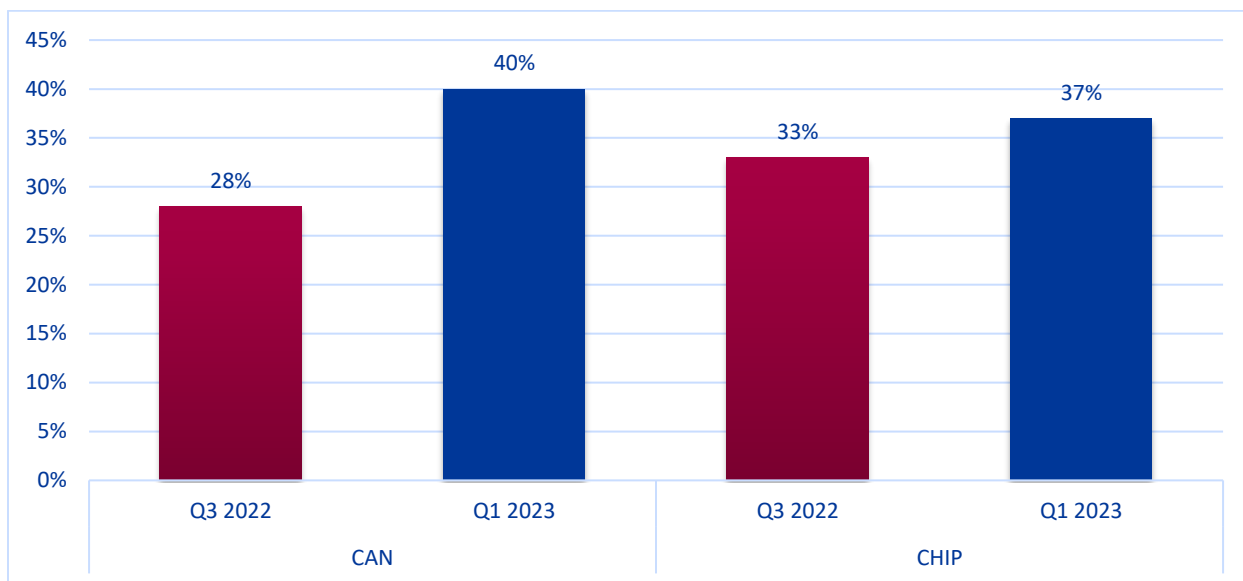
Figure 7: Magnolia CAN Successful Contact Rates



Molina CAN – For Q3 2022, of 92 PCPs contacted, 3 calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 28% (25 of 89). For Q1 2023, of the 94 PCPs contacted, 6 calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for the voicemail answered calls, the Phase 1 success rate was 40% (35 of 88).

Molina CHIP – For Q3 2022, of the 91 PCPs contacted, 4 calls were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 33% (29 of 87). For Q1 2023, of the 91 PCPs contacted, 4 were answered by voicemail and thereby omitted from the denominator in the success rate formula. After accounting for voicemail answered calls, the Phase 1 success rate was 37% (23 of 87). Both CAN and CHIP success rates were below the goal rate of 95% for the Q3 2022 and Q1 2023 studies. See *Figure 8*.

Figure 8: Molina CAN and CHIP Successful Contact Rates

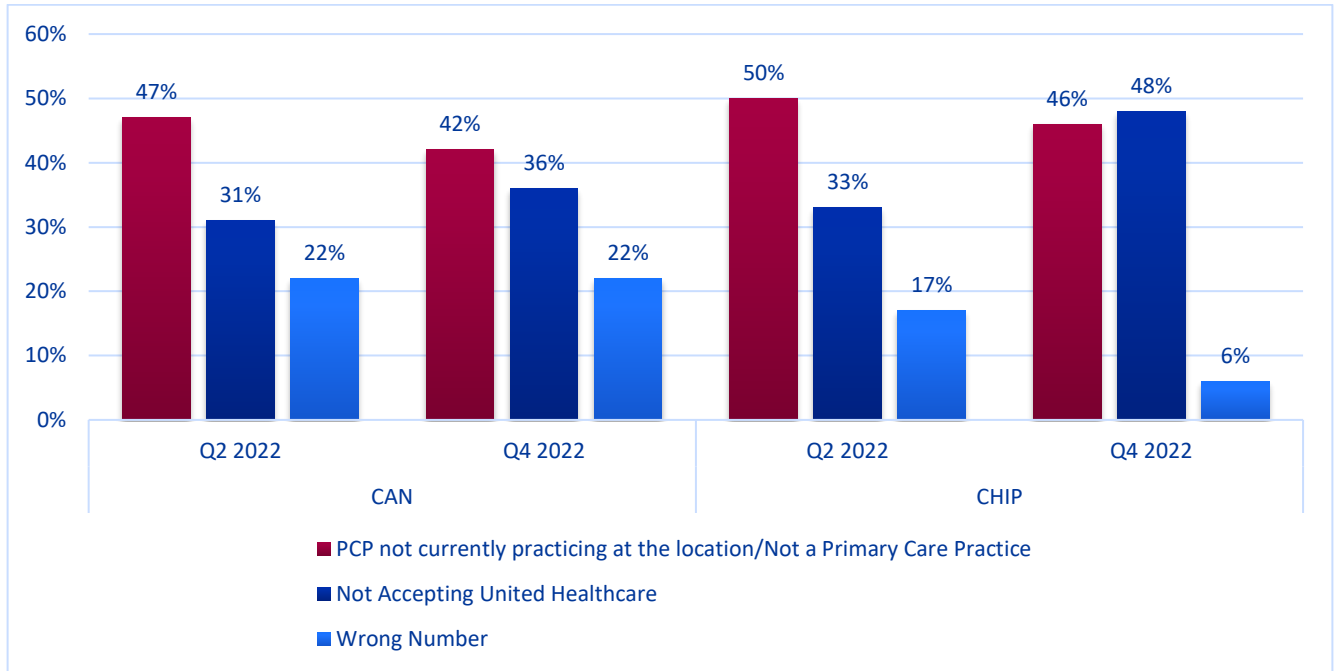


Provider Access Study Unsuccessful Contacts

United CAN – For Q2 2022, for the 55 calls that were answered by a live respondent but considered unsuccessful, 26 (47%) were because the provider was no longer at the location or the location was not a primary care practice, 17 (31%) were because the provider was not accepting United CAN, and 12 (22%) were confirmed to be a wrong number. For Q4 2022 for the 59 calls that were answered by a live respondent but considered unsuccessful, 25 (42%) were because the provider was no longer at the location or the location was not a primary care practice, 21 (36%) were because the provider was not accepting United CAN, and 13 (22%) were confirmed to be a wrong number.

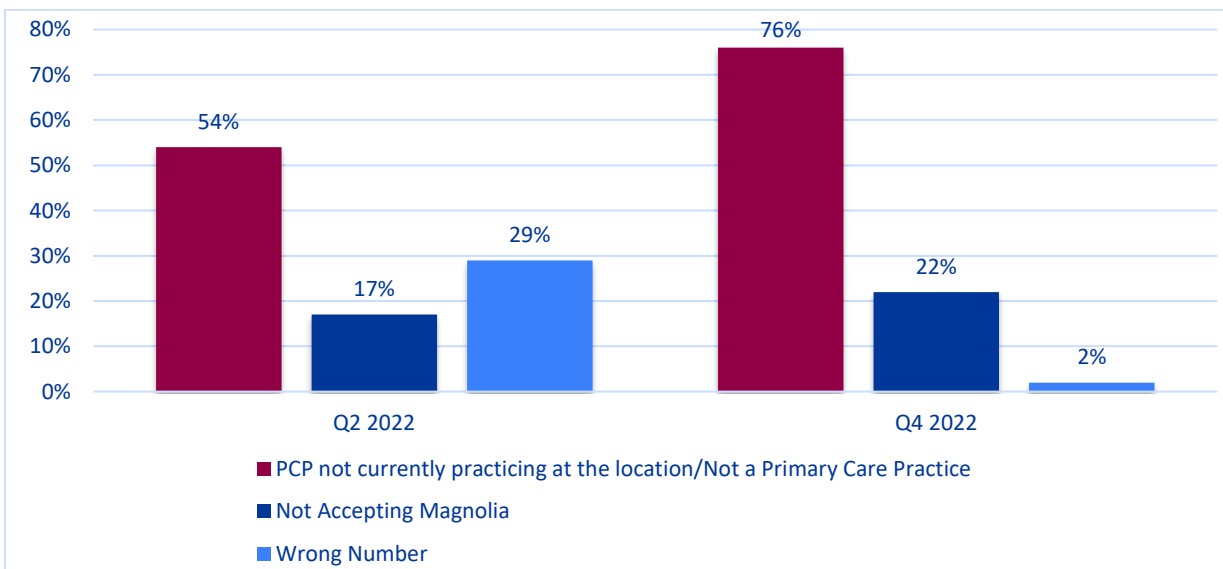
United CHIP – In Q2 2022 for the 60 calls that were answered by a live respondent but considered unsuccessful, 30 (50%) were because the provider was currently not practicing at the location or the location was not a primary care practice, 20 (33%) were unsuccessful because the provider was not accepting United CHIP, and 10 (17%) were confirmed to be a wrong number. In Q4 2022, for the 46 calls that were answered by a live respondent but considered unsuccessful, 21 (46%) were because the provider was currently not practicing at the location or the location was not a primary care practice, 22 (48%) were unsuccessful because the provider was not accepting United CHIP, and three (6%) were confirmed to be a wrong number (see *Figure 9*).

Figure 9: United Unsuccessful Contact Reasons



Magnolia CAN – For Q2 2022, for the 59 calls that were answered by a live respondent but considered unsuccessful, 32 (54%) were because the provider was no longer at the location or the location was not a primary care practice, 10 (17%) were because the provider was not accepting Magnolia CAN, and 17 (29%) were confirmed to be a wrong number. For Q4 2022, for the 54 calls that were answered by a live respondent but considered unsuccessful, 41 (76%) were because the provider was no longer at the location or the location was not a primary care practice, 12 (22%) were because the provider was not accepting Magnolia CAN, and one (2%) was confirmed to be a wrong number. See *Figure 10*.

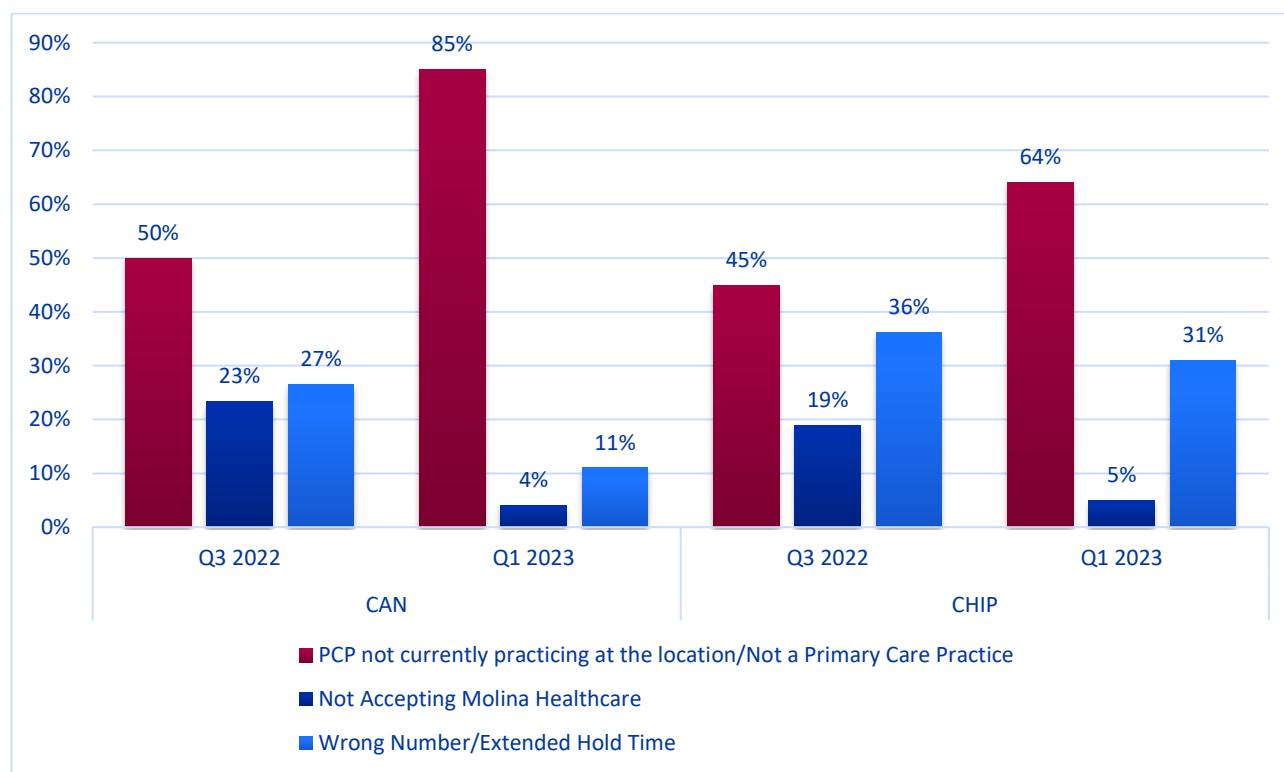
Figure 10: Magnolia Unsuccessful Contact Reasons



Molina CAN – For Q3 2022, for the 64 calls that were answered by a live respondent but considered unsuccessful, 32 (50%) were because the provider was no longer at the location or the location was not a primary care practice, 15 (23%) were because the provider was not accepting Molina CAN, and 17 (27%) were confirmed to be a wrong number. For Q1 2023, for the 53 calls that were answered by a live respondent but considered unsuccessful, 45 (85%) were because the provider was no longer at the location or the location was not a primary care practice, 2 (4%) were because the provider was not accepting Molina CAN, and 6 (11%) were confirmed to be a wrong number.

Molina CHIP – In Q3 2022, for the 58 calls that were answered by a live respondent but considered unsuccessful, 26 (45%) were because the provider was no longer at the location or the location was not a primary care practice, 11 (19%) were because the provider was not accepting Molina CHIP, and 21 (36%) were confirmed to be a wrong number. In Q1 2023, for the 55 calls that were answered by a live respondent but considered unsuccessful, 35 (64%) were because the provider was no longer at the location or the location was not a primary care practice, 3 (5%) were because the provider was not accepting Molina CHIP, and 17 (31%) were confirmed to be a wrong number (see *Figure 11*).

Figure 11: Molina Unsuccessful Contact Reasons



The most common reason for unsuccessful surveys for four studies was that the provider was no longer actively practicing at the location, or the location was not a primary care practice. For one study, the most common reason was that the provider was not accepting the health plan.

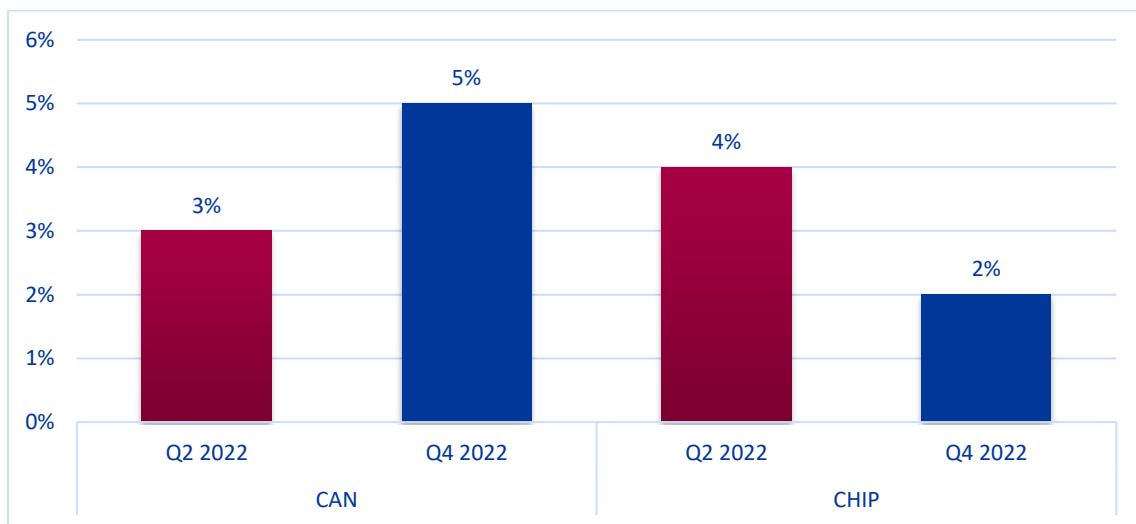
Provider Access Study Voicemail Answered Calls

The number of voicemail-answered calls was omitted from the denominator when calculating the successful and unsuccessful call rates.

United CAN – The number of PCP offices requiring the caller to leave a message was 3 of 92 (3%) for Q2 2022. The number of PCP offices requiring the caller to leave a message was 5 of 104 (5%) for Q4 2022.

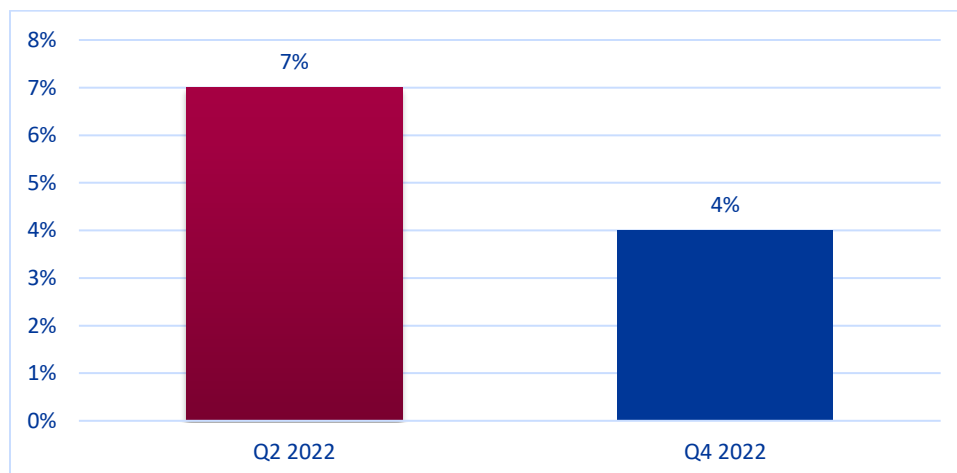
United CHIP – For Q2 2022, the rate was 4 of 91 calls (4%). In Q4 2022, the rate was 2 of 105 calls (2%) for Q4 2022. See *Figure 12: Calls Answered by Voicemail for United CAN and CHIP*.

Figure 12: Calls Answered by Voicemail for United CAN and CHIP



Magnolia CAN – In Q2 2022, the number of PCP offices requiring the caller to leave a message was 6 of 89 (7%). This decreased to 4% (3 of 81) in Q4 2022. See *Figure 13: Calls Answered by Voicemail for Magnolia*.

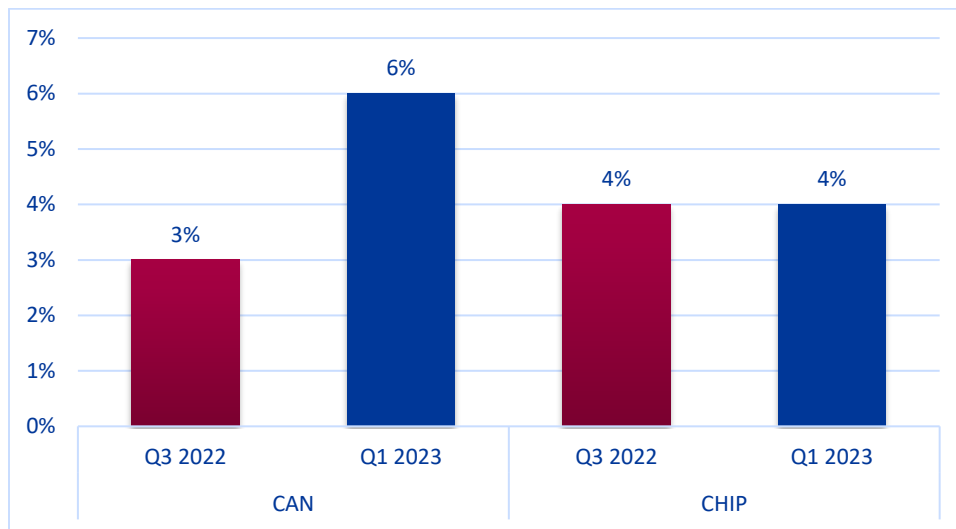
Figure 13: Calls Answered by Voicemail for Magnolia



Molina CAN – For Molina CAN in Q3 2022, the number of PCP offices requiring the call team member to leave a message was 3 of 92 (3%) in Q3 2022. For Q1 2023 Molina CAN, the number of PCP offices requiring the caller to leave a message was 6 of 94 (6%).

Molina CHIP – For CHIP, 4 of 91 (4%) PCP offices required the call team member to leave a message in Q3 2022. For Q1 2023, the rate was 4 of 91 calls (4%). See *Figure 14: Calls Answered by Voicemail for Molina CAN and CHIP*.

Figure 14: Calls Answered by Voicemail for Molina CAN and CHIP



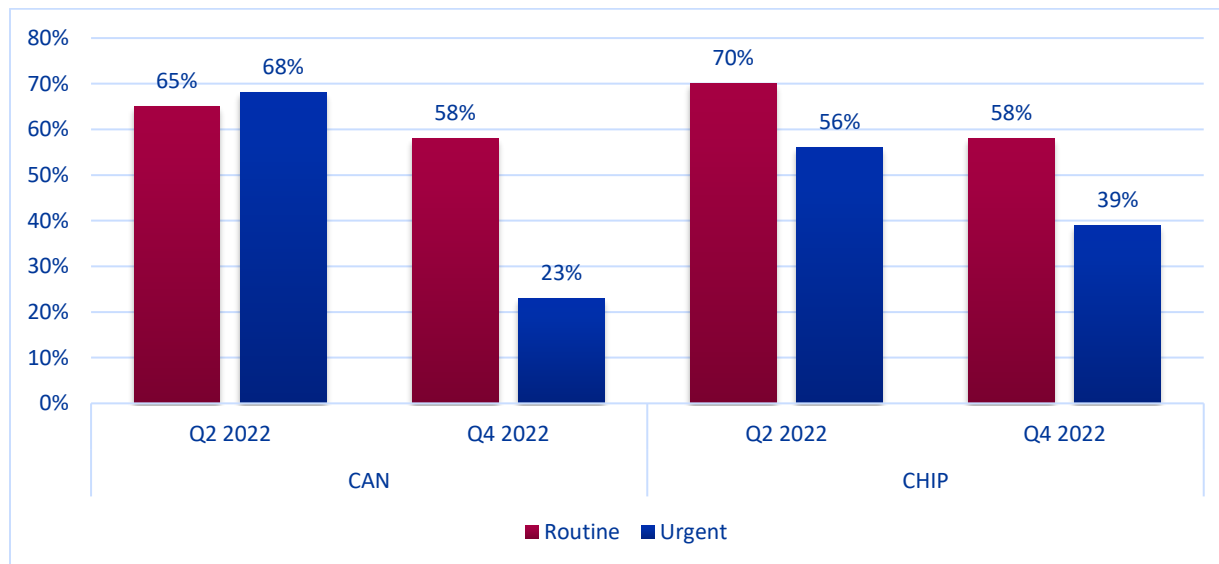
Provider Access and Availability for Routine and Urgent Appointments

Availability of routine and urgent appointments is included as part of the provider access study to determine if the PCP meets the requirements of 30-calendar days for a routine appointment and 48-hours for an urgent appointment.

United CAN – For Q2 2022, of the 34 PCPs contacted, 22 (65%) reported routine appointment availability within the contractual requirement and 23 (68%) reported urgent appointment availability within the contractual requirement. For Q4 2022, of the 40 PCPs contacted, 23 (58%) reported routine appointment availability within the contractual requirement and 9 (23%) reported urgent appointment availability within the contractual requirement.

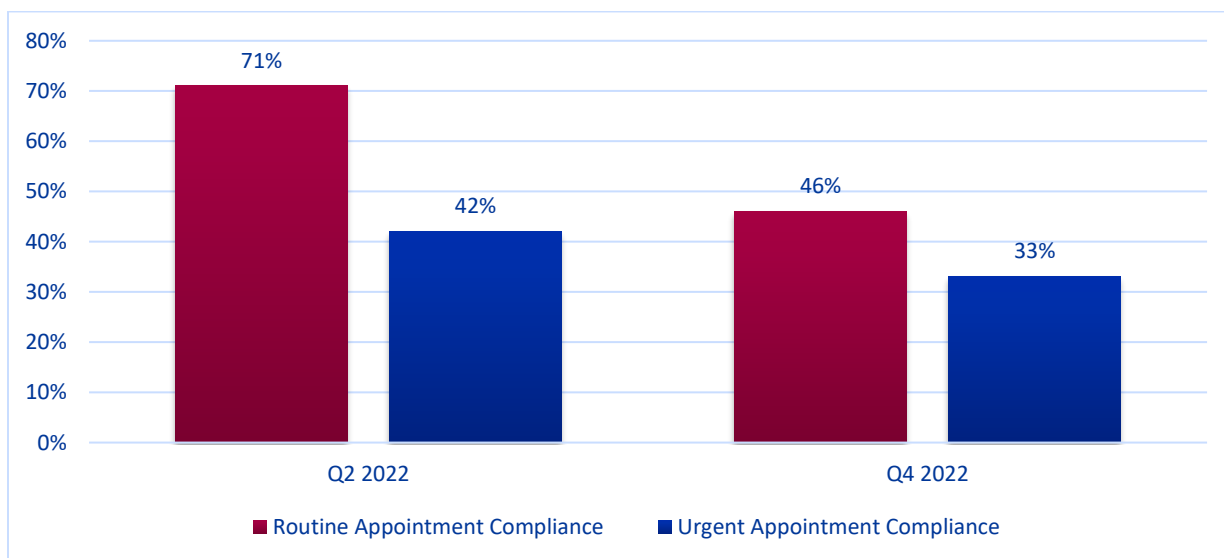
United CHIP – For Q2 2022, of the 27 PCPs contacted, 19 (70%) reported routine appointment availability within the contractual requirement and 15 (56%) reported urgent appointment availability within the contractual requirement. For Q4 2022, of the 57 PCPs contacted, 33 (58%) reported routine appointment availability within the contractual requirement and 22 (39%) reported urgent appointment availability within the contractual requirement. See *Figure 15*.

Figure 15: United CAN and CHIP Availability for Routine and Urgent Appointments



Magnolia CAN – For Q2 2022, of the 24 PCPs contacted, 17 (71%) reported routine appointment availability within the contractually required timeframe and 10 (42%) reported urgent appointment availability within the contractually required timeframe. For Q4 2022, of the 24 PCPs contacted, 11 (46%) reported routine appointment availability within the contractually required timeframe and eight (33%) reported urgent appointment availability within the contractually required timeframe. See *Figure 16: Magnolia Availability of Routine and Urgent Appointments*.

Figure 16: Magnolia Availability of Routine and Urgent Appointments



Molina CAN – In Q3 2022, of the 25 PCPs contacted, 18 (72%) reported routine appointment availability within the contractual requirement and 13 (52%) reported urgent appointment availability within the contractual requirement. In Q1 2023, of the 35 PCPs contacted, 19 (54%)

reported routine appointment availability within the contractual requirement and 16 (46%) reported urgent appointment availability within the contractual requirement.

Molina CHIP – In Q3 2022, of the 29 PCPs contacted, 20 (69%) reported routine appointment availability within the contractual requirement and 19 (66%) reported urgent appointment availability within the contractual requirement. For Q1 2023, of the 32 PCPs contacted, 22 (69%) reported routine appointment availability within the contractual requirement and 15 (47%) reported urgent appointment availability within the contractual requirement. See *Figure 17: Molina CAN and CHIP Availability of Routine and Urgent Appointments*.

Figure 17: Molina CAN and CHIP Availability of Routine and Urgent Appointments

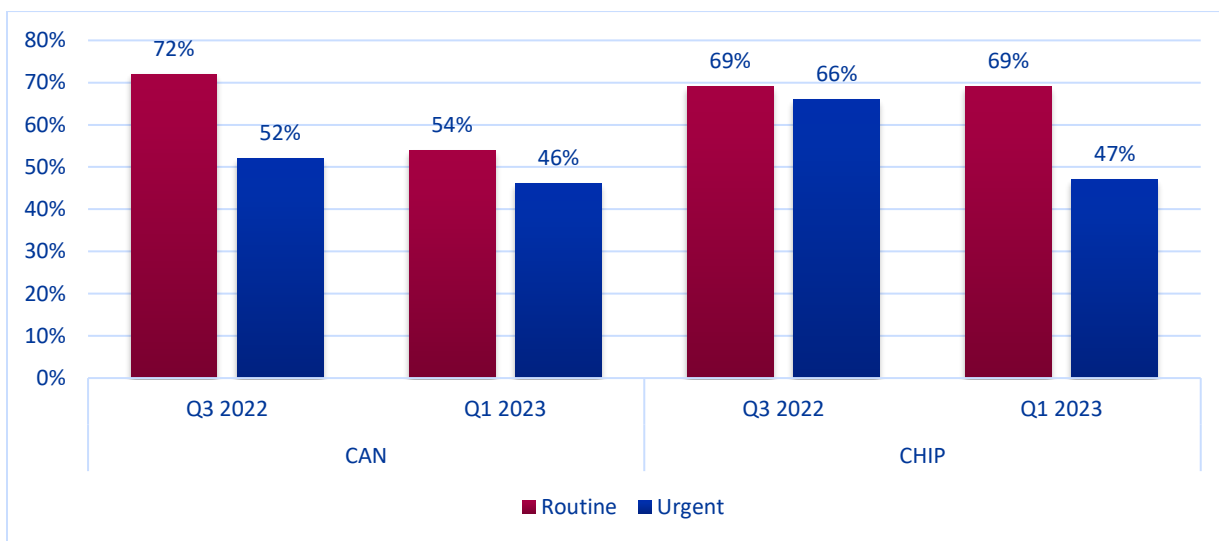


Table 6: Overview of Phase 1 Findings 2022–2023 displays a comparison of the successful contact rates, percentage of calls answered by voicemail, and percentage of providers who were compliant with appointment access standards for routine and urgent care. The arrows indicate a change in the rate from the previous access study. For example, an up arrow (↑) indicates the rate improved from the previous study, and a down arrow (↓) indicates the rate was lower than the previous study.

Table 6: Overview of Phase 1 Findings 2022–2023

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Successful Contact Rates	38%	40% ↑	31%	55% ↑	29%	31% ↑	28%	40% ↑	33%	37% ↑
Percentage of Voicemail Answered Calls	3%	5% ↑	4%	2% ↓	7%	4% ↓	3%	6% ↑	4%	4%

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Routine Appointment Availability	65%	58% ↓	70%	58% ↓	71%	46% ↓	72%	54% ↓	69%	69%
Urgent Appointment Availability	68%	23% ↓	56%	39% ↓	42%	33% ↓	52%	46% ↓	66%	47% ↓

Phase 2 - Provider Directory Validation Results

CCME verified the accuracy of the provider’s address, phone number, and panel status listed in the CCO’s provider directory against the PCP contact information confirmed during Phase 1. An overall accuracy rate was determined using the formula:

Accuracy Rate = the number of providers with accurate name, phone number, address, and panel status in the online provider directory divided by the number of attempted provider verifications.

United CAN - For Q2 2022, of the 34 searched PCPs, 32 (94%) were able to be located by name in the provider directory, 32 (94%) had the correct address, 32 (94%) had a matching phone number, and 29 (85%) had the correct panel status. The overall accuracy rate was 29 out of 34 (85%). For Q4 2022, of the 40 searched PCPs, 36 (90%) were able to be located by name in the provider directory, 34 (85%) had the correct address, 34 (85%) had a matching phone number, and 32 (80%) had the correct panel status. The overall accuracy rate was 32 out of 40 (80%).

United CHIP - In Q2 2022, of the 27 searched PCPs, 26 (96%) were able to be located by name in the directory using the URL provided, 26 (96%) had the correct address, 26 (96%) had a matching phone number, and 24 (89%) had the correct panel status. The overall accuracy rate was 89% (24 of 27). In Q4 2022, of the 57 searched PCPs, 56 (98%) were able to be located by name in the directory using the URL provided, 52 (91%) had the correct address, 52 (91%) had a matching phone number, and 51 (89%) had the correct panel status. The overall accuracy rate was 89% (51 of 57). Both United CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Magnolia CAN – For Q2 2022, of the 24 searched PCPs, 18 (75%) had accurate contact information in the online directory for all the evaluated elements, including name. Of those 24, 20 (83%) had the correct address and correct phone number and 18 (75%) had the correct panel status. The overall accuracy rate was 75% (18 of 24). For Q4 2022 of the 24 searched PCPs, 16 (67%) had accurate contact information in the online directory for all the evaluated elements, including name. Of those 24, 16 (67%) had the correct address and 18 (75%) had the correct phone number. There were 22 (92%) of providers with the correct panel status. The overall

accuracy rate was 67% (16 of 24). This was below the target rate of 95% accuracy for directory validation.

Molina CAN – In Q3 2022 of the 25 searched PCPs, 25 (100%) were able to be located by name in the provider directory, 25 (100%) had the correct address, 25 (100%) had a matching phone number, and 22 (88%) had the correct panel status. The overall accuracy rate was 22 out of 25 (88%). For Q1 2023 CAN, of the 35 searched PCPs, 32 (91%) were able to be located by name in the provider directory, 29 (83%) had the correct address, 29 (83%) had a matching phone number, and 29 (83%) had the correct panel status. The overall accuracy rate was 29 out of 35 (83%).

Molina CHIP – In Q3 2022, of the 29 searched PCPs, 28 (97%) were able to be located by name in the directory using the URL provided, 28 (97%) had the correct address, 26 (90%) had a matching phone number, and 22 (76%) had the correct panel status. The overall accuracy rate was 76% (22 of 29). For Q1 2023 CHIP, of the 32 searched PCPs, 30 (94%) were able to be located by name in the directory using the URL provided, 27 (84%) had the correct address, 27 (84%) had a matching phone number, and 24 (75%) had the correct panel status. The overall accuracy rate was 75% (24 of 32). Both Molina CAN and CHIP were below the target rate of 95% accuracy for directory validation.

Table 7: Provider Directory Accuracy Rates 2022-2023, displays the overall accuracy rates for the provider directory validations. The arrows indicate a change in the rate from the previous validation. For example, an up arrow (↑) indicates the rate for the element improved from the previous study and a down arrow (↓) indicates the rate was lower than the previous study.

Table 7: Provider Directory Accuracy Rates 2022-2023

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP	
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023
Percentage of PCPs listed in the online provider directory	94%	90% ↓	96%	98% ↑	92%	92%	100%	91% ↓	97%	94% ↓
Percentage of PCPs with matching phone number	94%	85% ↓	96%	91% ↓	83%	75% ↓	100%	83% ↓	97%	84% ↓
Percentage of PCPs with matching address	94%	85% ↓	96%	91% ↓	83%	67% ↓	100%	83% ↓	90%	84% ↓
Percentage of PCPs with matching panel status	85%	80% ↓	89%	89%	75%	92% ↑	88%	83% ↓	76%	75% ↓
Overall Provider Directory Accuracy Rating	85%	80% ↓	89%	89%	75%	67% ↓	88%	83% ↓	76%	75% ↓

C. Assessment of Corrective Action Plans

An assessment of the current year's provider access study validation findings revealed corrective actions for all CCOs for the Q2 and Q3 2022 studies. The successful contact rates improved for all CCOs during the Q4 2022 and Q1 2023 study; thus, corrective actions were not requested, although several recommendations were offered based on appointment availability and provider directory validation activities.

Molina CAN and CHIP

Molina was evaluated in Q3 2022 and Q1 2023. For the initial study in Q3 2022, CCME requested that Molina develop a Corrective Action Plan (CAP) to address the issues identified in the Provider Access Study and Directory Validation. The following corrective action was requested: Increase the number of contact points with providers to request updates and verify contact information. Following the Q3 2022 Provider Access Study and Directory Validation, Molina submitted a CAP to address the identified issues. The CAP included the development of an Access and Availability Checklist and a new Centralized Credentialing process. For Q1 2023, successful contact rates for both CAN and CHIP improved, which suggests the centralized process for updating provider contact information are improving accuracy. Given the improvement in the primary outcome for successful contacts, there were no corrective actions needed for the Q1 2023 study.

United CAN and CHIP

For United CAN and CHIP, studies were conducted in Q2 2022 and Q4 2022. The Q2 2022 study culminated in corrective actions including:

- Conduct additional internal analyses of the procedures for updating provider contact information that focus on updating panel status for PCPs and appropriately classifying the provider's area of practice (primary care provider, hospitalist, urgent care provider, etc.)
 - Develop a proactive process to seek updated provider information, such as verifying provider contact information with every provider interaction.

United submitted a CAP and addressed the corrective actions including the establishment of Data Control and Proactive Business Rule Detections for updates to demographics. Additionally, enhanced data capture is conducted through Google API for demographic comparison, Trust Evaluator for accuracy confidence factors, and other automated tools. For Q4 2022, there were no corrective actions given the improvement in the primary outcome for successful contacts.

Magnolia CAN

For Magnolia CAN, studies were conducted in Q2 2022 and Q4 2022. For the Q2 2022 study, CCME requested that Magnolia:

- Develop a proactive process to seek updated provider information, such as verifying provider contact information with every provider interaction.
- Conduct additional internal analyses of the procedures for updating provider contact

information focusing on updating panel status for PCPs and appropriately classifying the provider’s area of practice (primary care provider, hospitalist, urgent care provider, etc.) for all contracted locations.

- Conduct routine internal audits to validate provider contact information.

For Q4 2022, the findings showed an improvement in the successful contact rate. There were no corrective actions given the improvement in the primary outcome for successful contacts.







D. Conclusions

The overall successful contact rates in the most recent call study ranged from 31% to 55% and all rates were below the goal of 95% for all five studies conducted. For four studies, the most common reason for unsuccessful contacts was that the provider was no longer active at the location. For one study, the primary reason was that the provider was not accepting the plan. The provider directory validation rates in the most recent study ranged from 75% to 92%. Routine appointment availability and access ranged from 46% to 69% and urgent appointment availability ranged from 23% to 47%.

The results of the most recent Provider Access and Provider Directory Validation studies demonstrated an opportunity for improvement in provider contact information accuracy. Initiatives are needed to address gaps to ensure all members can contact a PCP using the online directory and receive the needed care in an efficient manner.

Table 8: Access Study and Provider Directory Validation Comparative Data for 2022—2023 provides a summary of successful contact rates, provider directory accuracy rates, and compliance with appointment availability requirements for each CCO. The arrows indicate a change in the rate from the previous review. For example, an up arrow (↑) indicates the rate for the element improved from the previous study and a down arrow (↓) indicates the rate was lower than the previous study. The table also lists strengths, weaknesses, and recommendations.

Table 8: Access Study and Provider Directory Validation Comparative Data for 2022–2023

	United CAN		United CHIP		Magnolia CAN		Molina CAN		Molina CHIP		 = Quality  = Timeliness  = Access to Care
	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q2 2022	Q4 2022	Q3 2022	Q1 2023	Q3 2022	Q1 2023	
Successful Contact Rate	38%	40% ↑	31%	55% ↑	29%	31% ↑	28%	40% ↑	33%	37% ↑	<p>Strengths:</p> <ul style="list-style-type: none">  Successful contact rates improved for Phase 1 of the most recent studies. <p>Weaknesses:</p> <ul style="list-style-type: none">  Routine and urgent appointment availability showed no improvement for all CCOs.  Provider directory accuracy rates remained showed no improvement for all CCOs. <p>Recommendations:</p> <ul style="list-style-type: none"> Provide additional provider education about the contract requirements for routine and urgent appointment availability. Revise processes for updating provider directories to ensure provider panel status is corrected in a timely manner. Conduct additional internal analyses of procedures for updating provider contact information and conduct routine internal audits to validate the contact information. Verify provider contact information with every provider interaction. Work with the providers' office staff to determine why members are informed that the provider does not accept their health plan.
Provider Directory Accuracy Rate	85%	80% ↓	89%	89%	92%	92%	88%	83% ↓	76%	75% ↓	
Routine Appointment Availability Compliance	65%	58% ↓	70%	58% ↓	71%	46% ↓	72%	54% ↓	69%	69%	
Urgent Appointment Availability Compliance	68%	23% ↓	56%	39% ↓	42%	33% ↓	52%	46% ↓	66%	47% ↓	

Appendix A – Provider Access Study Web Tool

Provider Access Study Tool

Caller Name: _____

1st Call Attempt Date: _____

Time: _____

Caller Name: _____

2nd Call Attempt Date: _____

Time: _____

Caller Name: _____

3rd Call Attempt Date: _____

Time: _____

Q1. Was the call answered by a live respondent?

Button Responses: Yes or No

If call was not answered by a live respondent or the respondent refused to participate, answer "No", enter reason and end call.

- Voicemail/ Prompted to leave message
- No answer/busy signal/not a working number
- Office permanently closed
- Yes, but refused to participate after answering
- Hold time greater than 5 minutes
- Other Record here: _____

Q2. Is [provider name] still actively practicing at this location?

Button Responses: Yes or No

If Q2 answer was "No" mark reason and end call.

- Not a primary care location (urgent care, hospital, etc.)
- Not at this address
- Doctor is a hospitalist or other non-PCP
- Doctor is retired
- Other Record here: _____

If Yes, verify:

- Provider Speciality: (Pre-populated): Pre-populated speiality matches Yes
No: (Record correct speciality) _____
- Provider Phone Number: (Pre-populated): Pre-populated Phone Number Matches: Yes
No: (Record correct Phone Number) _____
- Provider Address: (Pre-populated): Pre-populated address matches: Yes
No: (Record New Address)
Street Number: _____

Street Name: _____

Suite Number: _____

City: _____ State: _____ Zip Code: _____

Q3. Are they accepting [health care plan]?

Button Response: Yes or No

If Q3 answer was “No” mark reason for no and end the call.

No (choose one)

- **Provider doesn't take listed insurance**
- Other: _____

Q4. Are they accepting new patients?

Button Response: Yes or No

If Q4 answer was “No” selection reason:

- Physician has a waiting list for new patients
- Physician has met their capacity limit
- Not accepting new patients until a specified month (example not accepting new patients until December 2022)
- No reason given
- Other (please explain in comment field) _____

Q5. Is there a routine appointment date available in the next 4 weeks?

Button Yes or No.

If Yes, Date: _____ (not to exceed 30 calendar days)

No (Choose One):

- Appointment date more than 30 calendar days
- Provider requires patient specific information (i.e., birthdate, Medicaid ID number, SSN etc.)
- Provider will have to get back with the caller for an appointment
- **Depends on referring physician's recommendations**
- Practice has a waiting list
- **Depends on the patient's condition**
- Other (please explain in comment field) _____

Q6. Is there an urgent appointment available in the next 1 day?

Button Yes or No.

If Yes, Date: _____ (not to exceed 24 hours)

No (Choose One)

- Appointment date more than 24 hours
- Provider requires patient specific information (i.e., birthdate, Medicaid ID number, SSN etc.)
- Provider will have to get back with the caller for an appointment
- **Depends on referring physician's recommendations**
- Practice has a waiting list
- **Depends on the patient's condition**
- Other (please explain in comment field) _____

END OF SURVEY.

If Questions 1,2,3 were answered YES and Question 4 was answered Yes or No, proceed to provider directory validation.

Provider Directory Validation

Q7. Were you able to locate the provider by name in the provider directory?

Button Yes or No

If no, STOP here.

Q8. Did the pre-populated or corrected address in this tool match the address listed in the online provider directory?

Button Pre-populated matched

Corrected matched

No

Q9. Did the pre-populated or corrected phone numbers in this tool match the phone number listed in the online provider directory?

Button Pre-populated matched

Corrected matched

No

Q10. Did the survey response to **“are you accepting new Medicaid patients”** in Question 4 match what is specified in the online provider directory?

Button Yes or No

Other Comment:



Attachment 2: MississippiCAN CAHPS® ECHO 3.0 Adult Medicaid Report



MississippiCAN

CAHPS® ECHO 3.0 Adult Medicaid Report

March 2023



3975 Research Park Drive
Ann Arbor, MI 48108

Using This Report	1
Executive Summary	3
Sample Disposition	5
Trend Analysis	6
Key Strengths and Opportunities for Improvement	7
Methodology	8
Survey Milestones	
Sampling Frame	
Selection of Cases for Analysis	
Questionnaire	
Definition of Achievement Scores	
Composites	
Correlation to Satisfaction	
Comparisons: Current Year and Trending	
Statistical Testing	
Priority Matrices	11
Composites	12
Composite Items	13
Getting Treatment Quickly	14
How Well Clinicians Communicate	15
Getting Treatment and Information from the Plan	16
Perceived Improvement	17
Information about Treatment Options	18
Overall Ratings	19
Rating of counseling or treatment	20
Composites	21
Getting Treatment Quickly	22
How Well Clinicians Communicate	26
Getting Treatment and Information from the Plan	33
Perceived Improvement	36
Information about Treatment Options	41
Single Items	
Usually or always seen within 15 minutes of appointment time	44
Told about side effects of medication	45
Talked about including family and friends in treatment	46
Given as much information as wanted to manage condition	47
Given information about rights as a patient	48
Felt that they could refuse a specific type of treatment	49
Confident about privacy of treatment information	50
Care responsive to cultural needs	51
A lot or somewhat helped by treatment	52
Told about other ways to get treatment after benefits were used up	53
Responses by Question	54
Appendix A: Sample Questionnaire	

Using This Report

Results from the CAHPS® ECHO 3.0 Survey for adult Medicaid enrollees provide a comprehensive tool for assessing consumers' experiences with their behavioral health care. DataStat, Inc., conducted the survey on behalf of the Mississippi Coordinated Access Network (MississippiCAN).

The instrument selected for the survey was the Adult Experience of Care and Health Outcomes (ECHO) Survey 3.0, the CAHPS® behavioral health survey for use in assessing the performance of health plans. The survey instrument used for the Mississippi adult Medicaid survey project consisted of fifty-one core questions.

The majority of questions addressed domains of member experience such as getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, perceived improvement, information about treatment options, and overall satisfaction with counseling and treatment.

This report is designed to allow MississippiCAN and the participating health plans to identify key opportunities for improving members' experiences. Member responses to survey questions are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed as the proportion of responses qualifying as achievements. In general, somewhat positive responses are included with positive responses as achievements. For example, a member response of "Usually" or "Always" to the question "... when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?" is considered an achievement, and the achievement score for this question is equal to the proportion of respondents who answered the question with "Usually" or "Always". Because achievement scores for survey questions are computed as the proportion of members who indicate a positive experience, the lower the achievement score, the greater the need for the health plan to improve.

Achievement scores are computed and reported for all pertinent survey items. In addition, composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, perceived improvement and information about treatment options.

The CAHPS® ECHO survey results are presented here in a format that is optimized for use in practical decision-making. Specifically, these reports can:

1. Assist health plans in identifying strengths and weaknesses in their quality of care and services.
2. Provide health plans with a way to assess where resources can best be allocated to improve weaknesses.
3. Show health plans the effects of their efforts to improve over time.

In the *Composites* section of the report, composite scores and the achievement scores for their component questionnaire items are presented in the form of bar charts to facilitate comparison of scores across health plans or time.

Correlations with counseling or treatment satisfaction are computed for each composite score and each achievement score of the composite's individual questionnaire items. In the *Priority Matrices* section of the report, these correlations are plotted against the achievement scores to help isolate specific areas where improvement efforts might have the greatest chance of increasing counseling or treatment satisfaction among members.

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Statistical significance tests were run comparing MississippiCAN overall scores with each health plan score. Comparisons are presented in the *Executive Summary* and *Graphs* sections of the report. Trend comparisons are presented in the *Trend Analysis* and the *Responses by Question* sections of the report.

Conclusions based on the information presented in this report should be tempered by a few caveats. First, for some survey items, relatively small numbers of responses could be collected due to skip patterns inherent in the instrument. Conclusions based on analysis of fewer than 30 observations should be viewed with caution. Second, in some of the data presentations included in this report, correlation coefficients are computed to explore the relationship between different measures. High correlations, however, do not necessarily indicate causation.

Executive Summary

This report offers the findings from the Experience of Care and Behavioral Health Outcomes (ECHO) Survey developed by AHRQ. The purpose of the survey is to learn about the experiences of adult and child members after receiving counseling or treatment from a provider. It addresses key topics such as access to counseling and treatment, provider communication, plan information, and overall rating of counseling and treatment received. The results of this survey are used to give feedback to the plan to help improve the quality of care.

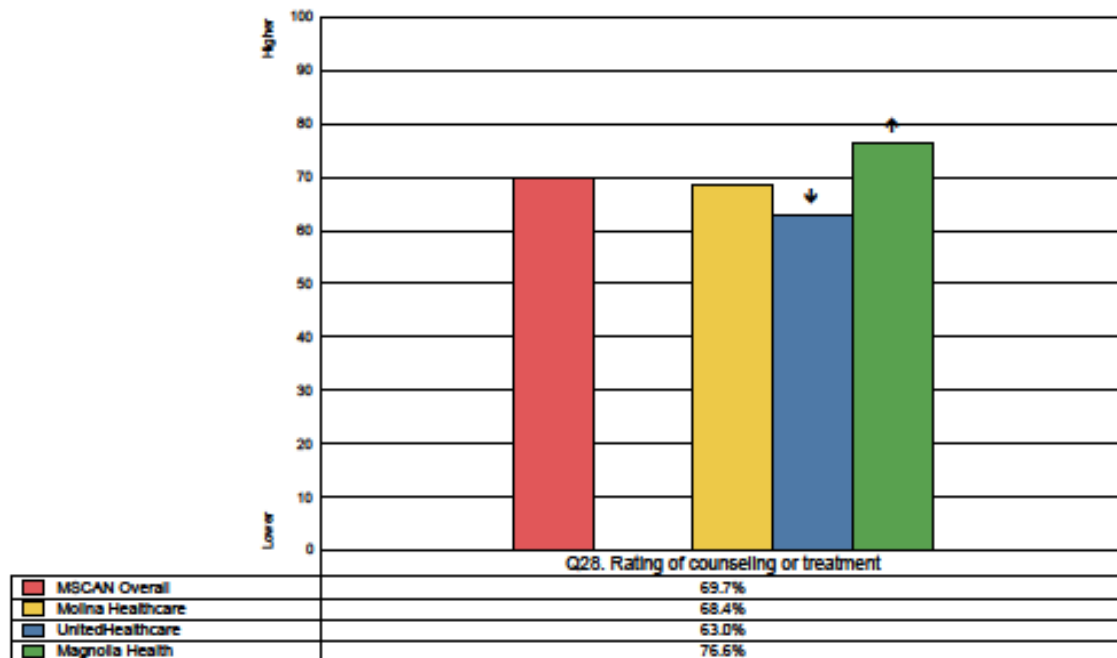
The following pages summarize the findings of an adult survey conducted for MississippiCAN. Attempts were made to survey 2,250 enrollee households by mail during the period from October 28, 2022 through February 24, 2023, using a standardized survey procedure and questionnaire.

SUMMARY OF OVERALL RATING QUESTION

Response options for the counseling or treatment rating question range from 0 (worst) to 10 (best). In the table below, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as a proportion of members whose response was an achievement.

The MississippiCAN overall rating is presented along with each plan's rating. Statistical testing is performed between the MississippiCAN overall score and each plan score. A significantly higher or lower score is indicated by an arrow above the bar.

Overall Rating Question



↕ Statistically significantly higher/lower than MSCAN Overall

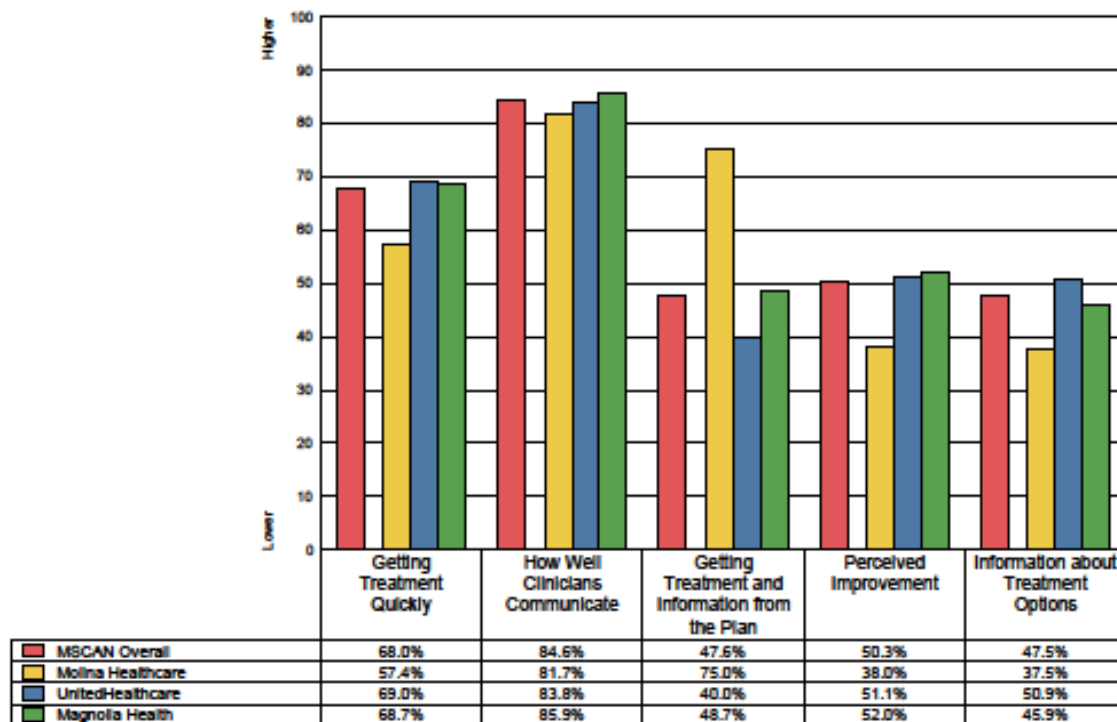
SUMMARY OF COMPOSITES

For each of five domains of member experience, Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, Perceived Improvement, and Information about Treatment Options, a composite score is calculated. The composite scores are intended to give a summary assessment of how MississippiCAN performed across the domain.

MississippiCAN overall composite scores are presented along with the composite scores for each plan. Statistical testing is performed between the MississippiCAN overall score and each plan score. A significantly higher or lower score is indicated by an arrow above the bar. For details on how statistical testing was conducted, please see the *Methodology* section of the report.

In the table below, proportions of positive responses are reported as achievement scores. For the Getting Treatment Quickly and How Well Clinicians Communicate composites, responses of "Usually" or "Always" are considered achievements. For the Getting Treatment and Information from the Plan composite, responses of "Not a problem" are considered achievements. For the Perceived Improvement composite, responses of "Much better" or "A little better" are considered achievements. Responses of "Yes" are considered achievements for the Information about Treatment Options.

Composites



↕ Statistically significantly higher/lower than MSCAN Overall

Sample Disposition

	MSCAN Overall	Molina Healthcare	UnitedHealthcare	Magnolia Health
First mailing - sent	2250	750	750	750
First mailing - usable and eligible survey returned	173	20	77	76
Second mailing - sent	1881	680	610	591
Second mailing - usable and eligible survey returned	86	5	45	36
Third mailing - sent	1668	629	524	515
Third mailing - usable and eligible survey returned	49	4	19	26
Total - usable and eligible surveys	308	29	141	138
Ineligible: According to population criteria ¹	108	38	32	38
Ineligible: Language barrier	0	0	0	0
Ineligible: Deceased	1	1	0	0
Ineligible: Mentally or physically unable to complete survey	0	0	0	0
Bad / no address ²	281	80	98	103
Refusal	0	0	0	0
Nonresponse ³	1552	602	479	471
Response Rate	14.4%	4.1%	19.6%	19.4%

¹Population criteria: The designated respondent must be enrolled in the health plan and meet the age requirements of the survey methodology.

²No valid contact information provided in sample.

³Unavailable by mail: Includes bad / no contact information

Note: $Response Rate = \frac{Total Usable and Eligible Surveys}{Total Cases - Total Ineligible Cases}$

Trend Analysis - 2022 vs. 2021

MississippiCAN

The table below provides a snapshot of the items with the greatest point change, positive or negative, since 2021. All performance-related items in the questionnaire that were trendable were listed in descending order of point change, and testing was conducted to determine which trends were statistically significant. Shown below are the ten items at the top of the list and the ten items at the bottom, with their 2021 and 2022 scores and results of significance testing.

In the table presented below, differences over time may be readily apparent. However, where these differences are not statistically significant they should be evaluated accordingly.

Question	MSCAN 2022 Score	MSCAN 2021 Score	Point Change	Composite/ Question Group	
Q39. Delays in treatment while waiting for plan approval were not a problem	46.0%	37.3%	+ 8.7	Getting Treatment and Information	
Q32. Much better or a little better able to deal with social situations compared to 1 year ago	51.5%	46.4%	+ 5.1	Perceived Improvement	
Q24. Felt that they could refuse a specific type of treatment	70.5%	66.1%	+ 4.5	Single Items	
Q37. Told about other ways to get treatment after benefits were used up	52.6%	49.0%	+ 3.7	Single Items	
Q33. Much better or a little better able to accomplish things compared to 1 year ago	51.0%	49.4%	+ 1.6	Perceived Improvement	
Q21. Told about different treatments that are available for condition	55.5%	55.1%	+ 0.4	Information about Treatment Options	
Q7. Usually or always got appointment as soon as wanted	73.7%	73.6%	+ 0.2	Getting Treatment Quickly	
Q17. Told about side effects of medication	75.3%	75.5%	- 0.2	Single Items	
Q19. Talked about including family and friends in treatment	47.1%	47.5%	- 0.4	Single Items	
Q25. Confident about privacy of treatment information	91.0%	91.4%	- 0.5	Single Items	
Q3. Usually or always got help by telephone	51.0%	55.3%	- 3.3	Getting Treatment Quickly	
Q11. Clinicians usually or always listened carefully	86.1%	89.7%	- 3.6	How Well Clinicians Communicate	
Q13. Clinicians usually or always showed respect	86.9%	90.8%	- 3.9	How Well Clinicians Communicate	
Q12. Clinicians usually or always explained things	84.5%	88.4%	- 3.9	How Well Clinicians Communicate	
Q23. Given information about rights as a patient	80.3%	84.7%	- 4.3	Single Items	
Q20. Told about self-help or consumer run programs	39.7%	44.4%	- 4.7	Information about Treatment Options	
Q31. Much better or a little better able to deal with daily problems compared to 1 year ago	52.0%	57.6%	- 5.6	Perceived Improvement	
Q5. Usually or always got urgent treatment as soon as needed	62.1%	71.8%	- 9.6	Getting Treatment Quickly	
Q27. Care responsive to cultural needs	68.4%	79.3%	- 10.9	Single Items	
Q41. Getting help from customer service was not a problem	38.5%	55.0%	- 16.5	Getting Treatment and Information	

Statistically significantly higher/lower than 2021 score.

Key Strengths and Opportunities for Improvement

The following tables display the ten questions most highly correlated with MississippiCAN member satisfaction with counseling and treatment (Q28), their corresponding achievement scores and correlations. Achievement scores are considered "high" when the score is 85% or higher. For the details of the correlation analysis, please see the *Methodology* section of the report.

Among the ten items, the five questions with the highest achievement scores are presented first as Key Strengths. These are areas that appear to matter the most to members, and where the health plan is doing well. The five questions with the lowest achievement scores are presented second, as Opportunities for Improvement. These are areas that appear to matter the most to members, but where the health plan is not doing as well and could focus quality improvement efforts.

Key Strengths

Question	MSCAN Achievement Score	Correlation w/ satisfaction
Q15. Usually or always felt safe with clinicians	88.1	0.60
Q13. Clinicians usually or always showed respect	86.9	0.64
Q11. Clinicians usually or always listened carefully	86.1	0.63
Q12. Clinicians usually or always explained things	84.5	0.61
Q14. Clinicians usually or always spent enough time	83.4	0.69

Opportunities for Improvement

Question	MSCAN Achievement Score	Correlation w/ satisfaction
Q39. Delays in treatment while waiting for plan approval were not a problem	46.0	0.49
Q27. Care responsive to cultural needs	68.4	0.52
Q29. A lot or somewhat helped by treatment	77.7	0.69
Q22. Given as much information as wanted to manage condition	78.7	0.53
Q18. Usually or always involved as much as you wanted in treatment	80.8	0.61

Methodology

The survey drew as potential respondents adult Medicaid enrollees over the age of 18 who received mental health, substance abuse, or intellectual and developmental disability services through the health plan within the last year. Respondents were surveyed in English, with the option to request Spanish or Vietnamese materials at the second and third survey mailings.

The survey was administered over a 17-week period using a mail-only protocol. The five-wave protocol consisted of an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing and reminder postcard to non-respondents, and finally a third survey mailing to any remaining non-respondents.

Survey Milestones

1st mailing of survey packets:	October 28, 2022
1st mailing of reminder postcards:	November 4, 2022
2nd mailing of survey packets:	December 2, 2022
2nd mailing of reminder postcards:	December 9, 2022
3rd mailing of survey packets:	January 13, 2023
Mail field closed:	February 24, 2023

Sampling Frame

A total random sample of 2,250 cases was drawn of adult Medicaid enrollees from the participating plans. This consisted of a random sample of 750 enrollees from each plan. To be eligible, enrollees had to be over the age of 18 and have received services through the health plan within the last year prior to September 2022.

Selection of Cases for Analysis

Surveys were considered complete if a respondent answered at least one question and their responses did not indicate that they were ineligible for the survey. Complete usable and eligible interviews were obtained from 308 MississippiCAN enrollees, and the MississippiCAN usable and eligible response rate was 14.4%.

Questionnaire

The instrument selected for the survey was the CAHPS® ECHO 3.0 Adult core survey for use in assessing the performance of health plans. The survey instrument used for the MississippiCAN adult Medicaid ECHO survey project consisted of fifty-one core questions. The scored questions included seventeen composite items, ten single items, and one rating question, which addressed domains of member experience such as getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, perceived improvement, information about treatment options, and satisfaction with counseling or treatment.

Definition of Achievement Scores

Member responses to survey questions are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. In general, somewhat positive responses are included with positive responses as achievements. For example, member responses of "Usually" or "Always" for items with the response options "Never", "Sometimes", "Usually", and "Always" are considered achievements, and responses of "8", "9", or "10" to rating questions on a scale of "0" to "10" are also considered achievements. Because achievement scores for survey questions are computed as the proportion of enrollees who indicate a positive experience, the lower the achievement score, the greater the need for the health plan to improve. See the *Responses by Question* section for assignment of achievement responses for each question.

Composites

Five composite scores summarize responses in key areas: Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, Perceived Improvement and Information about Treatment Options. Following is a list of the questions that comprise each composite, with a short description of the responses considered an achievement for each question:

Getting Treatment Quickly

- Q3. Usually or always got help by telephone
- Q5. Usually or always got urgent treatment as soon as needed
- Q7. Usually or always got appointment as soon as wanted

How Well Clinicians Communicate

- Q11. Clinicians usually or always listened carefully
- Q12. Clinicians usually or always explained things
- Q13. Clinicians usually or always showed respect
- Q14. Clinicians usually or always spent enough time
- Q15. Usually or always felt safe with clinicians
- Q18. Usually or always involved as much as you wanted in treatment

Getting Treatment and Information from the Plan

- Q39. Delays in treatment while waiting for plan approval were not a problem
- Q41. Getting help from customer service was not a problem

Perceived Improvement

- Q31. Much better or a little better able to deal with daily problems compared to 1 year ago
- Q32. Much better or a little better able to deal with social situations compared to 1 year ago
- Q33. Much better or a little better able to accomplish things compared to 1 year ago
- Q34. Much better or a little better able to deal with symptoms or problems compared to 1 year ago

Information about Treatment Options

- Q20. Told about self-help or consumer run programs
- Q21. Told about different treatments that are available for condition

The composite scores presented in this report are calculated using a member-level scoring algorithm. First, an average of achievements is calculated for each member that appropriately answered at least one question in the composite. A composite achievement score is then calculated by taking the mean of those individual member averages.

The "N" presented with the composite score is the number of members who appropriately answered at least one question in that composite.

Correlation to Satisfaction

To understand the relationship between performance in particular areas of member experience and overall satisfaction with counseling or treatment, correlations are computed between responses to specific performance-related items and Q28, which is the rating question in the survey instrument measuring overall satisfaction with counseling or treatment. The particular correlation computed is Pearson's Correlation Coefficient, which takes on values between -1 and 1. In the context of this report, coefficients greater than or equal to .4 are more highly correlated with satisfaction (medium to high); coefficients less than .4 represent lower correlations with satisfaction (medium to low).

Comparisons: Current Year and Trending

Throughout the report, MississippiCAN overall 2022 results are compared to each health plan's results, with significance testing. The 2022 MississippiCAN overall results represent the combined scores of the participating plans. Trend data between MississippiCAN overall 2022 and MississippiCAN overall 2021 results with significance testing is presented in the *Trend Analysis* and *Responses by Question* sections.

For some survey items, relatively small numbers of responses were collected due to skip patterns inherent in the instrument. Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Statistical Testing

Statistically significant differences between scores were determined using binomial and t-tests. If the test was valid, a significance level of .05 or less was considered statistically significant and "*" or "Ψ" was placed at the end/top of the appropriate bar. Tests were considered valid when the number of cases used to compute each score was 30 or greater, and there was non-zero variation in the tested groups.

PRIORITY MATRICES

Priority matrices help focus improvement activities by graphically juxtaposing two kinds of information: the magnitude of health plan achievement scores and their Pearson correlation with overall counseling or treatment satisfaction. Overall satisfaction with counseling or treatment is based on Q28, which asks respondents to rate their experience with their counseling or treatment, using a 0-10 scale, from "Worst counseling or treatment possible" to "Best counseling or treatment possible". Achievement scores are plotted against their correlation with overall counseling or treatment satisfaction.

With respect to achievement scores, higher scores are obviously better. With respect to correlations however, their magnitude is best considered not in terms of better or worse, but rather in terms of importance. In the context of quality improvement activities, the most important composites are those which are most highly correlated with overall counseling and treatment satisfaction. For example, if one composite is more highly correlated with overall counseling and treatment satisfaction than the others, improving service in that particular area is more likely to improve ratings of overall counseling and treatment satisfaction over time. Conversely, if an item is weakly correlated with overall counseling and treatment satisfaction, altering services in that domain won't significantly alter ratings of counseling and treatment.

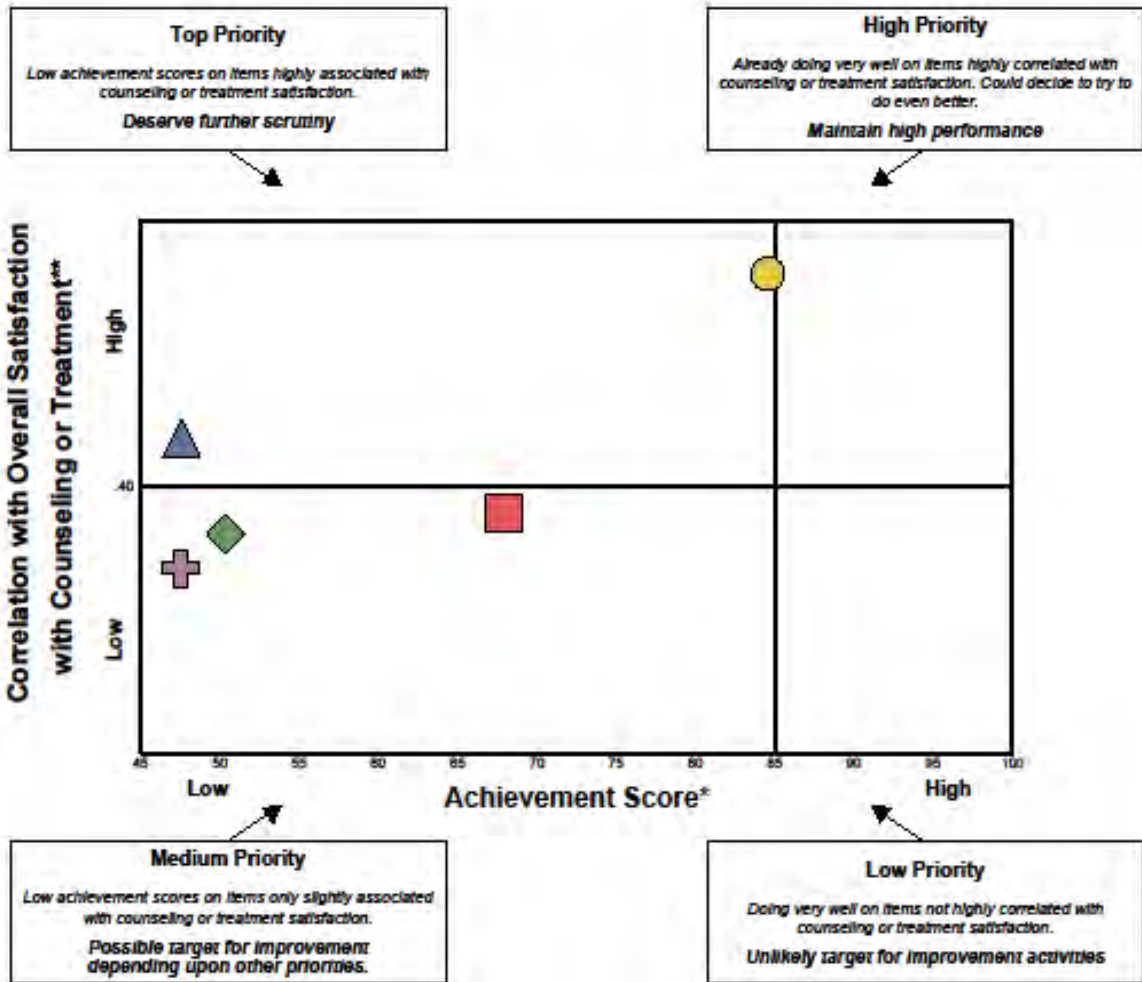
For the purposes of the priority matrix, an achievement score is considered "high" when the score is 85% or higher. Correlation coefficients greater than or equal to .4 are considered "highly correlated" with counseling and treatment satisfaction; coefficients less than .4 are considered lower correlations with counseling and treatment satisfaction. The plot of scores against correlations thus falls into a four-quadrant matrix, where the four quadrants are determined by an 85% score horizontal axis and a .4 correlation vertical axis.

Association with Overall Satisfaction**	High	Top Priority <i>Low achievement scores on items highly associated with counseling or treatment satisfaction.</i> <i>Deserve further scrutiny</i>	High Priority <i>Already doing very well on items highly correlated with counseling or treatment satisfaction. Could decide to try to do even better.</i> <i>Maintain high performance</i>
	Low	Medium Priority <i>Low achievement scores on items only slightly associated with counseling or treatment satisfaction.</i> <i>Possible target for improvement depending upon other priorities.</i>	Low Priority <i>Doing very well on items not highly correlated with counseling or treatment satisfaction.</i> <i>Unlikely target for improvement activities</i>
		Low	High
		Achievement Score*	

* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

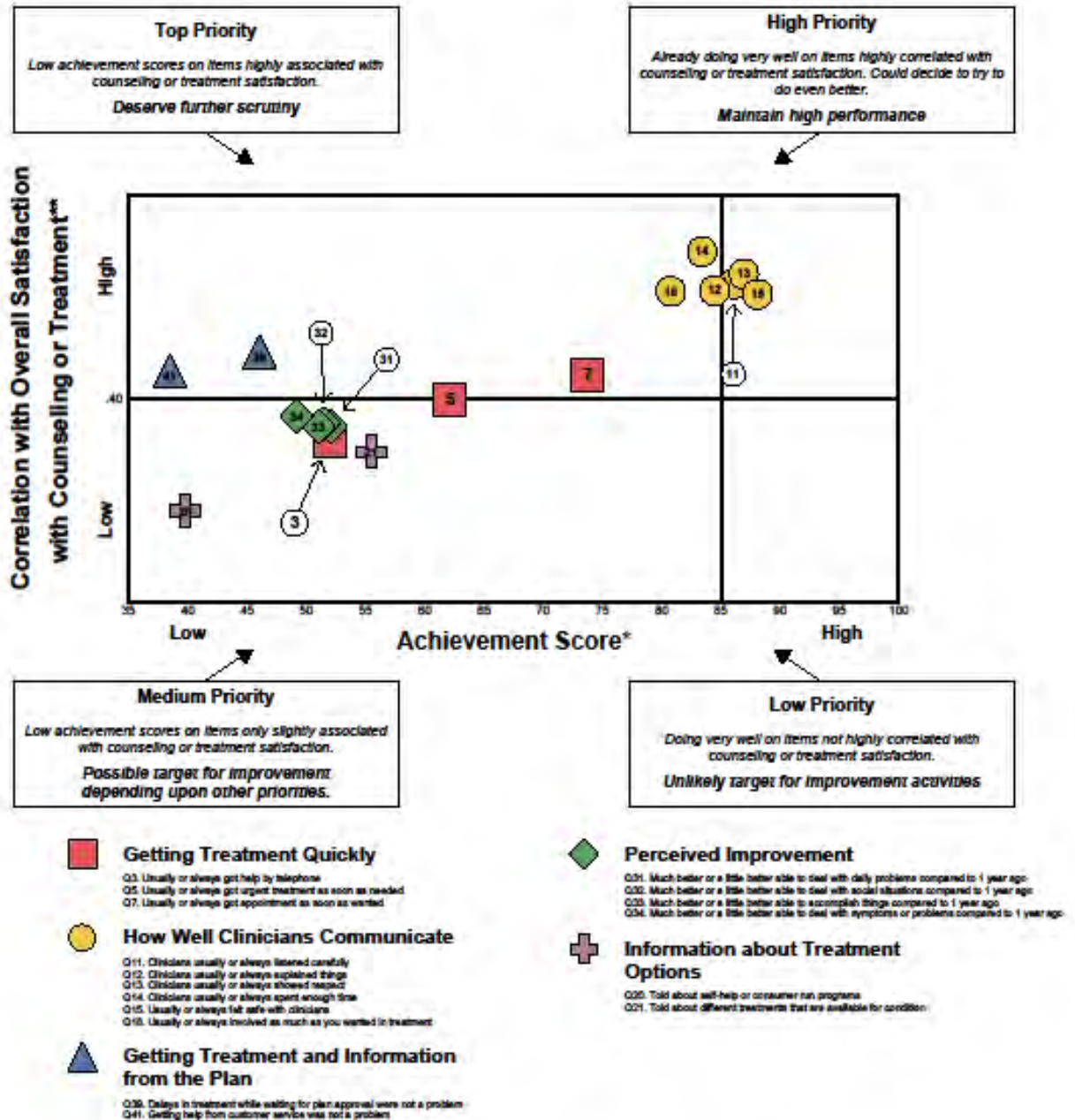
Priority Matrix Composites



- Getting Treatment Quickly
- ◆ Perceived Improvement
- How Well Clinicians Communicate
- + Information about Treatment Options
- ▲ Getting Treatment and Information from the Plan

* An achievement score is ranked "high" when score is 85 or higher.
 ** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix Composite Items

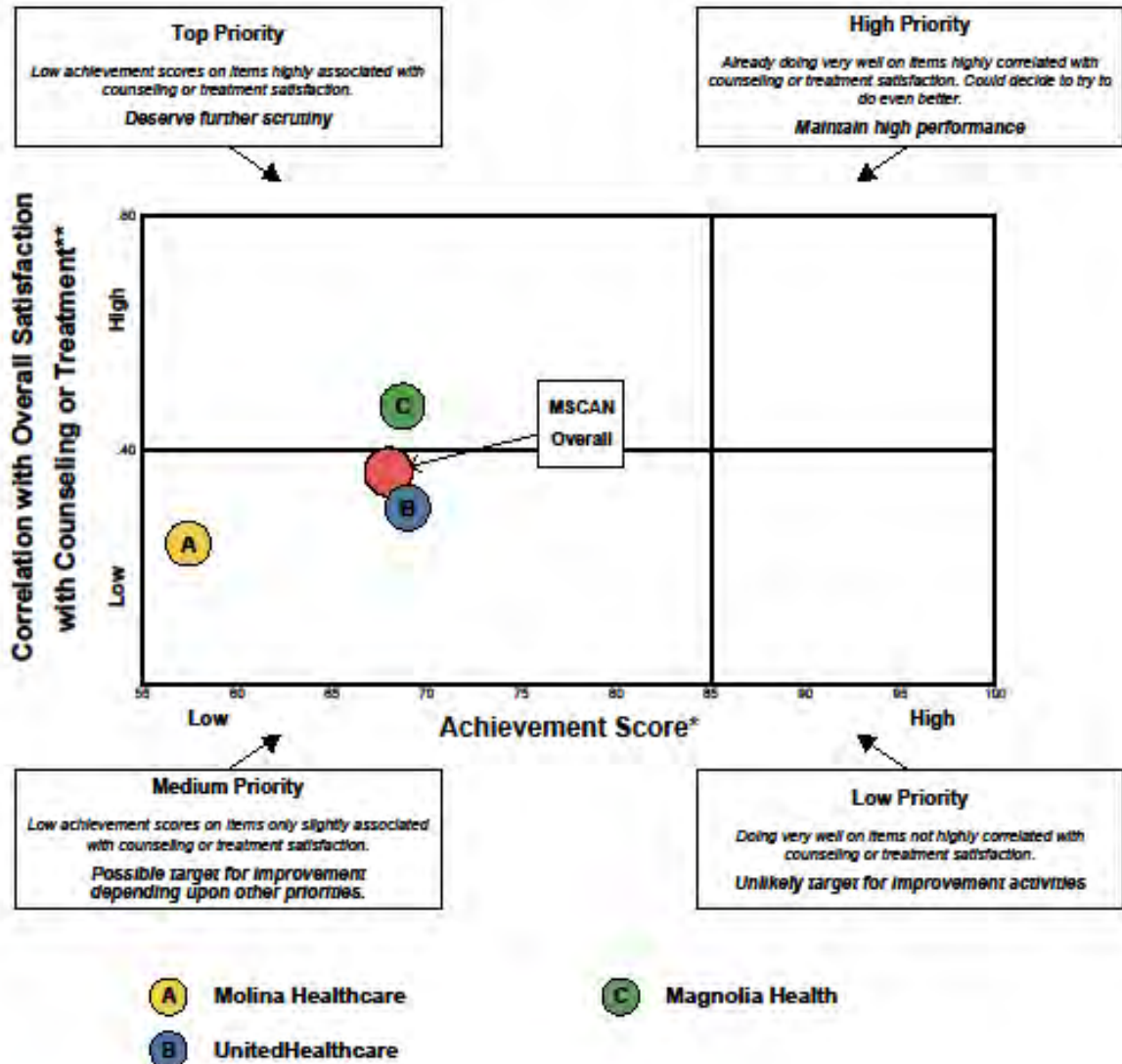


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Getting Treatment Quickly

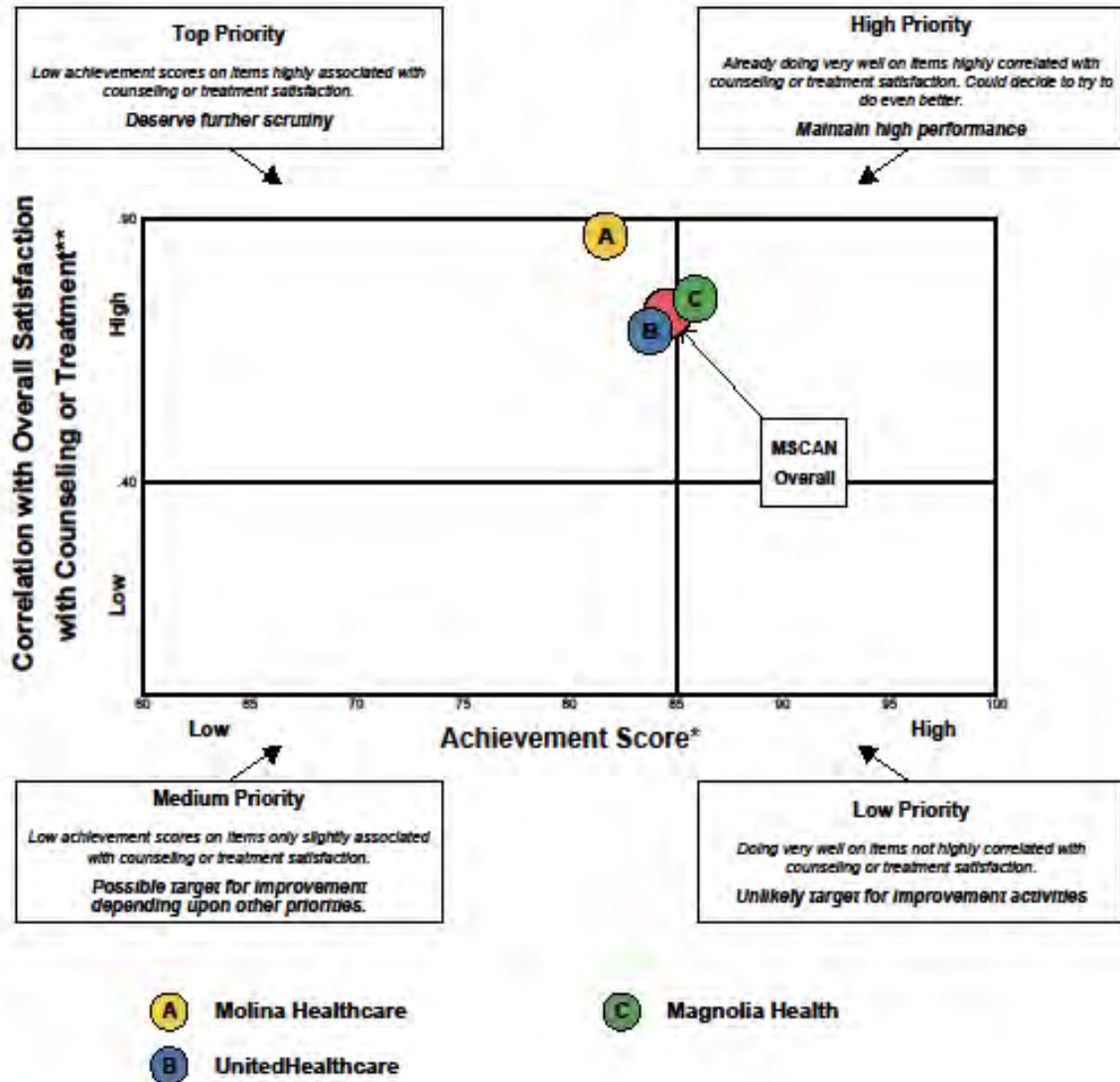


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

How Well Clinicians Communicate

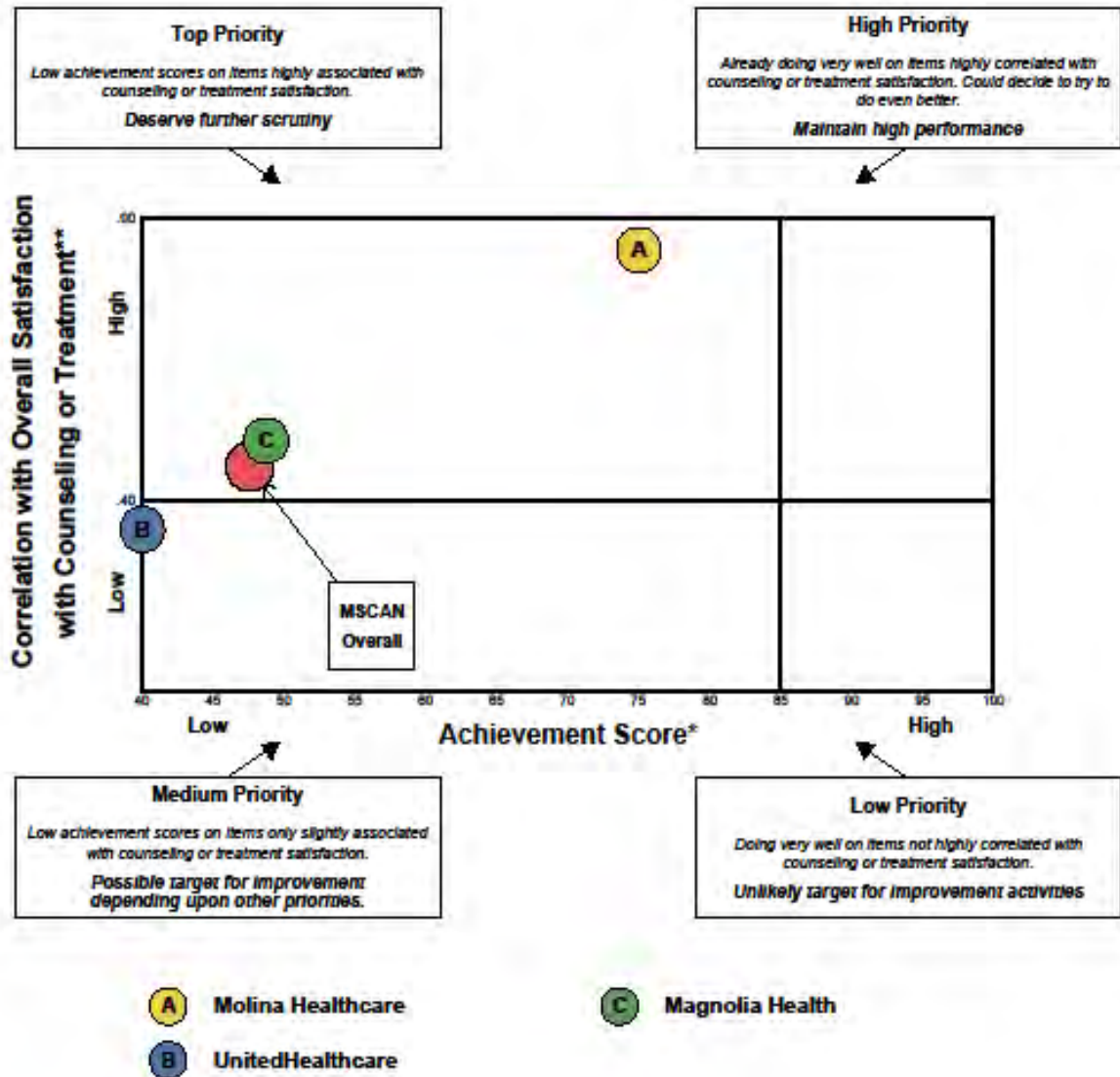


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Getting Treatment and Information from the Plan

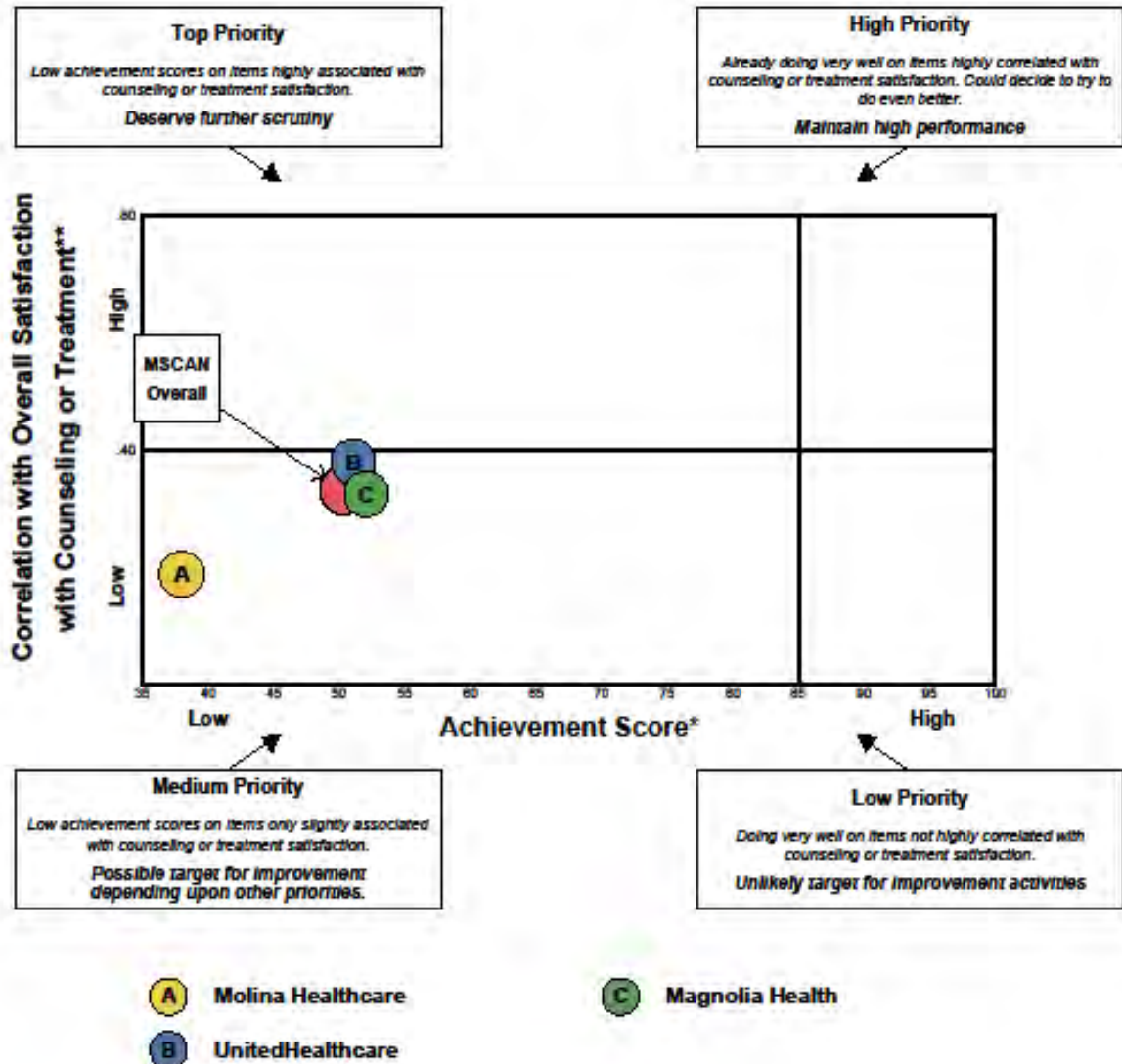


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Perceived Improvement

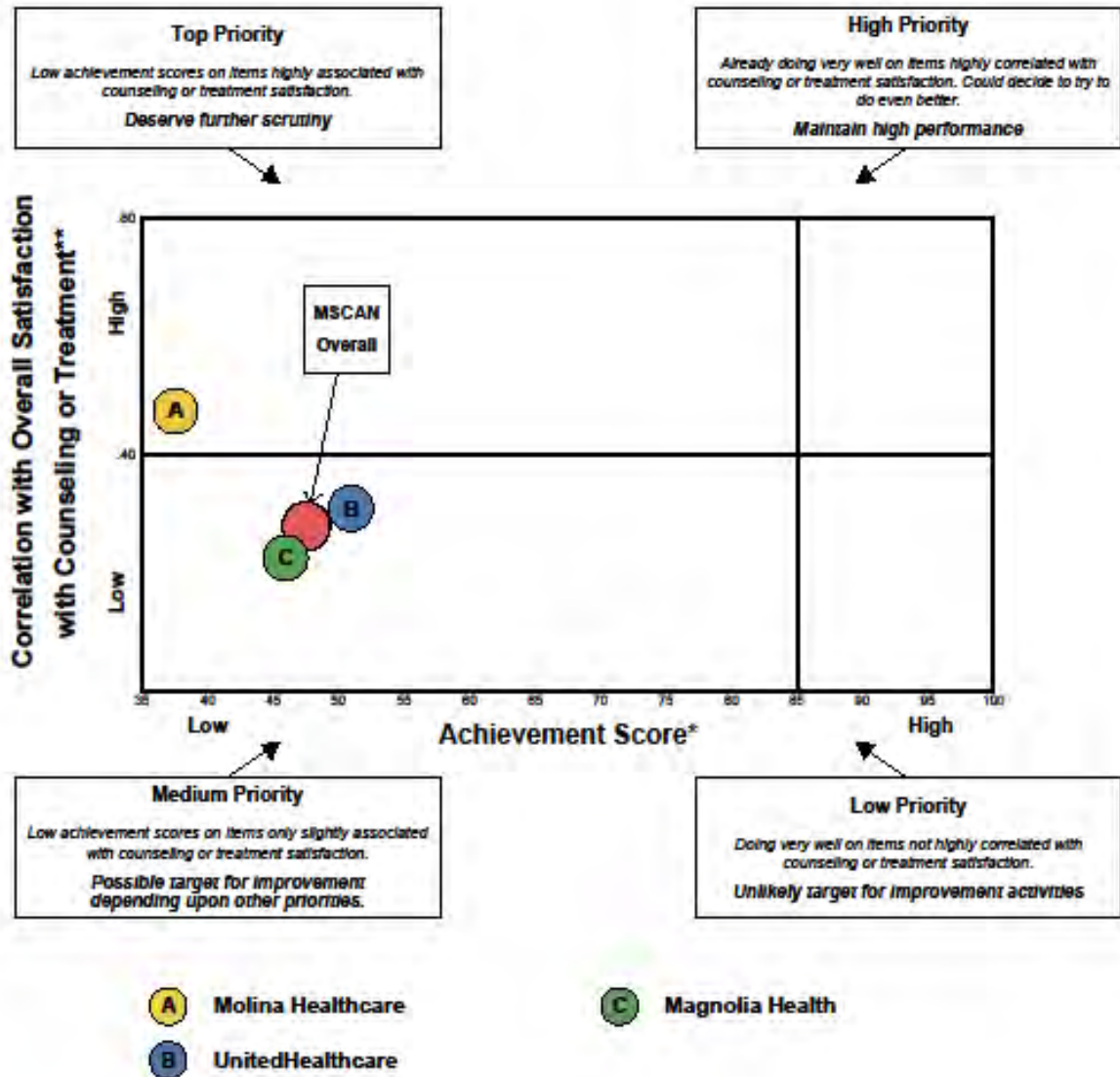


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Information about Treatment Options



* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

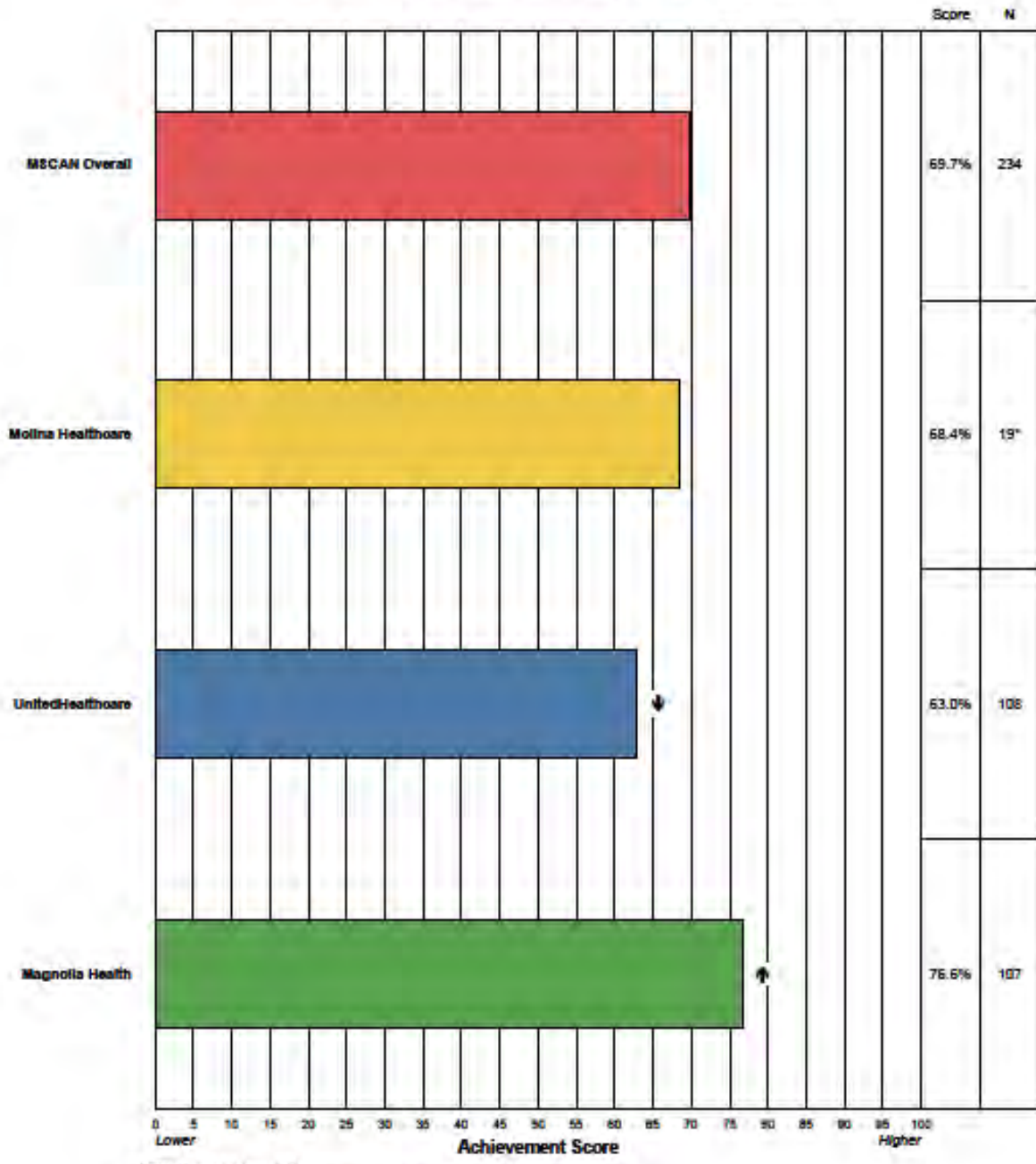
Overall Ratings

The CAHPS® ECHO 3.0 Adult survey uses a 0-10 rating for assessing overall experience with counseling and treatment. In the table below, proportions of respondents assigning ratings of 8, 9, or 10 are reported as achievement scores.

The MississippiCAN overall score is compared to each plan's score. Statistical testing is run between the plan score data and the MississippiCAN overall score, with an arrow beside the bar if applicable.

Overall Ratings

Q28. Rating of counseling or treatment



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

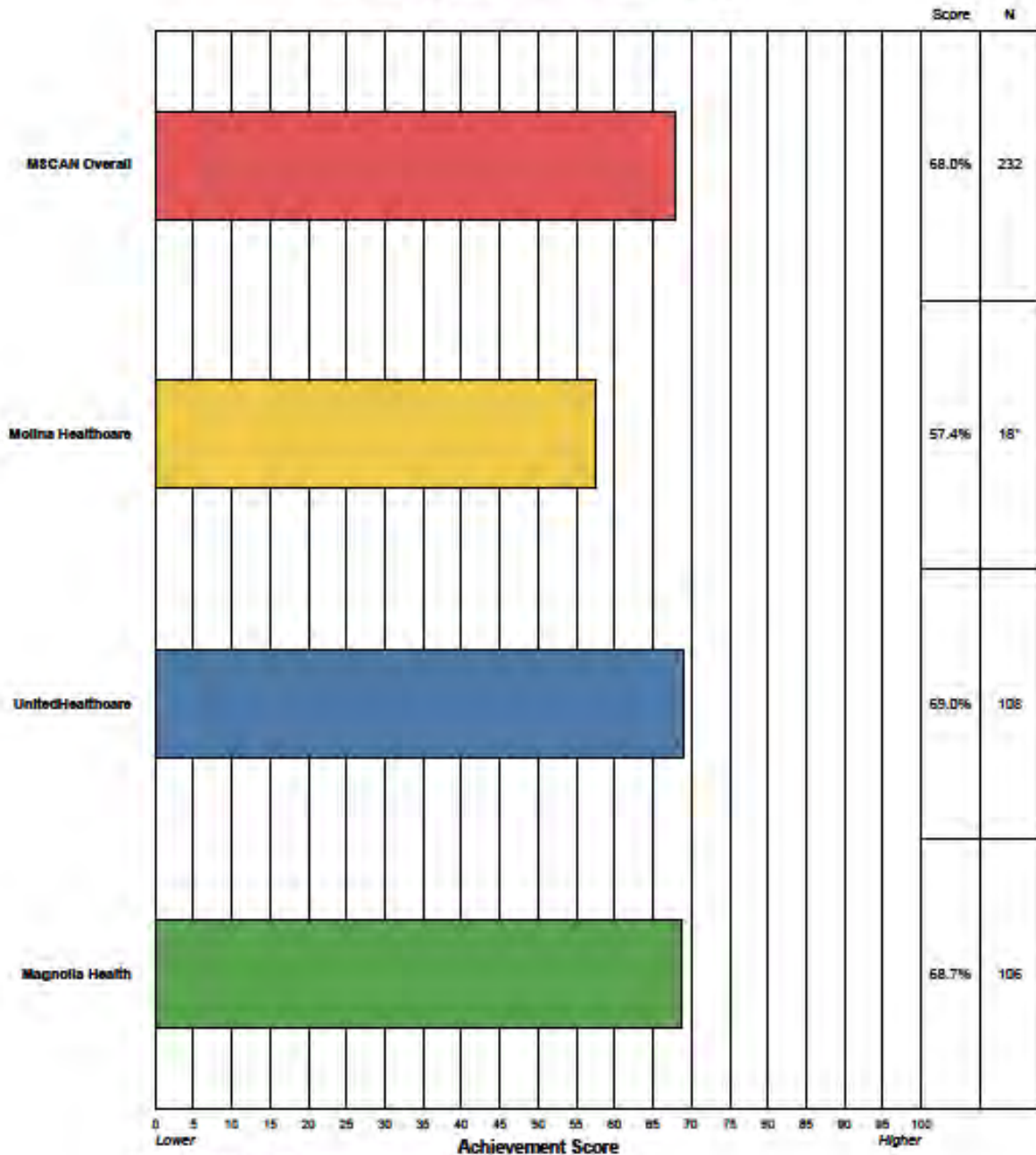
Composites

Each achievement-related question from the survey is grouped with other questions that relate to the same broad domain of performance. For example, the domain "Getting Treatment Quickly" includes questions about how often respondents were able to get needed help, treatment, and appointments quickly.

The achievement scores presented on the following pages reflect responses of "Usually" or "Always" to the questions comprising the Getting Treatment Quickly and the How Well Clinicians Communicate composites; "Not a problem" to the Getting Treatment and Information from the Plan composite; "Much better" or "A little better" to the Perceived Improvement composite and "Yes" to the Information about Treatment Options composite.

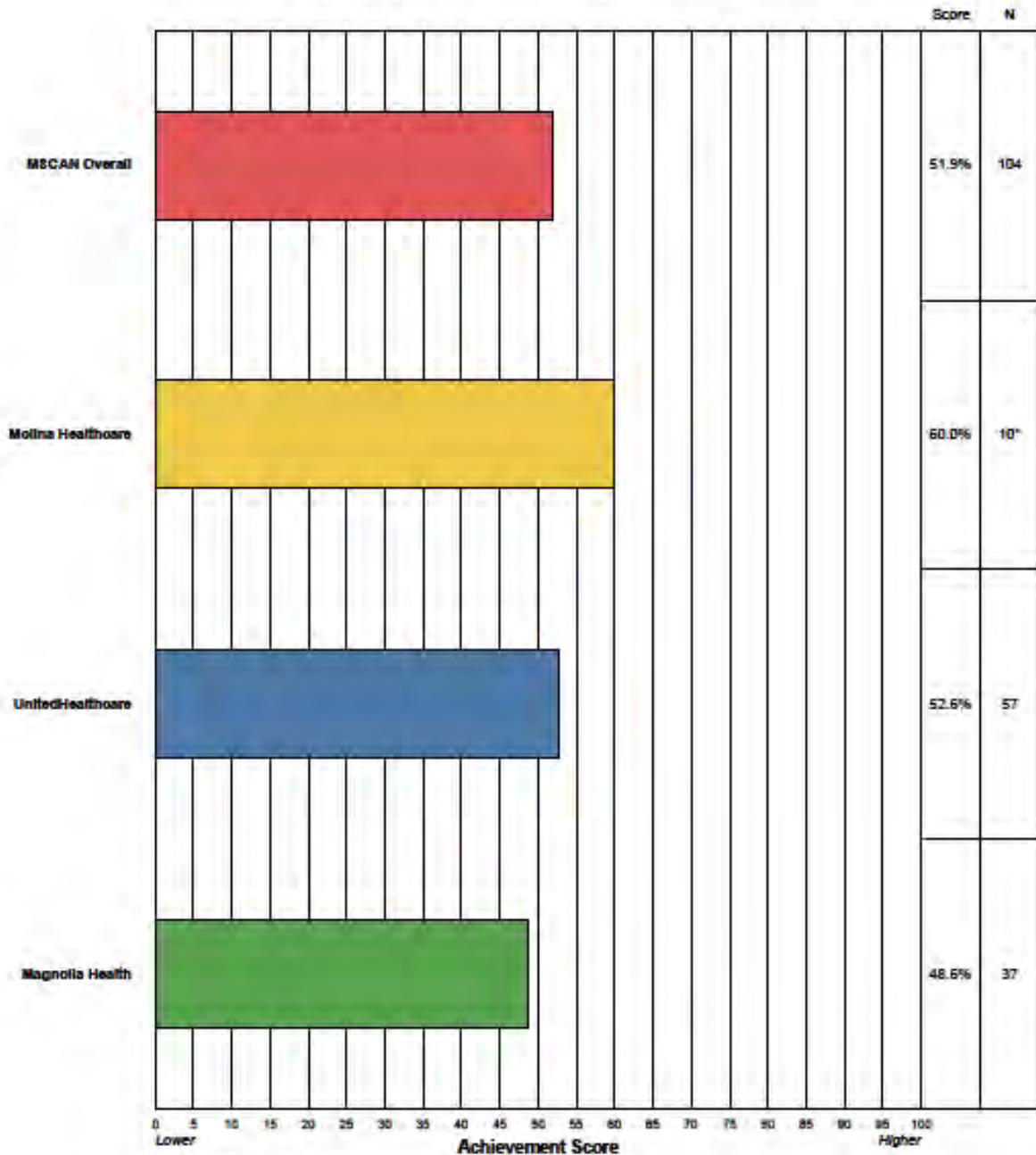
The MississippiCAN overall score is compared to each plan's score. Statistical testing is run between the plan score data and the MississippiCAN overall data, with an arrow beside the bar if applicable. For full detail of response options for each question and which responses qualify as achievements, please refer to the *Responses by Question* section.

Composites Getting Treatment Quickly



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

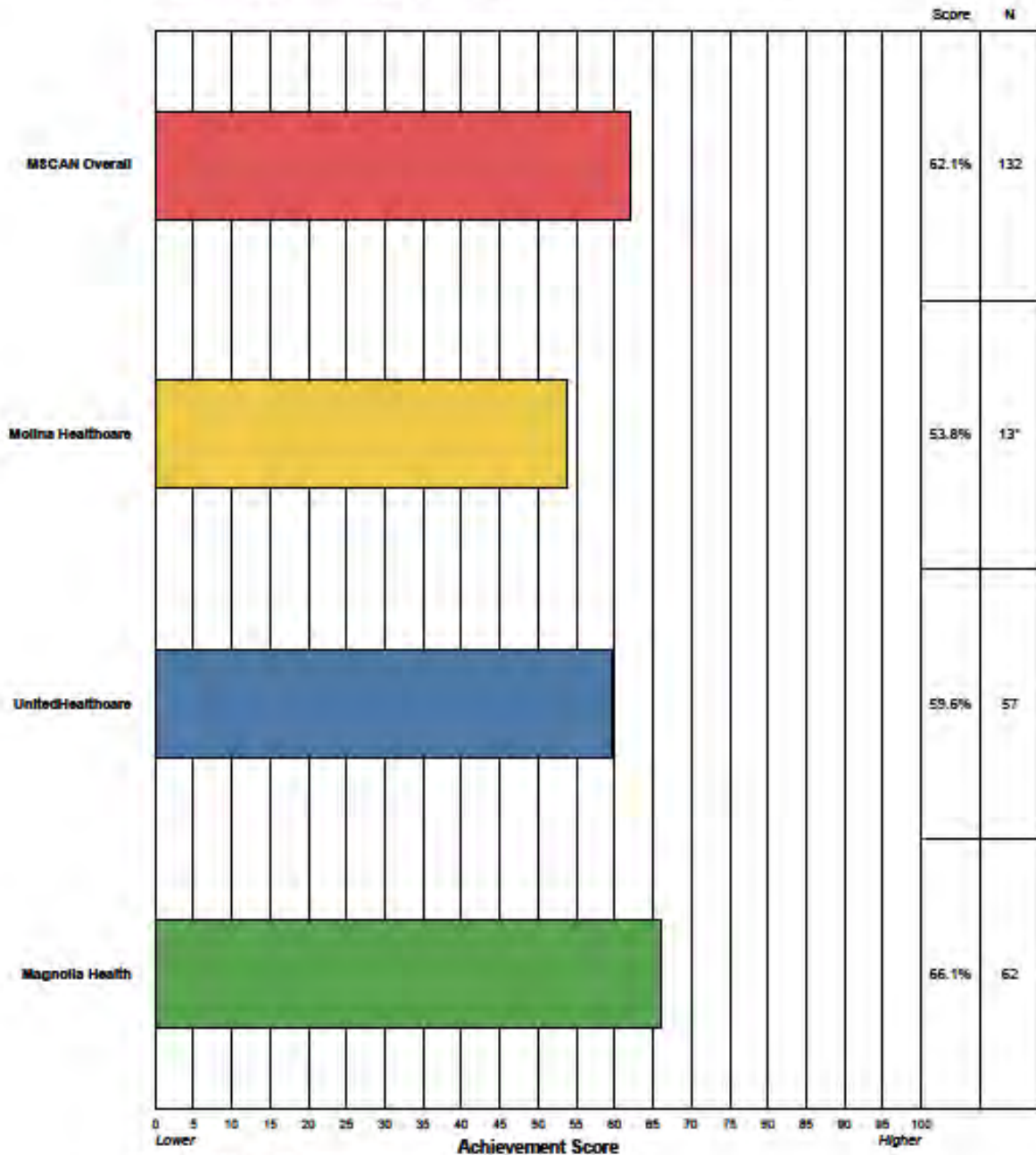
Getting Treatment Quickly Q3. Usually or always got help by telephone



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment Quickly

Q5. Usually or always got urgent treatment as soon as needed



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

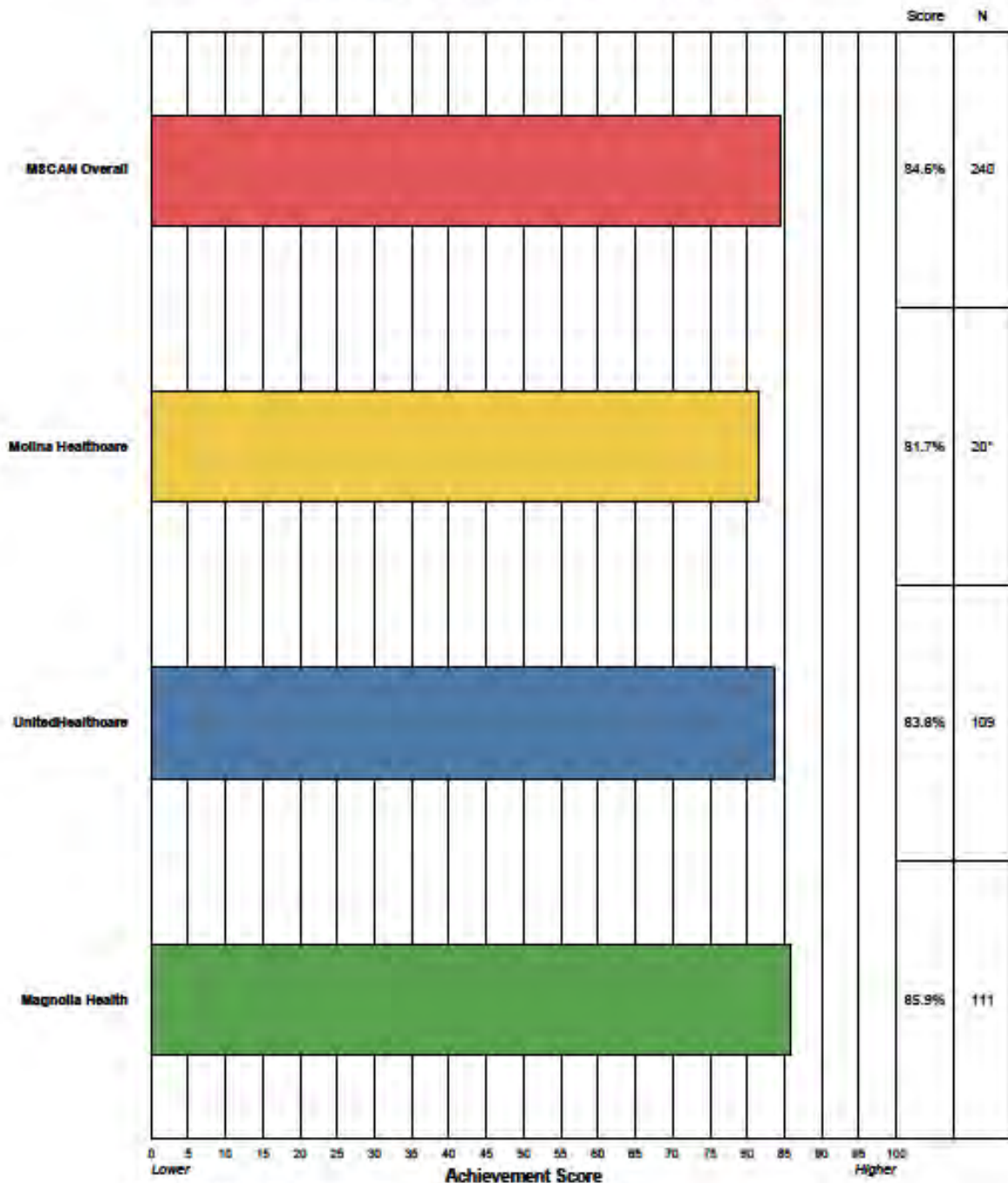
Getting Treatment Quickly

Q7. Usually or always got appointment as soon as wanted



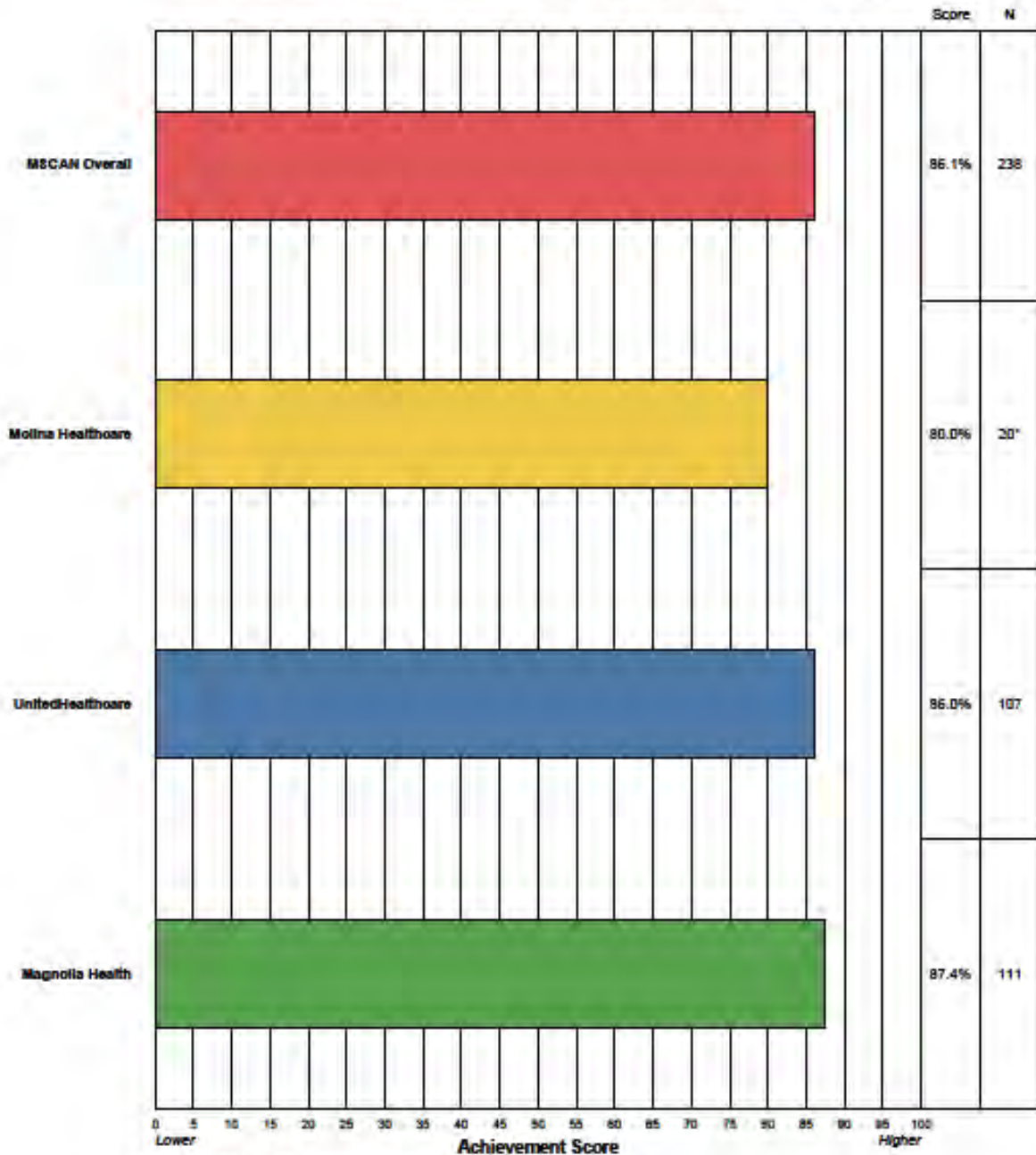
NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate



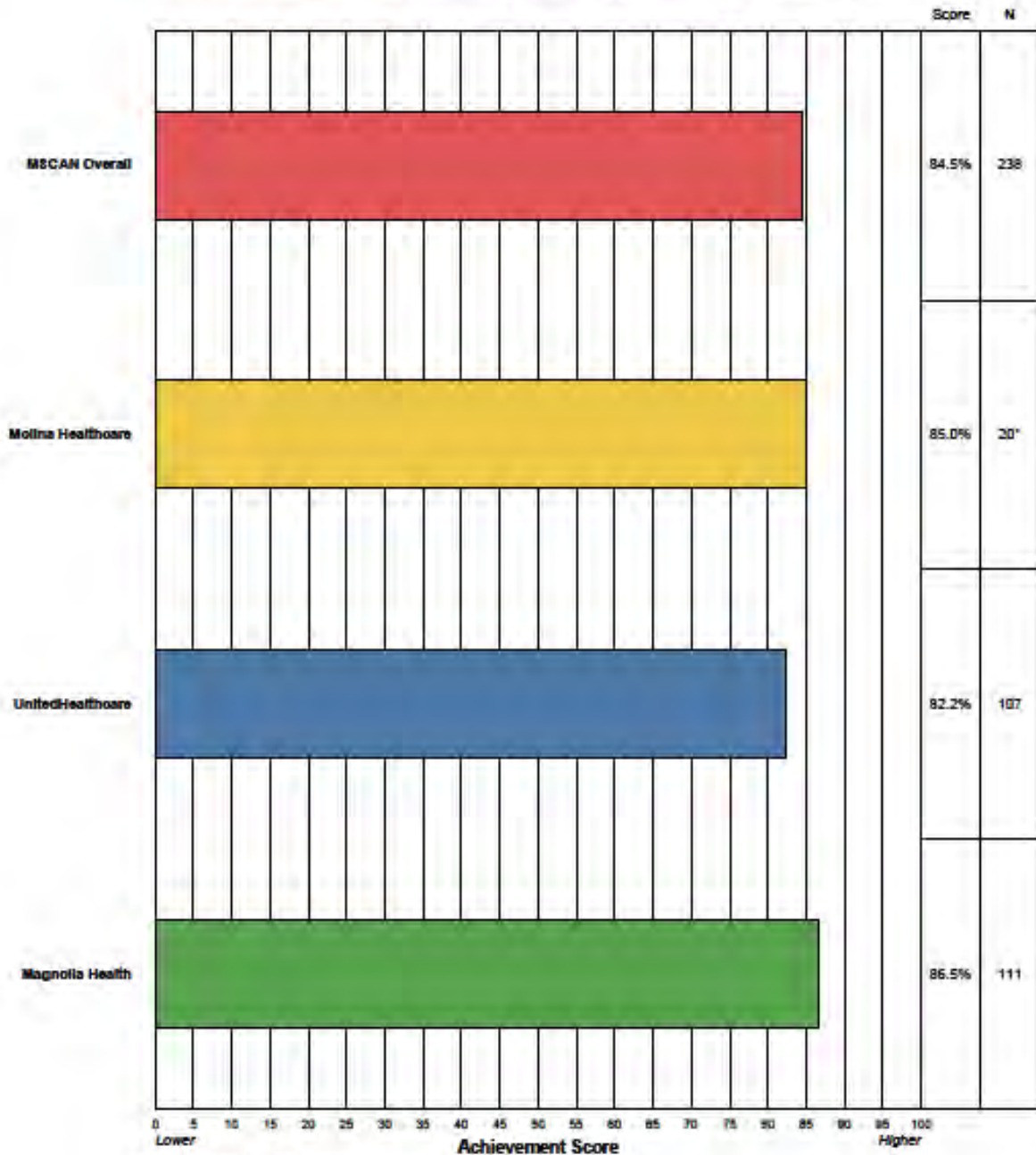
NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate Q11. Clinicians usually or always listened carefully



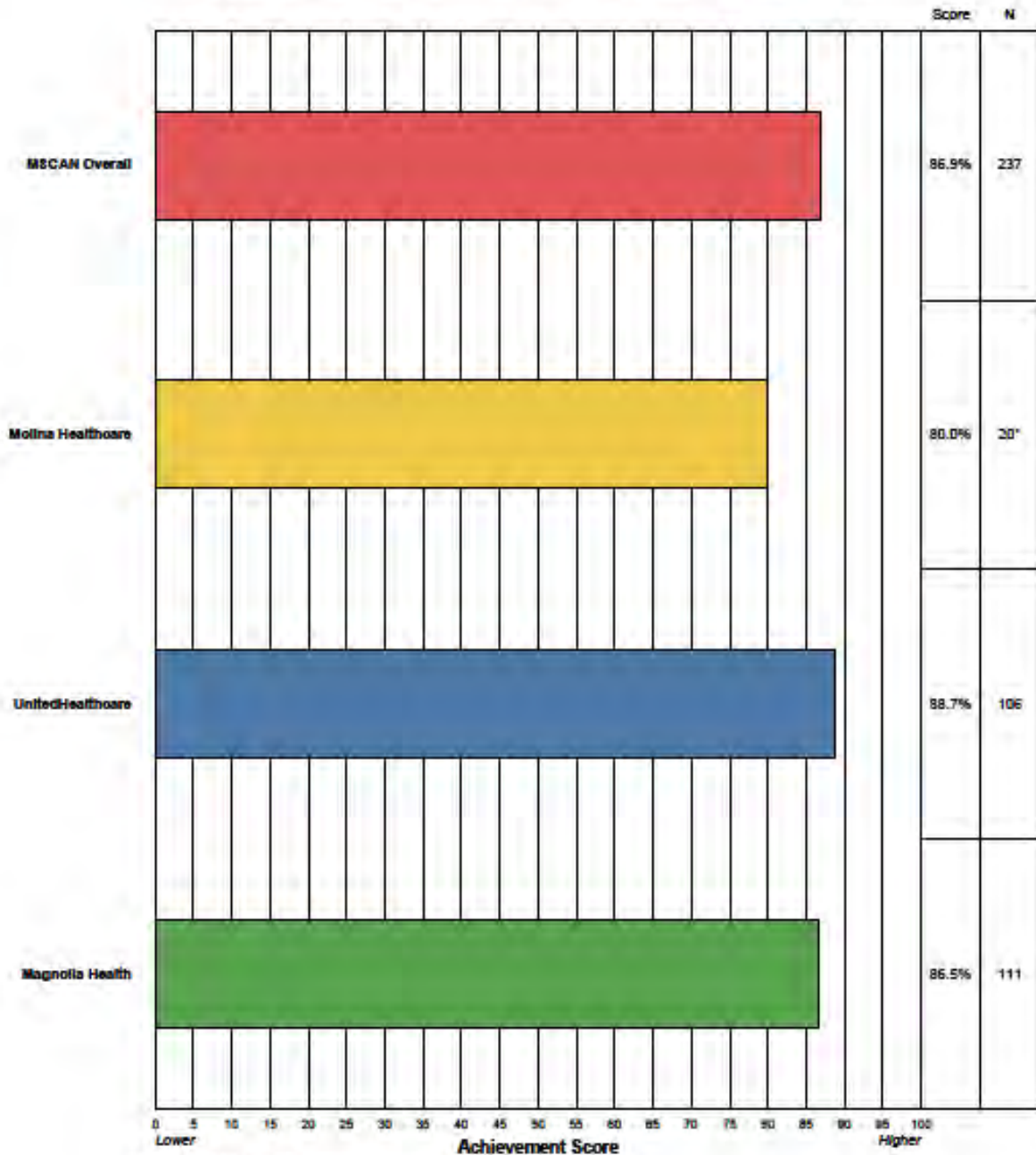
NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate Q12. Clinicians usually or always explained things



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

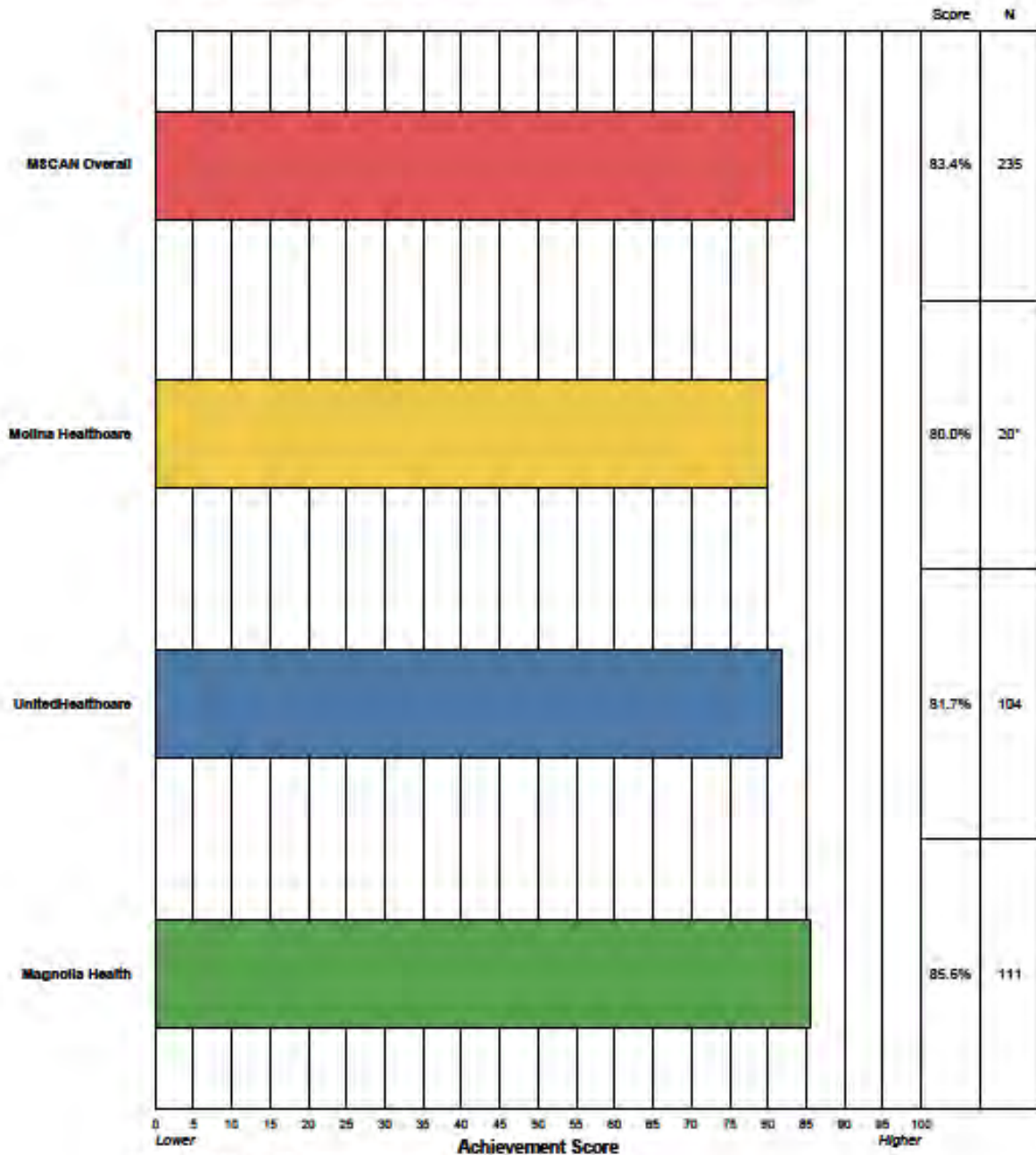
How Well Clinicians Communicate Q13. Clinicians usually or always showed respect



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

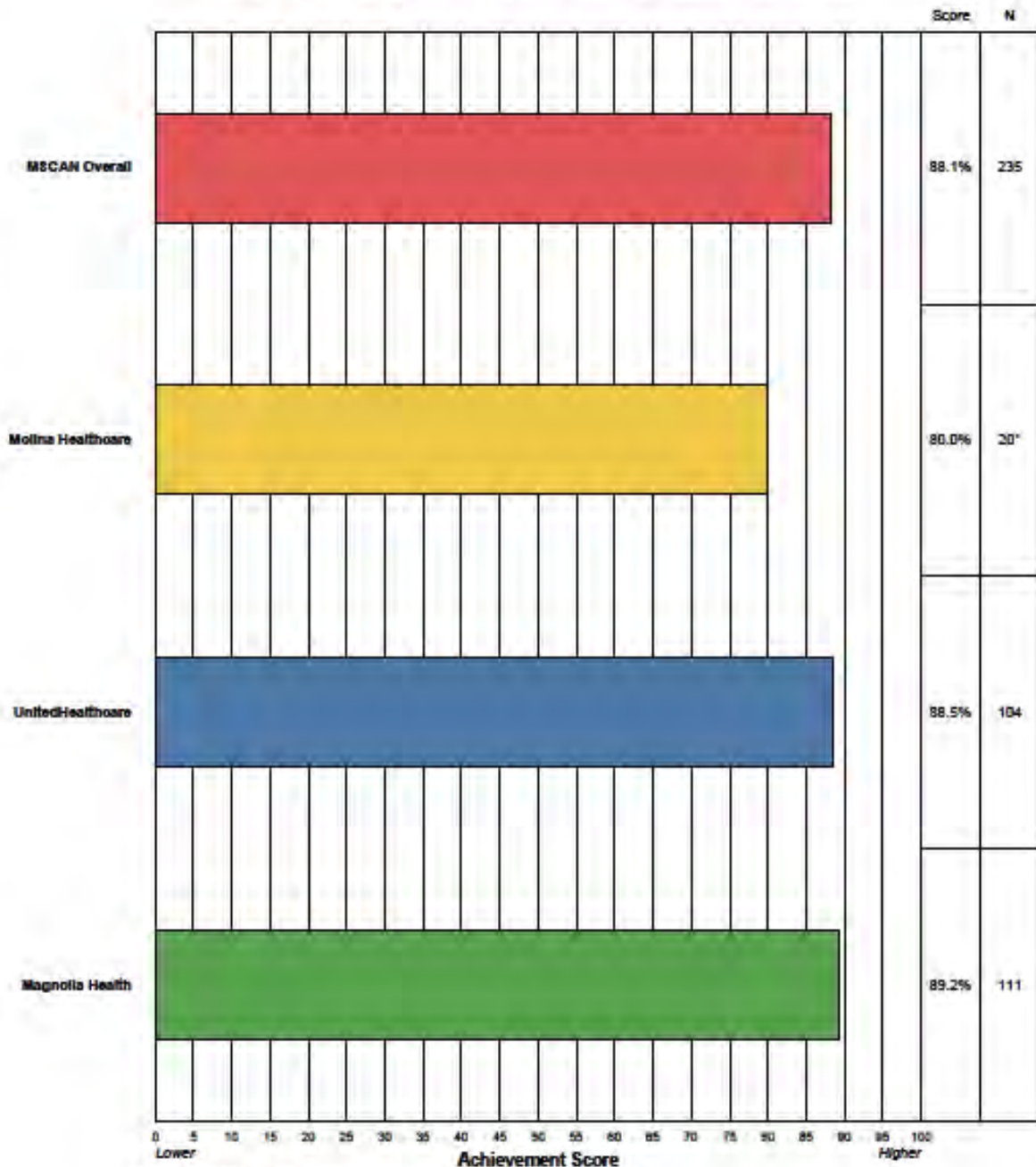
How Well Clinicians Communicate

Q14. Clinicians usually or always spent enough time



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

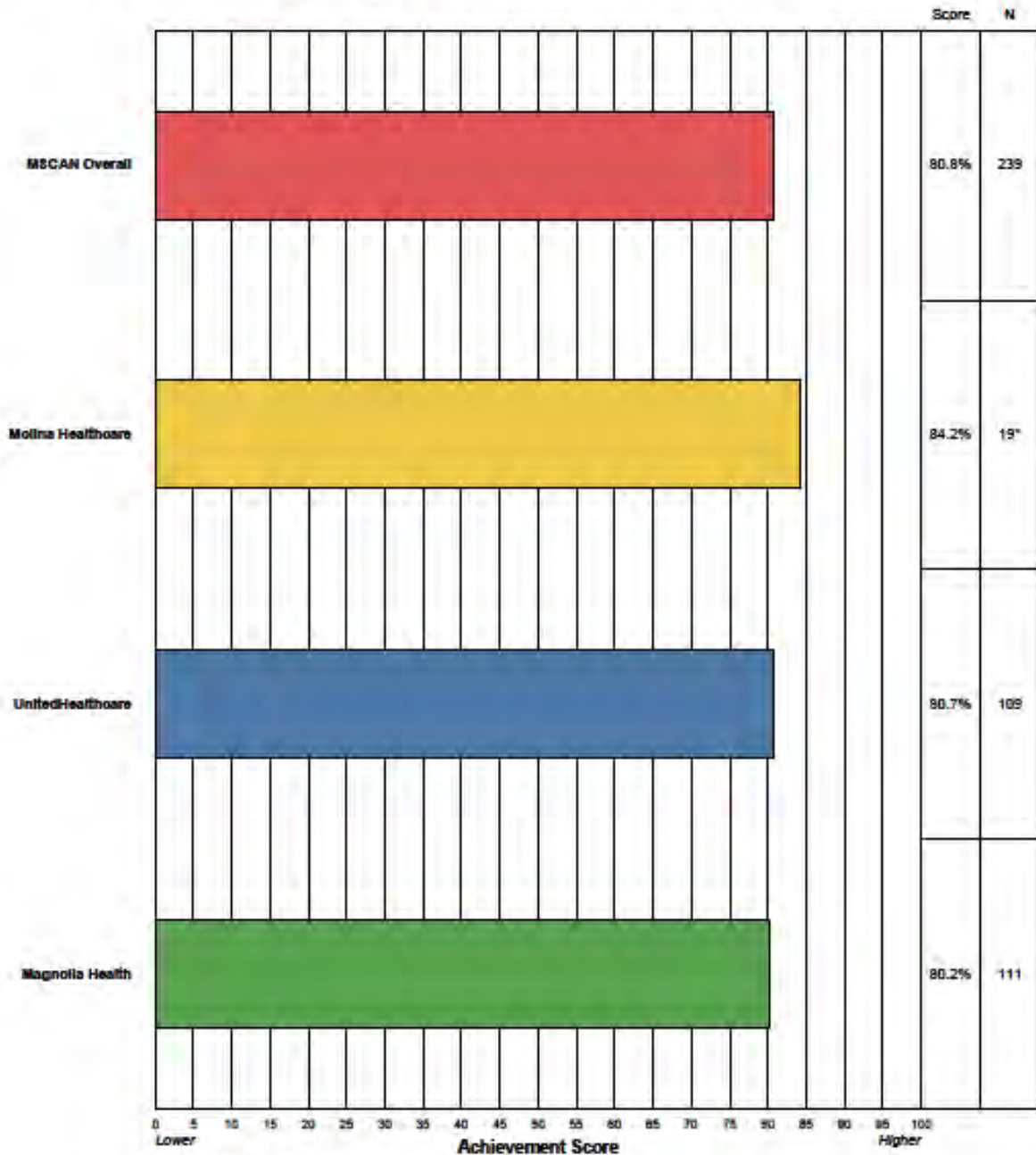
How Well Clinicians Communicate Q15. Usually or always felt safe with clinicians



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

Q18. Usually or always involved as much as you wanted in treatment



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

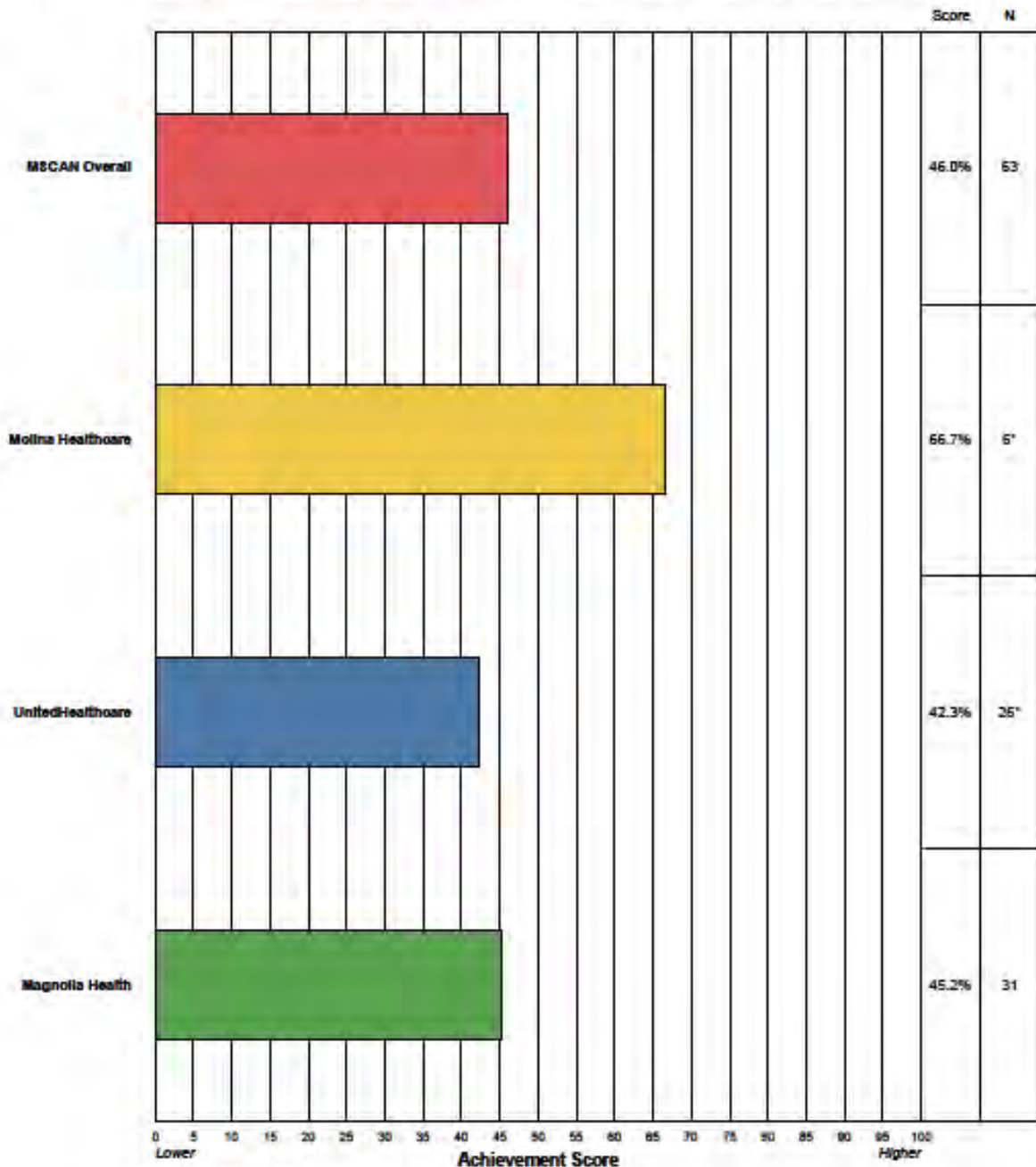
Getting Treatment and Information from the Plan



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment and Information from the Plan

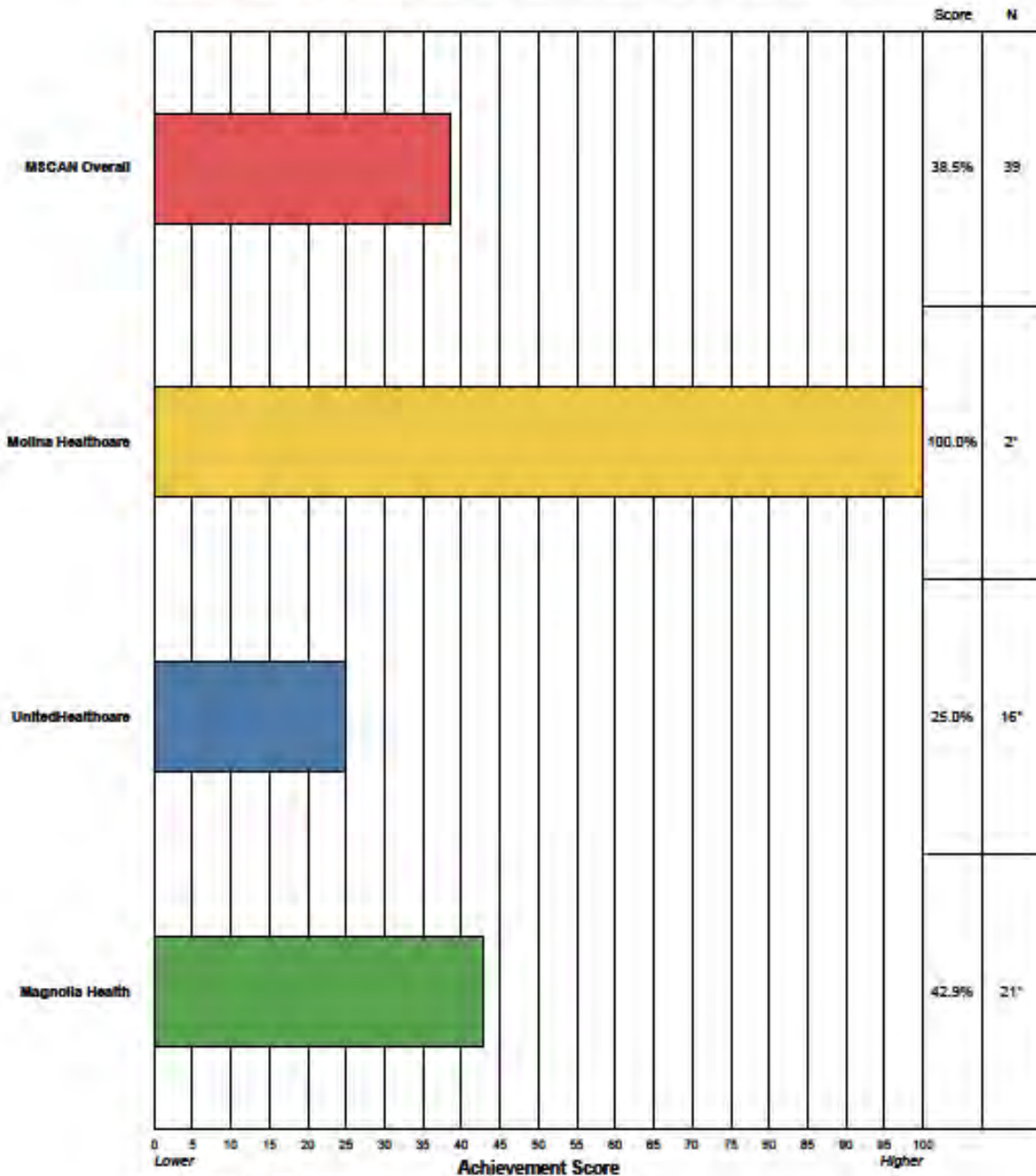
Q39. Delays in treatment while waiting for plan approval were not a problem



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment and Information from the Plan

Q41. Getting help from customer service was not a problem

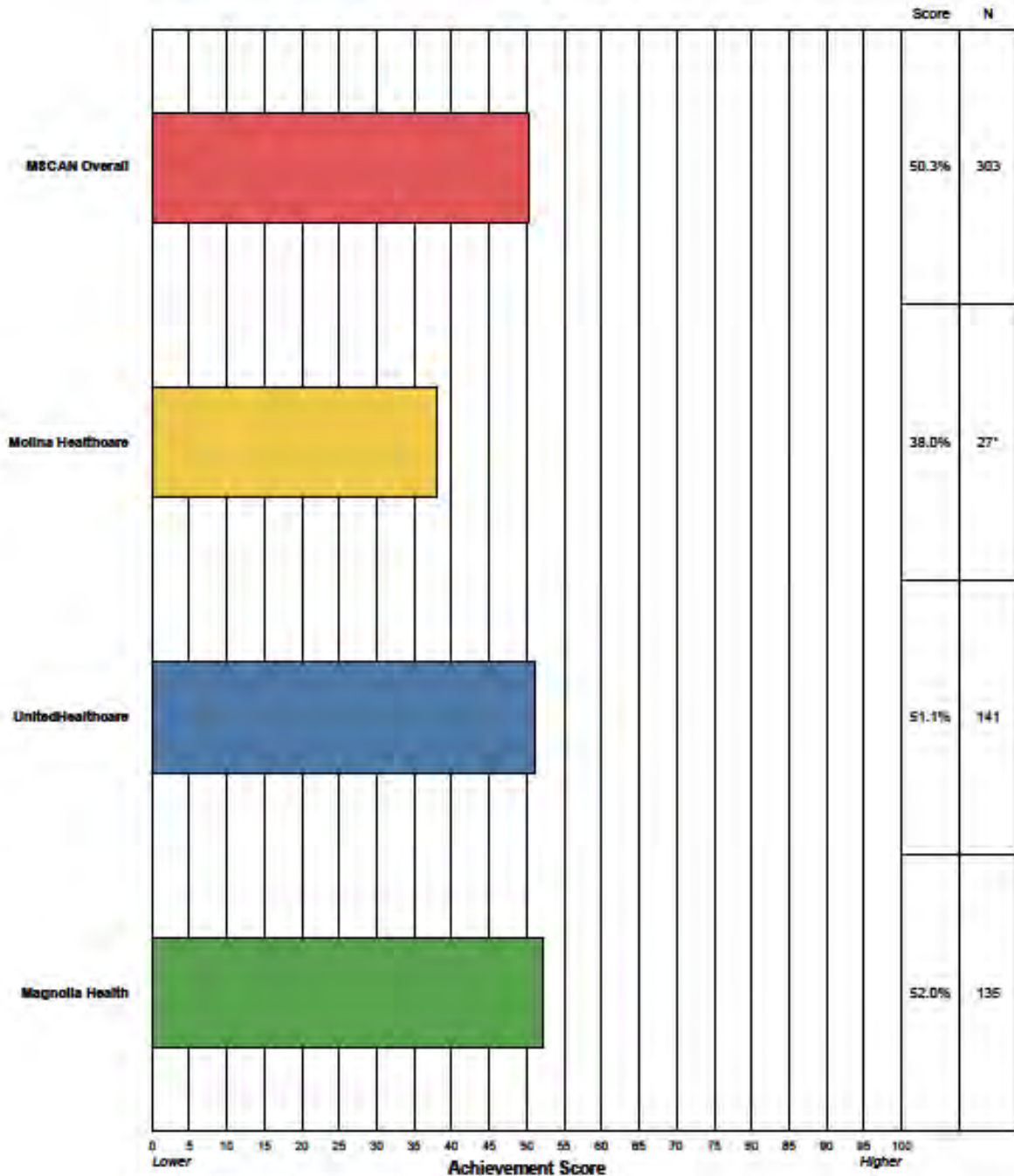


NTX: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

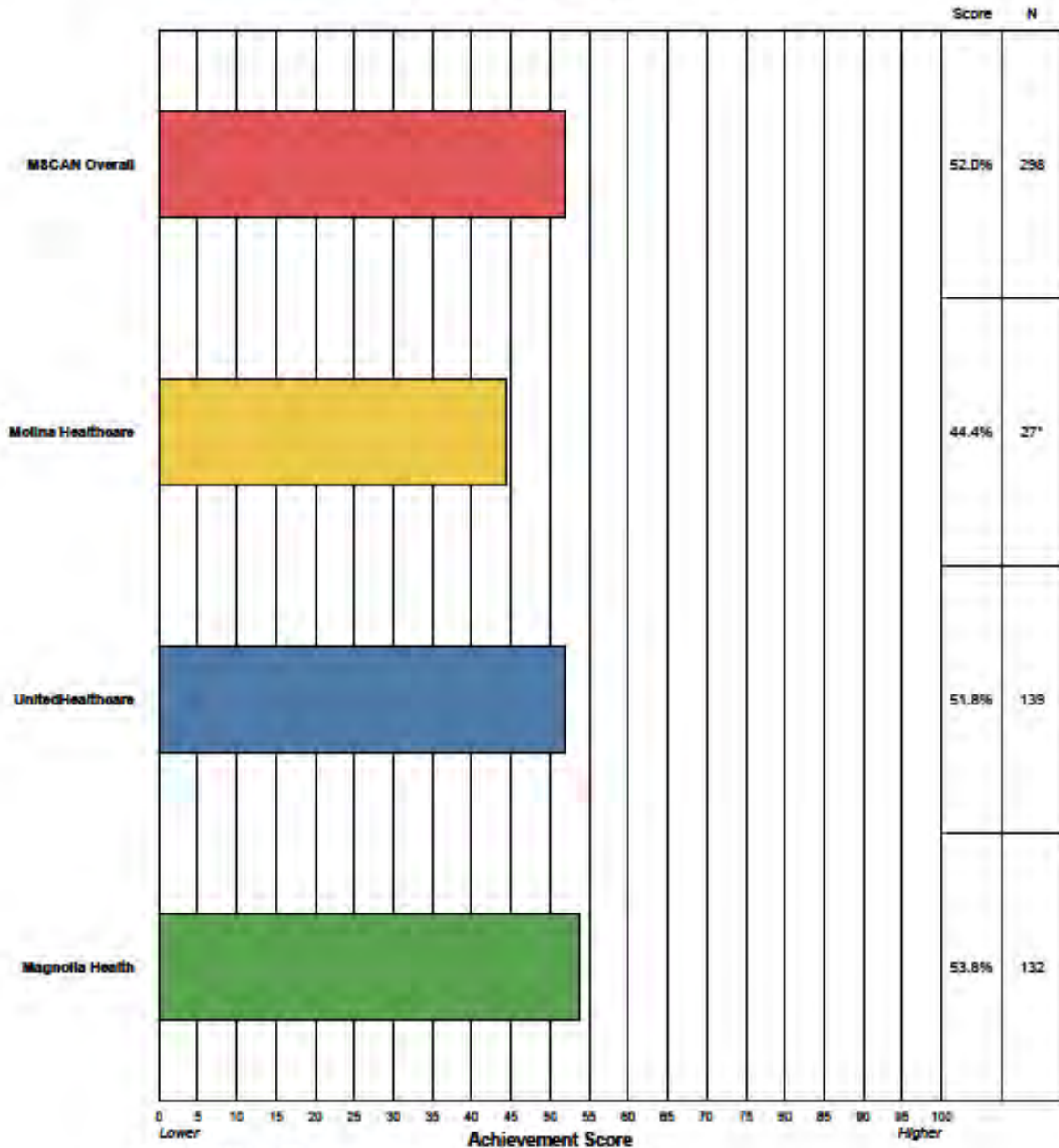
Perceived Improvement



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall.
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

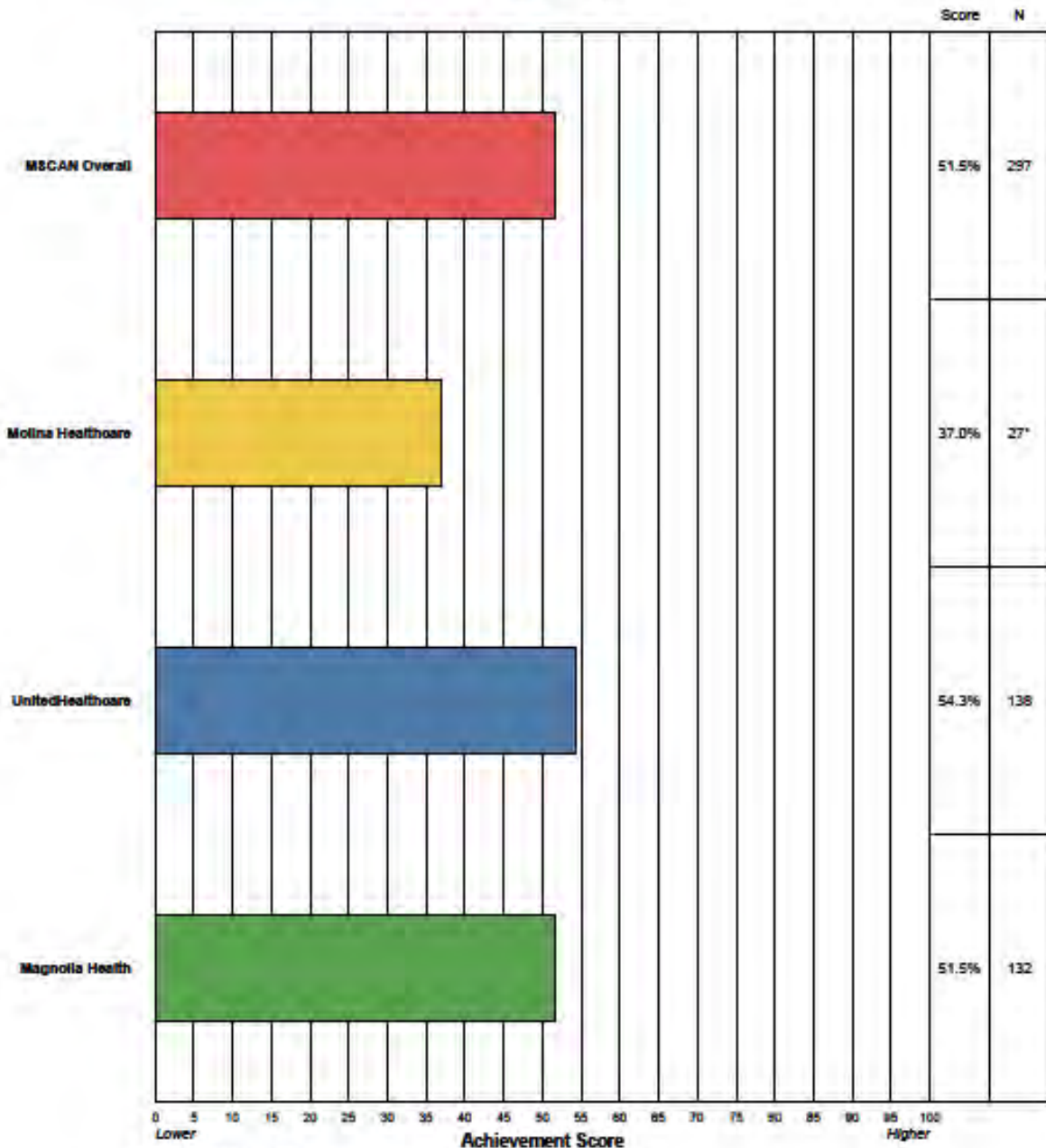
Q31. Much better or a little better able to deal with daily problems compared to 1 year ago



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall.
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

Q32. Much better or a little better able to deal with social situations compared to 1 year ago



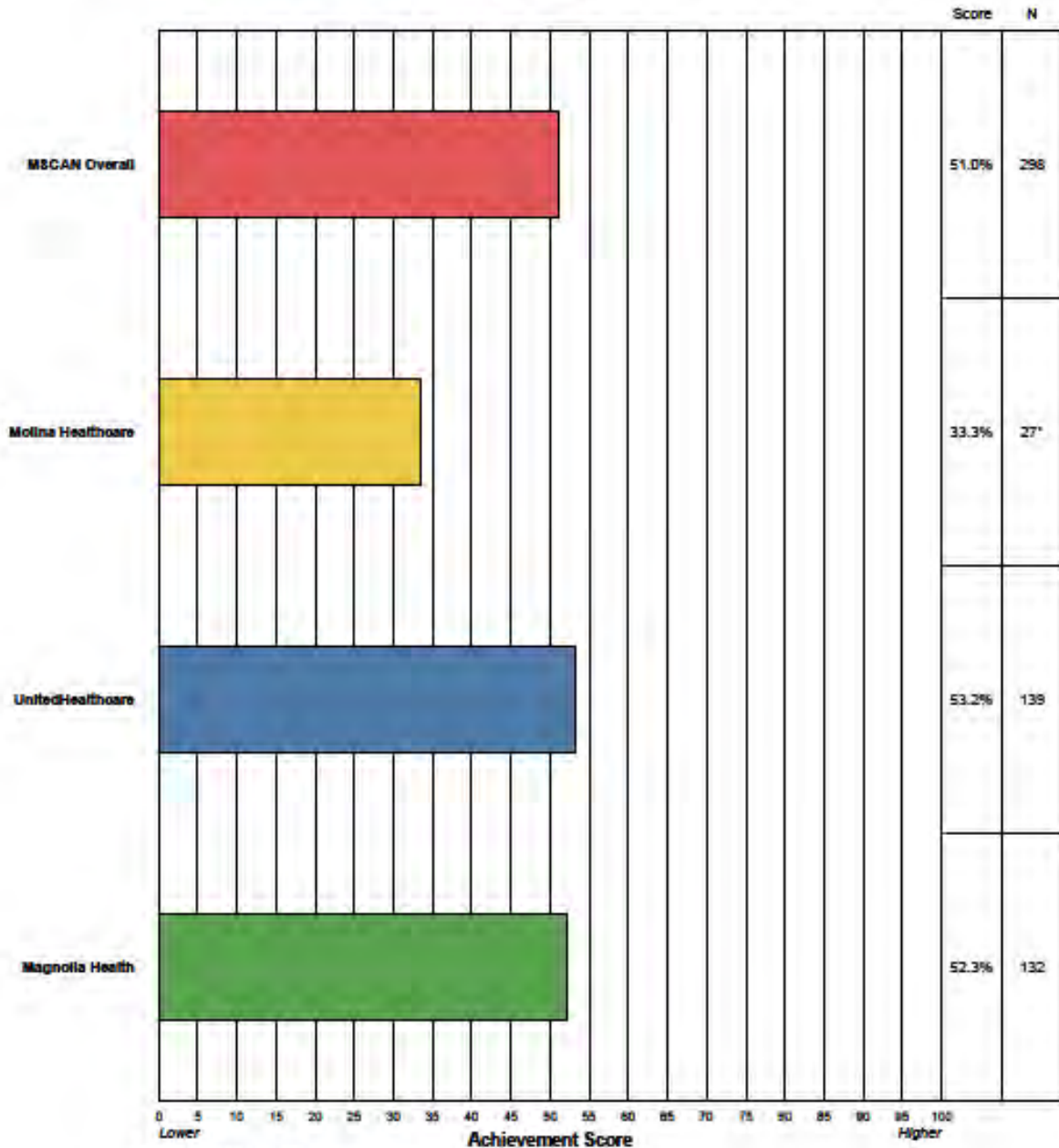
NTDX: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCAN Overall

*Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

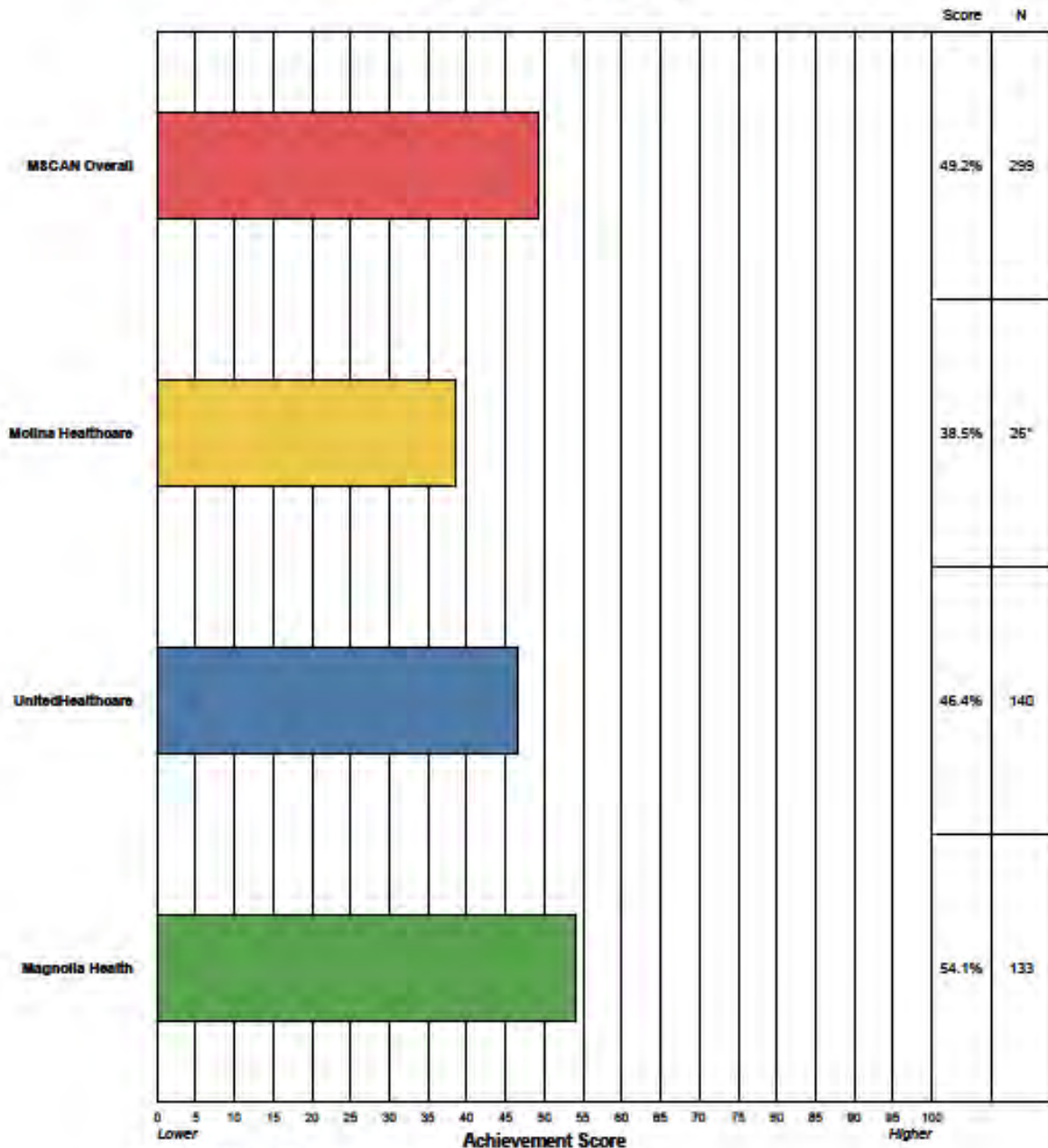
Q33. Much better or a little better able to accomplish things compared to 1 year ago



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

Q34. Much better or a little better able to deal with symptoms or problems compared to 1 year ago



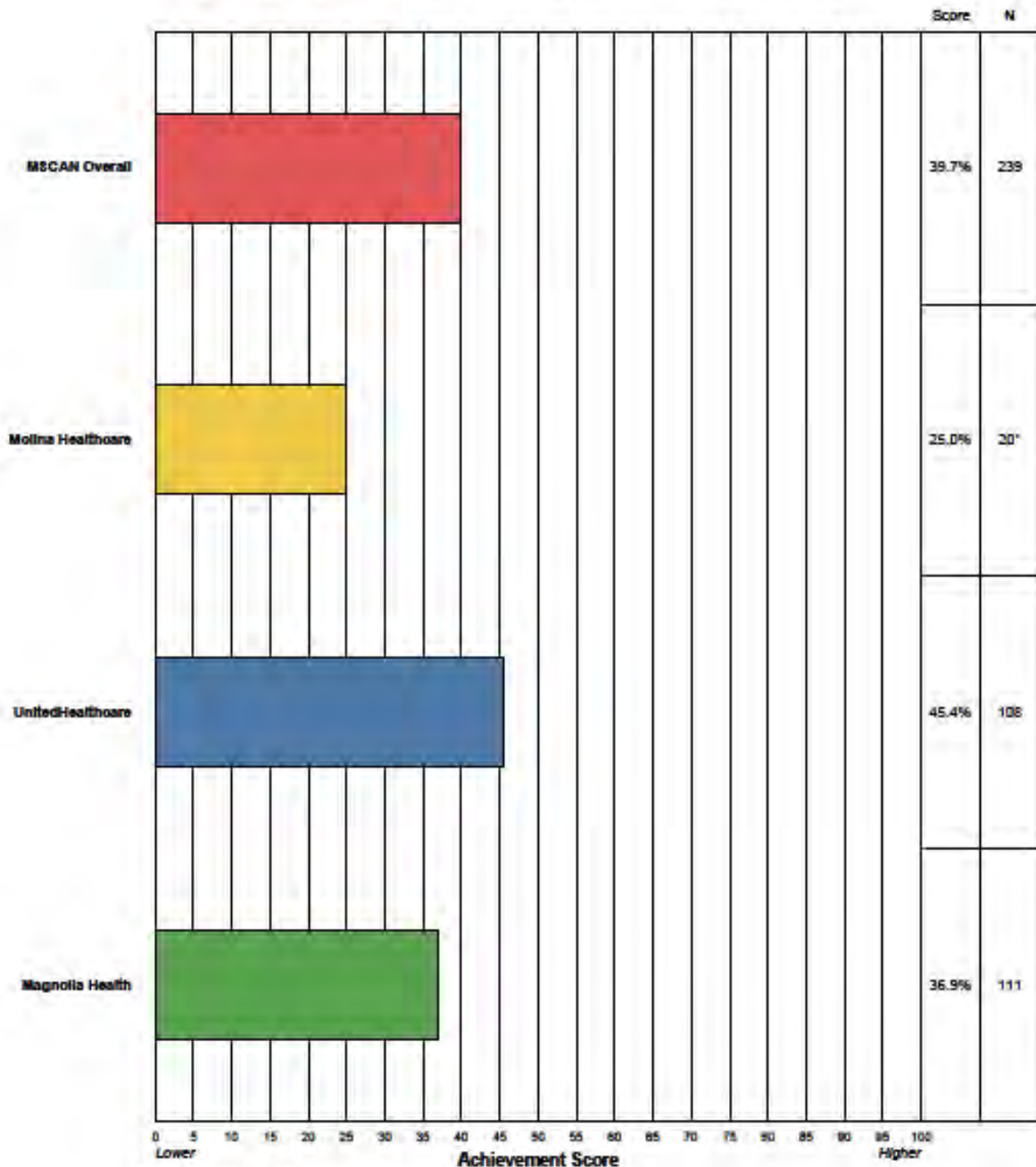
NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Information about Treatment Options



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall.
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

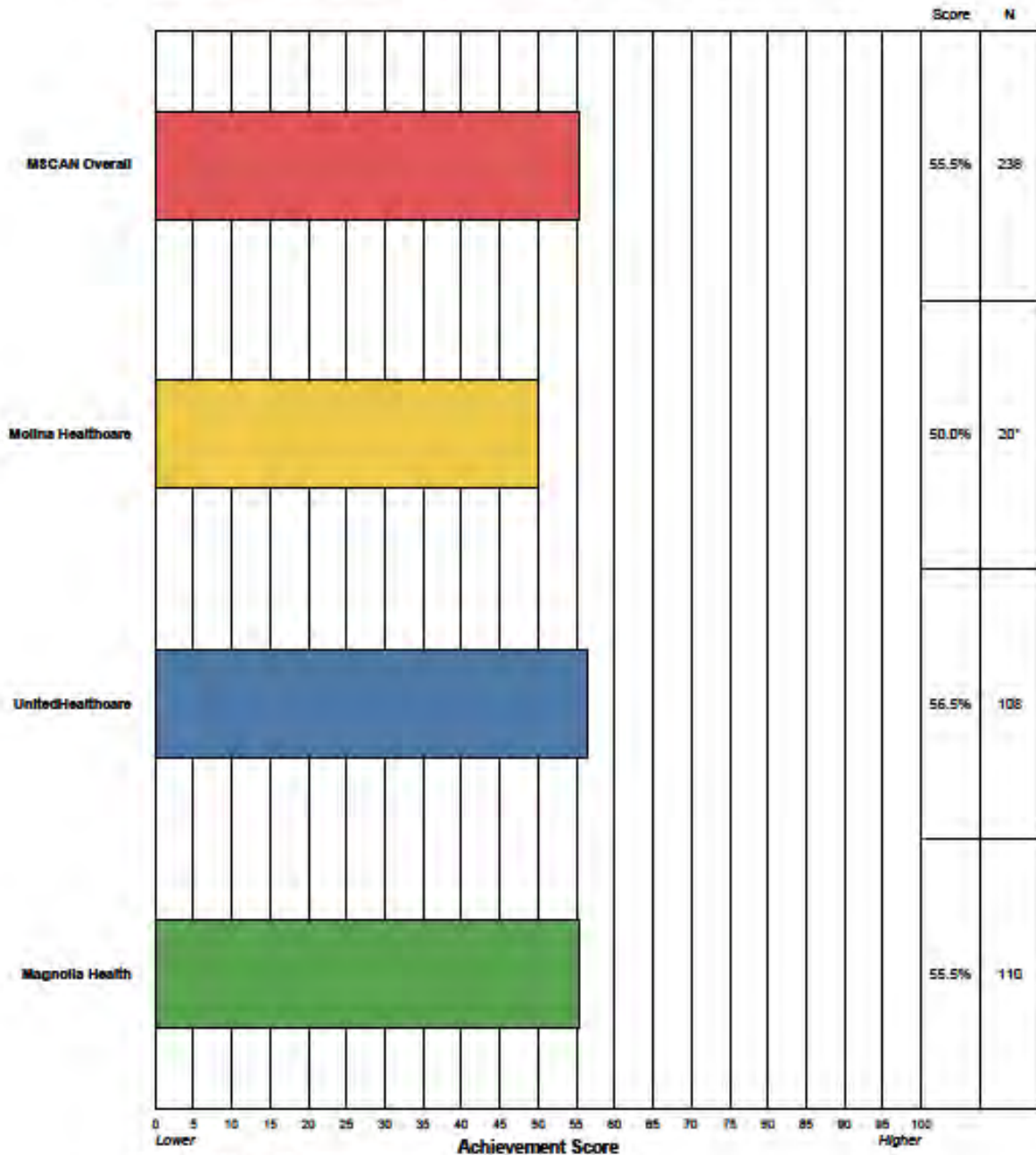
Information about Treatment Options Q20. Told about self-help or consumer run programs



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Information about Treatment Options

Q21. Told about different treatments that are available for condition



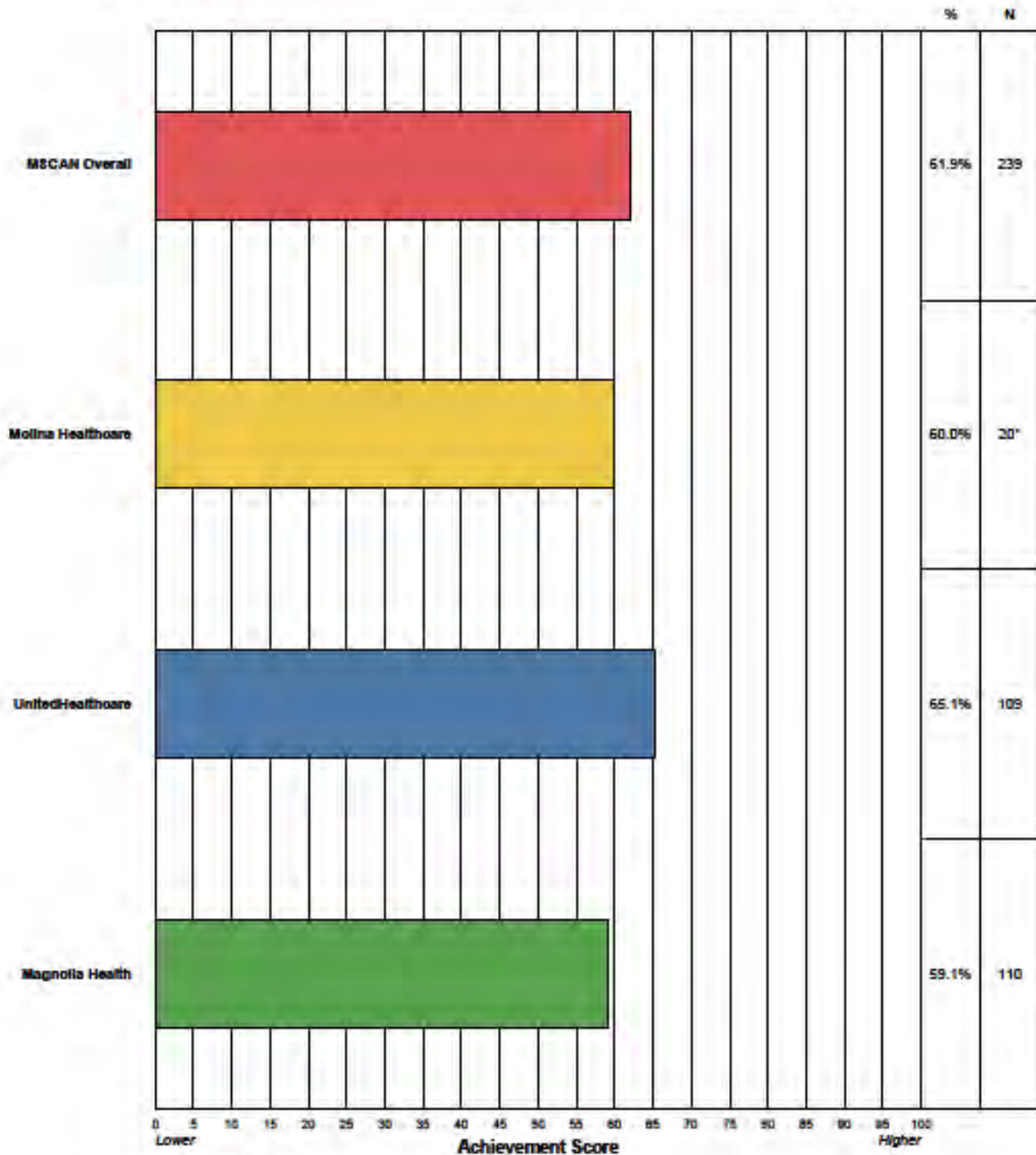
NTDX: No trend data available.

* Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

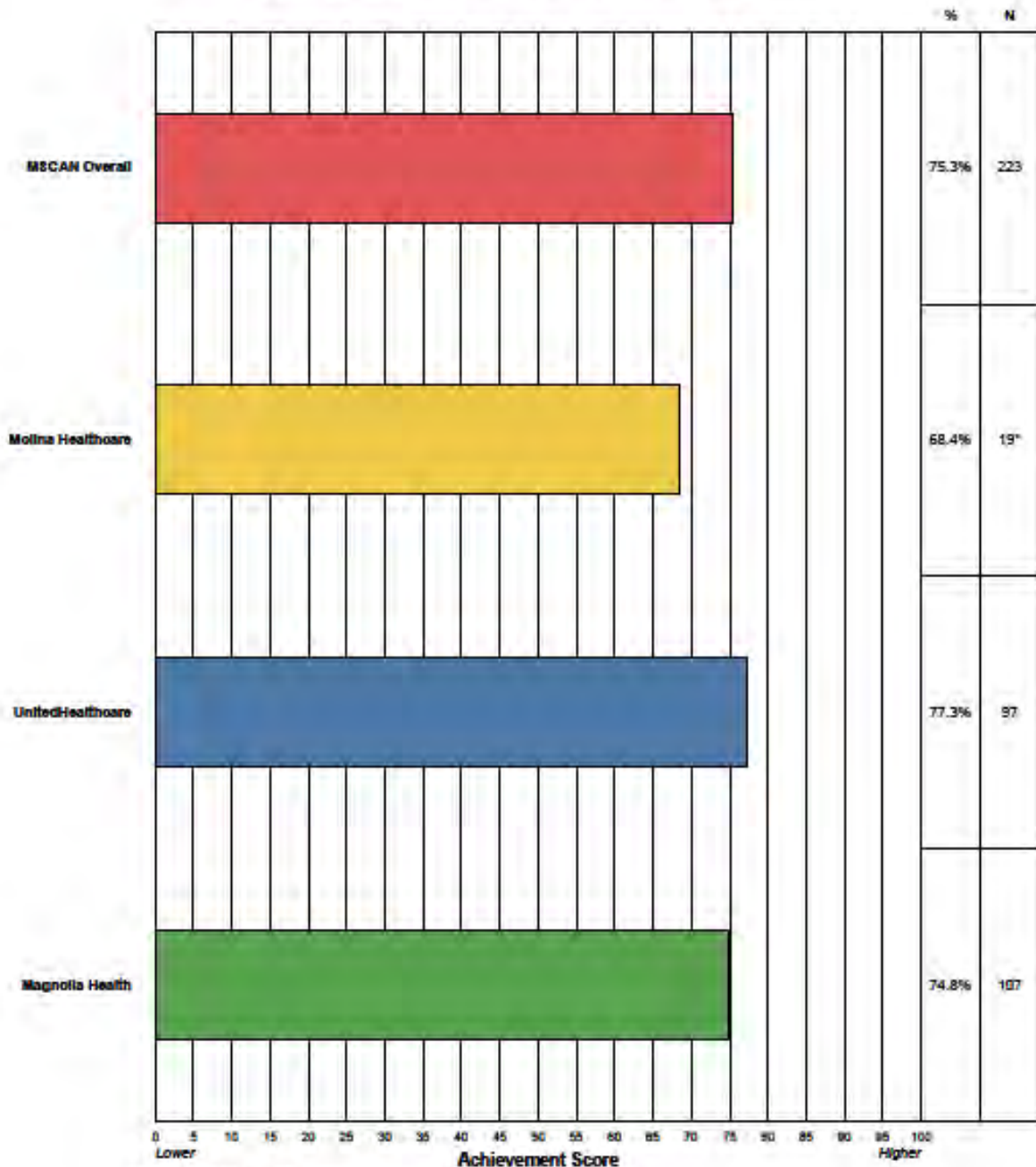
Q10. Usually or always seen within 15 minutes of appointment time



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

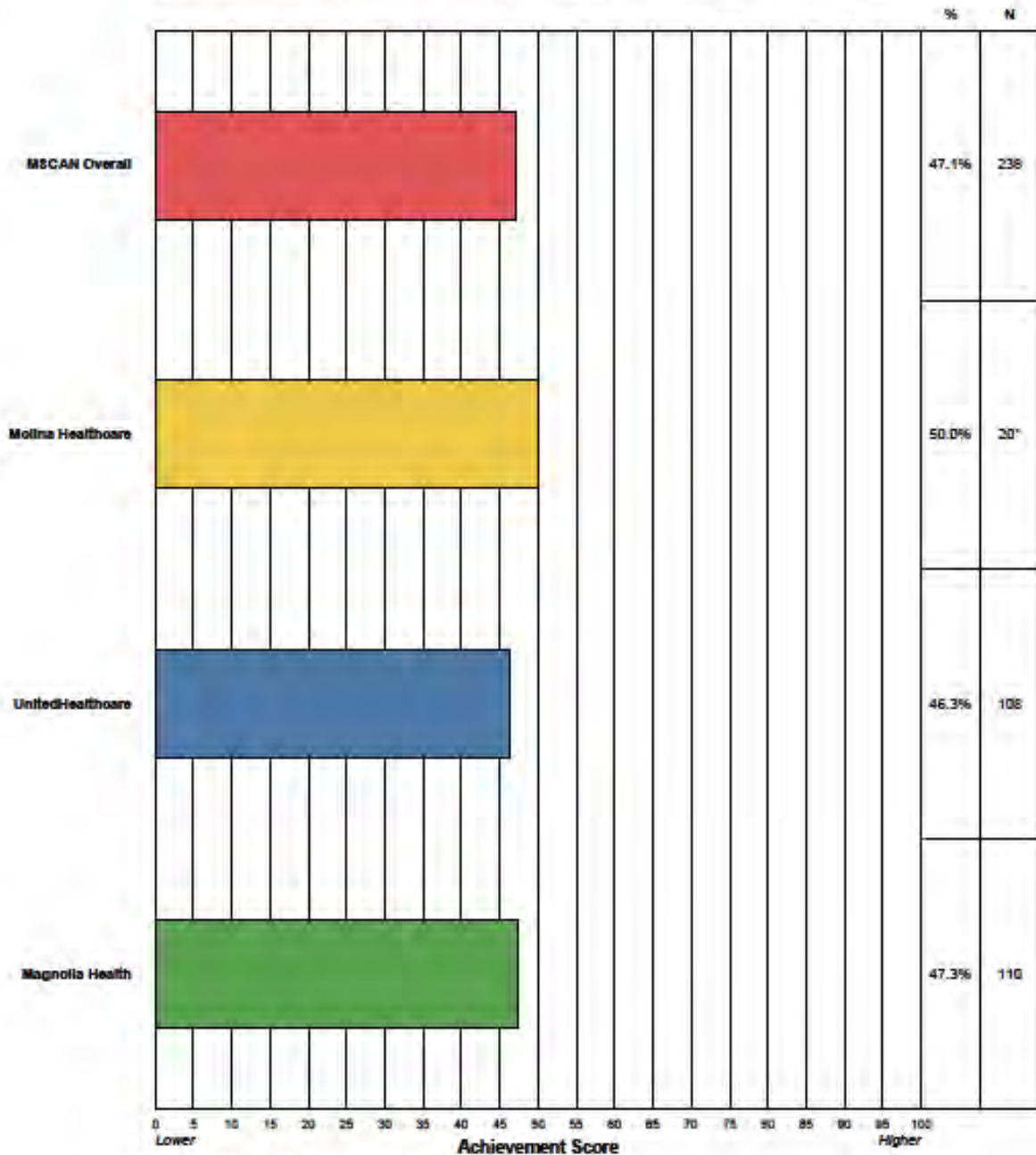
Q17. Told about side effects of medication



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

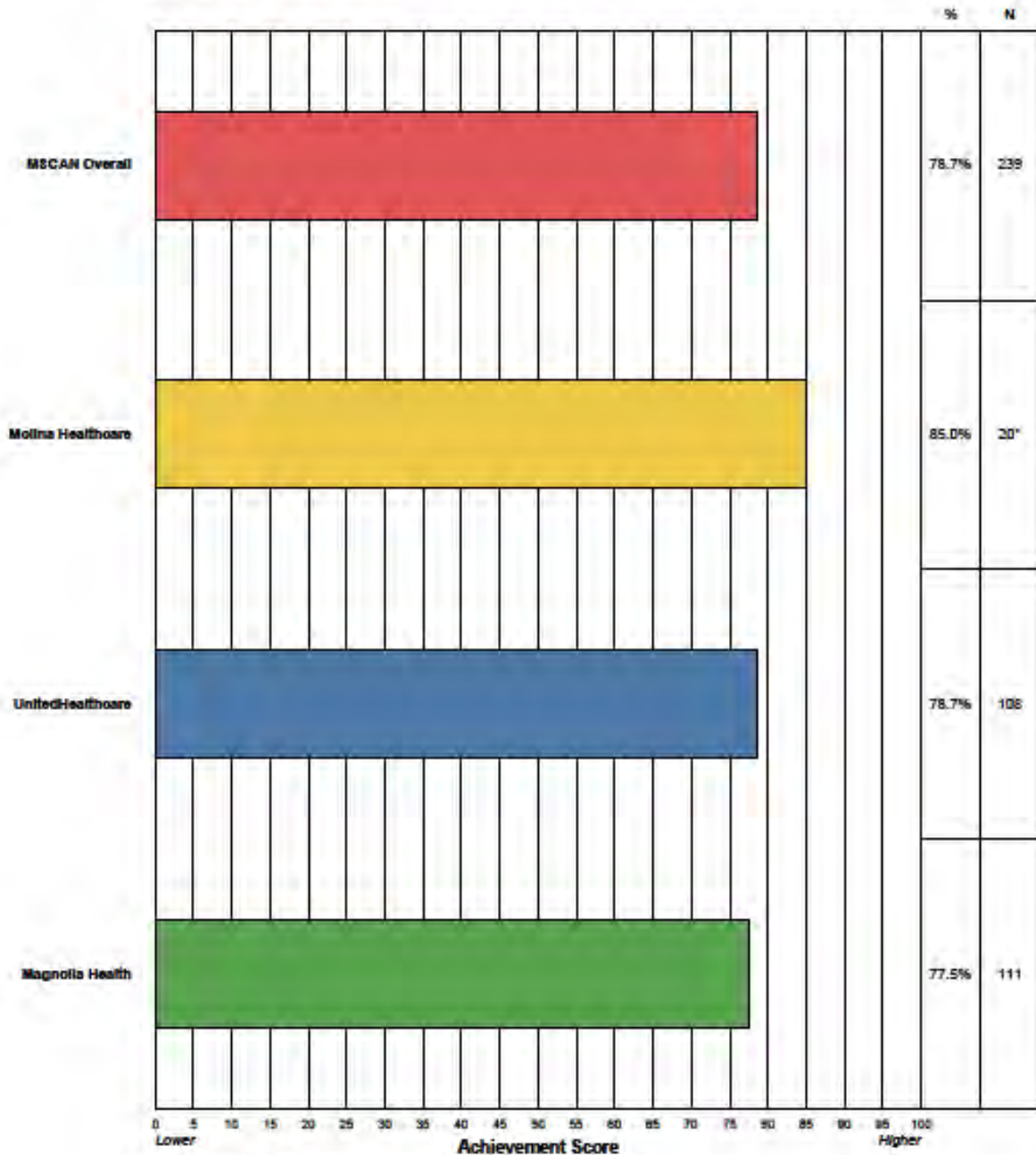
Q19. Talked about including family and friends in treatment



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

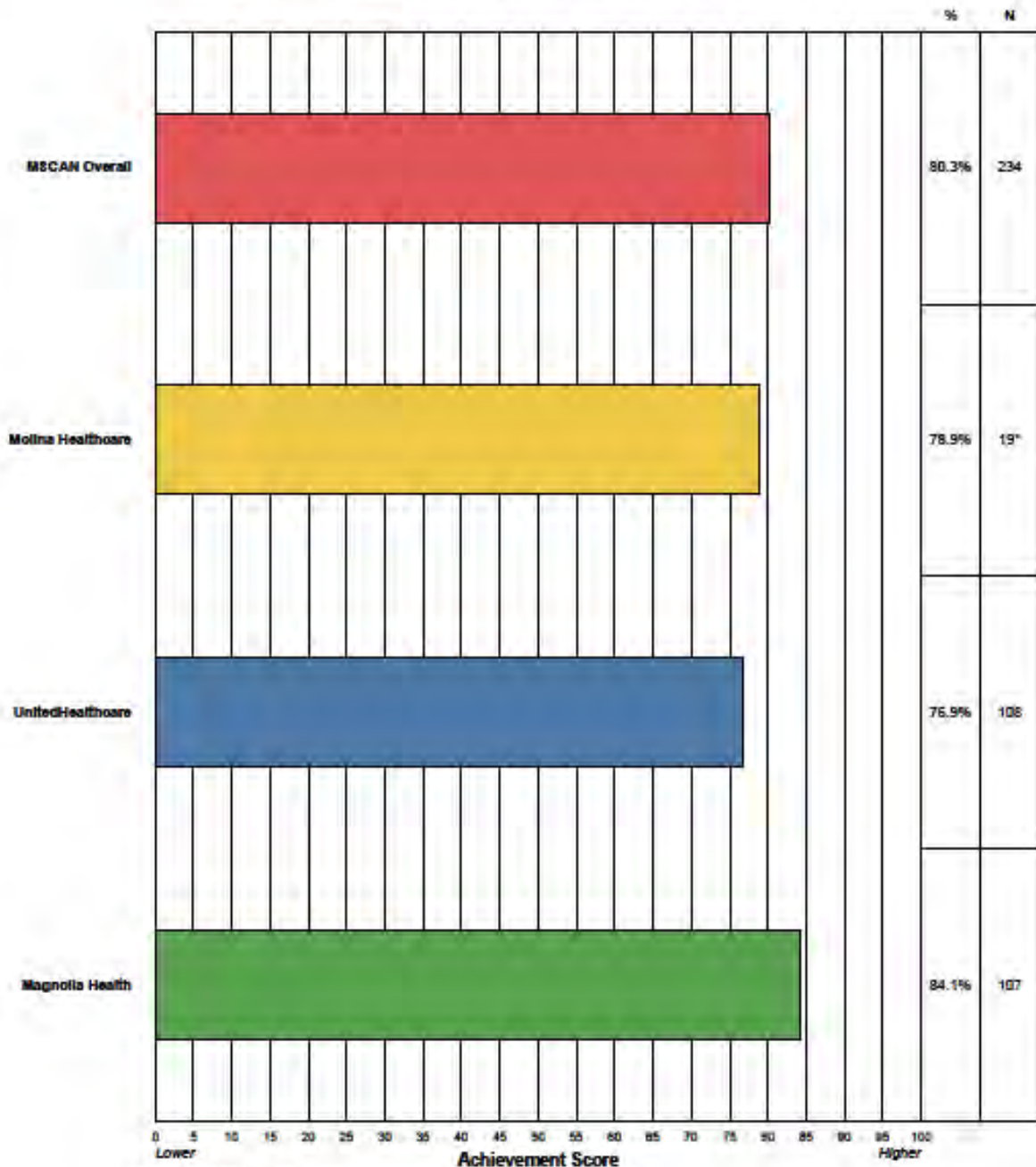
Q22. Given as much information as wanted to manage condition



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

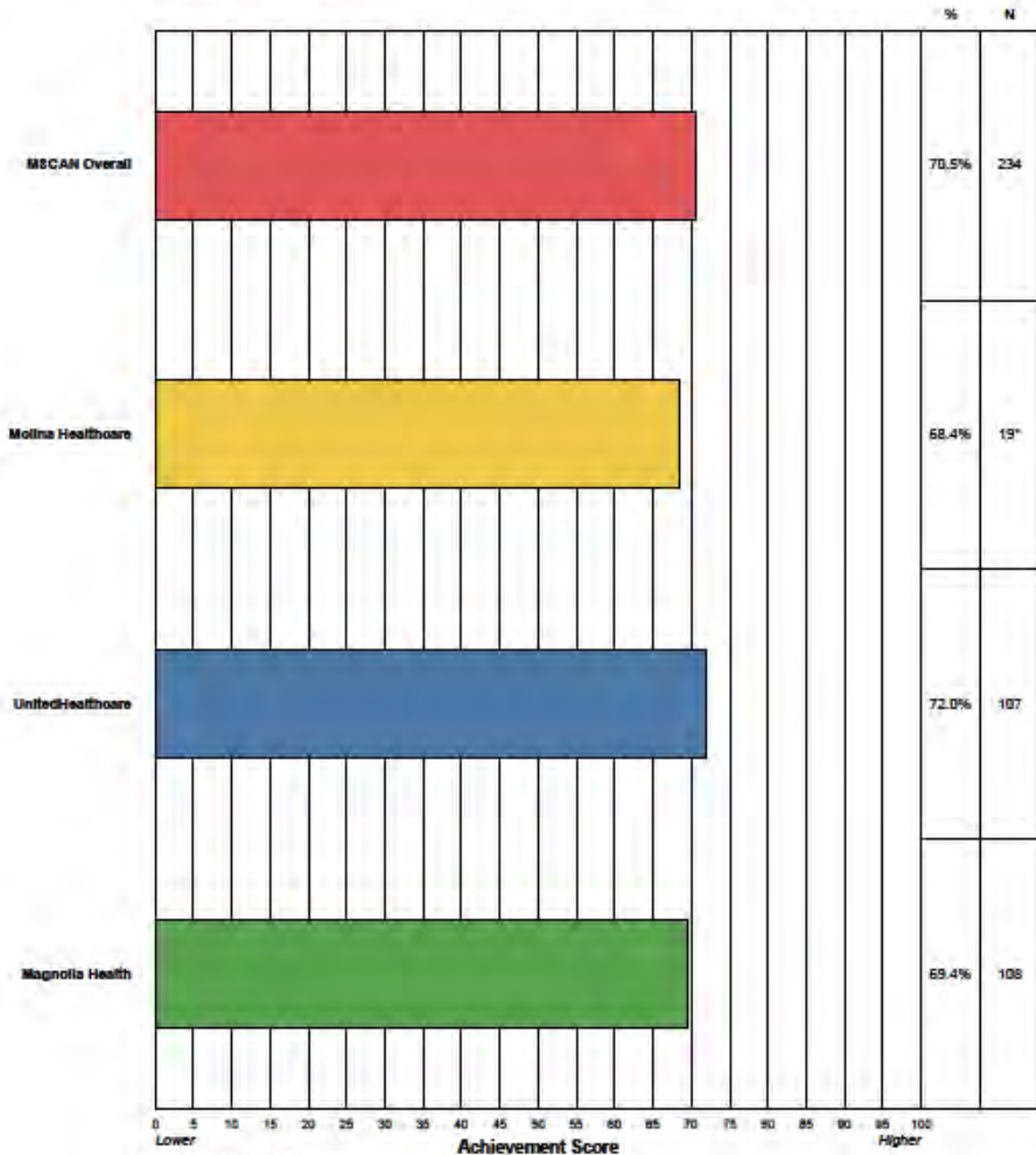
Q23. Given information about rights as a patient



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

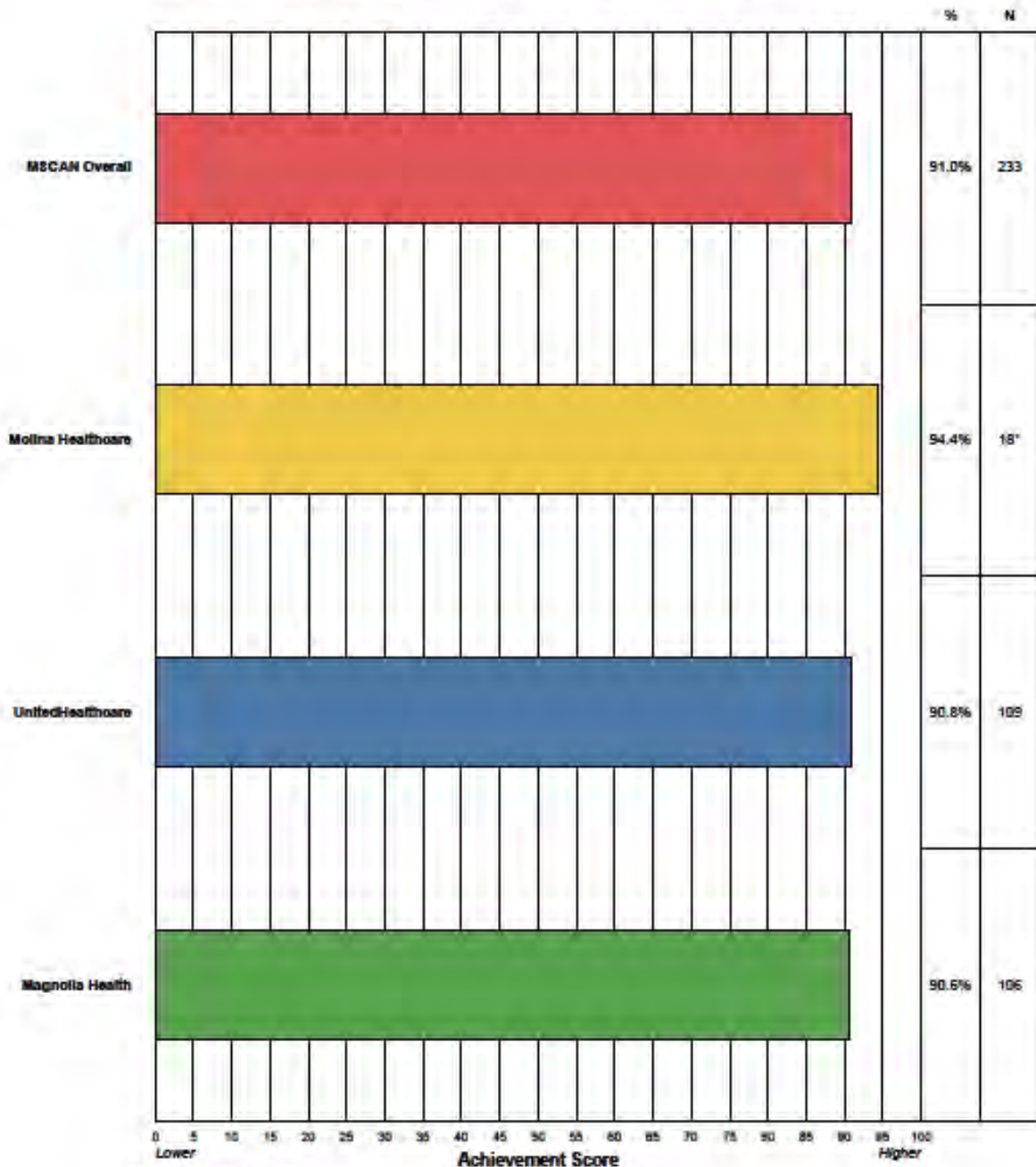
Q24. Felt that they could refuse a specific type of treatment



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

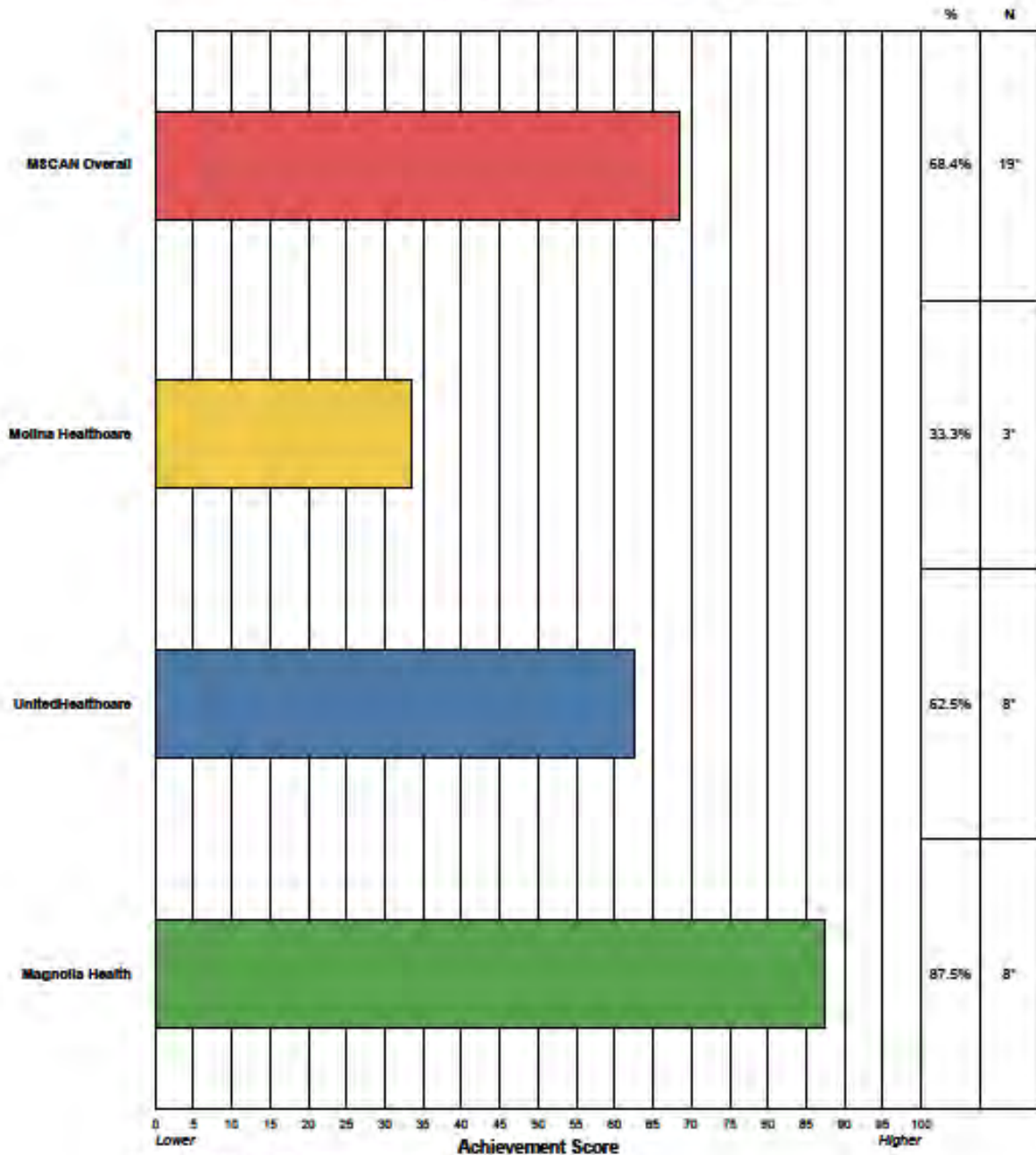
Q25. Confident about privacy of treatment information



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

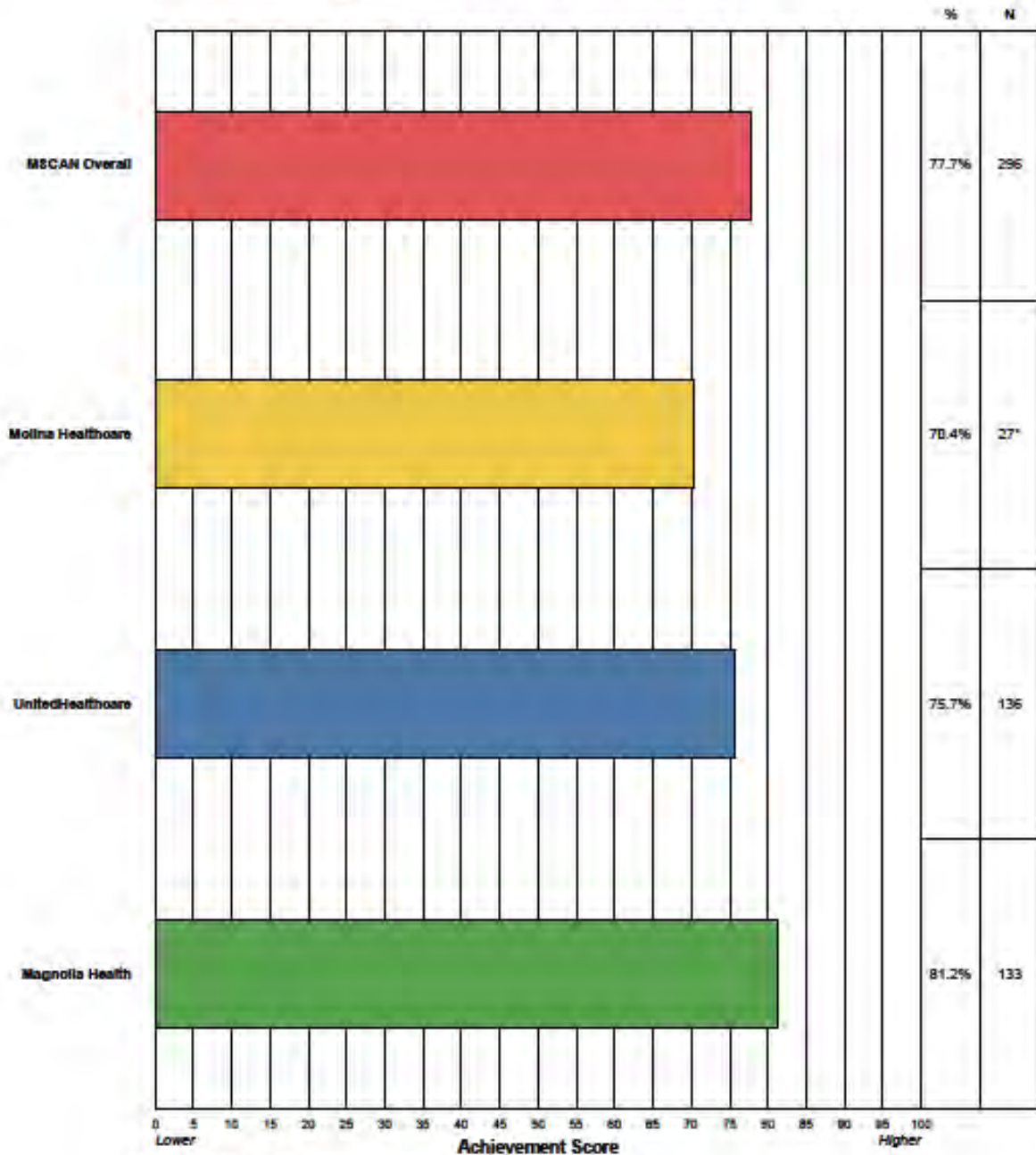
Q27. Care responsive to cultural needs



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

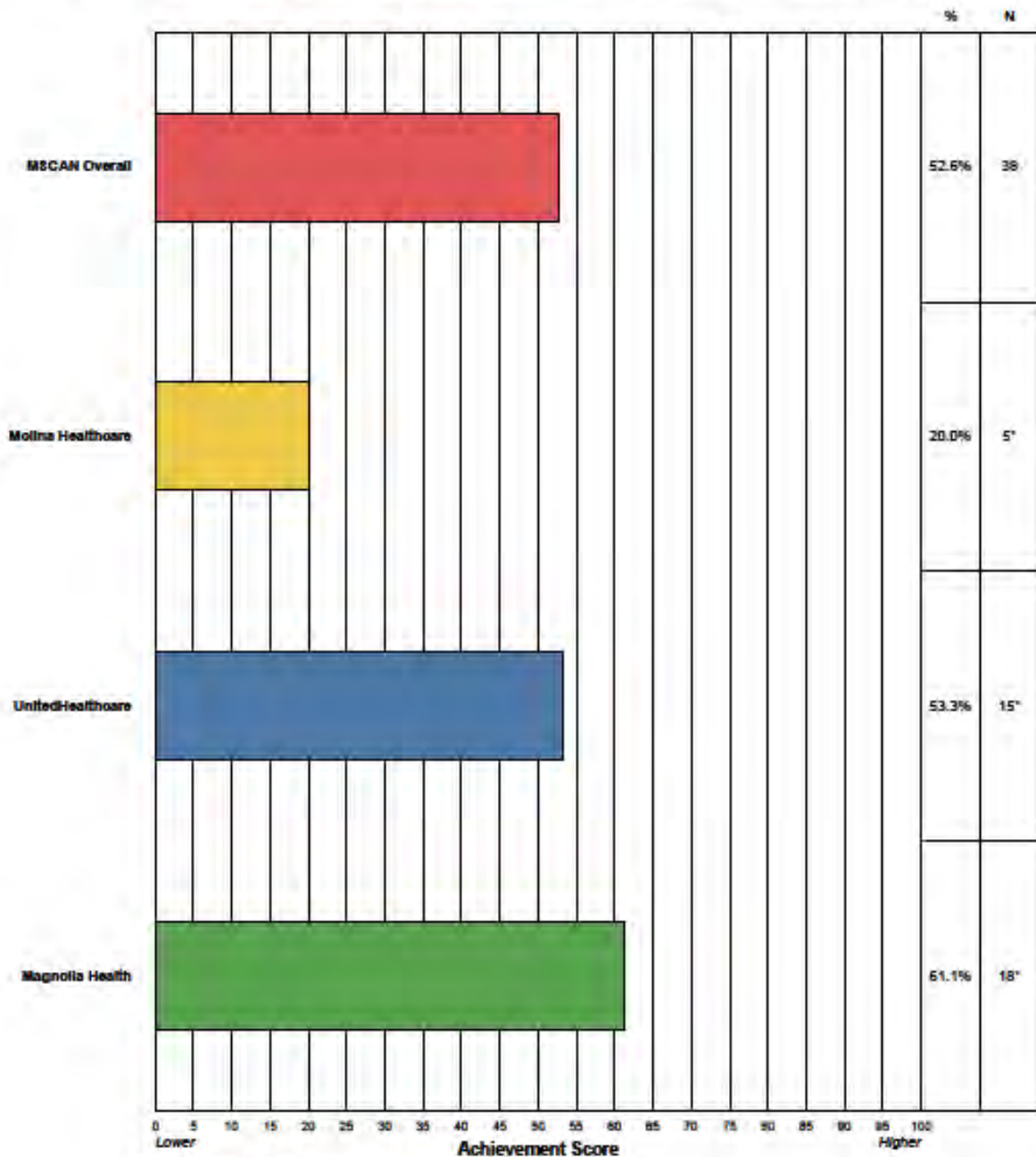
Q29. A lot or somewhat helped by treatment



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q37. Told about other ways to get treatment after benefits were used up



NTDX: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Responses by Question

Personal or Family Counseling

People can get counseling, treatment or medicine for many different reasons, such as:

- For feeling depressed, anxious, or "stressed out"
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

Q1. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	273	100.0%	26	100.0%	129	100.0%	118	100.0%
No	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	273	100.0%	26	100.0%	129	100.0%	118	100.0%
Not Answered	35		3		12		20	

Your Counseling and Treatment in the Last 12 Months

The next questions ask about your counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

Q2. In the last 12 months, did you call someone to get professional counseling on the phone for yourself?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	109	36.1%	10	35.7%	59	43.1%	40	29.2%
No	193	63.9%	18	64.3%	78	56.9%	97	70.8%
Total	302	100.0%	28	100.0%	137	100.0%	137	100.0%
Not Answered	6		1		4		1	

Your Counseling and Treatment in the Last 12 Months (continued)

Q3. In the last 12 months, how often did you get the professional counseling you needed on the phone?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Never	21	20.2%	1	10.0%	12	21.1%	8	21.6%
● Sometimes	29	27.9%	3	30.0%	15	26.3%	11	29.7%
● Usually	20	19.2%	3	30.0%	12	21.1%	5	13.5%
● Always	34	32.7%	3	30.0%	18	31.6%	13	35.1%
Total	104	100.0%	10	100.0%	57	100.0%	37	100.0%
Not Answered	5		0		2		3	
Reporting Category	Getting Treatment Quickly							
Achievement Score	51.92%		60.00%		52.63%		48.65%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-3.3		+20.0		+0.1		-10.8	
Correlation with Satisfaction	0.316		0.579		0.176		0.460	

Q4. In the last 12 months, did you need counseling or treatment right away?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	138	47.1%	13	46.4%	61	45.2%	64	49.2%
No	155	52.9%	15	53.6%	74	54.8%	66	50.8%
Total	293	100.0%	28	100.0%	135	100.0%	130	100.0%
Not Answered	15		1		6		8	

Q5. In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Never	23	17.4%	3	23.1%	12	21.1%	8	12.9%
● Sometimes	27	20.5%	3	23.1%	11	19.3%	13	21.0%
● Usually	31	23.5%	2	15.4%	13	22.8%	16	25.8%
● Always	51	38.6%	5	38.5%	21	36.8%	25	40.3%
Total	132	100.0%	13	100.0%	57	100.0%	62	100.0%
Not Answered	6		0		4		2	
Reporting Category	Getting Treatment Quickly							
Achievement Score	62.12%		53.85%		59.65%		66.13%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-9.6		-21.2		-8.0		-11.0	
Correlation with Satisfaction	0.399		0.463		0.312		0.498	

○ Response scored as: ● Achievement ● Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

- Q6. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	211	70.6%	15	53.6%	95	70.4%	101	74.3%
No	88	29.4%	13	46.4%	40	29.6%	35	25.7%
Total	299	100.0%	28	100.0%	135	100.0%	136	100.0%
Not Answered	9		1		6		2	

- Q7. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Never	9	4.5%	1	7.7%	3	3.3%	5	5.3%
Sometimes	43	21.7%	5	38.5%	18	19.8%	20	21.3%
Usually	53	26.8%	3	23.1%	26	28.6%	24	25.5%
Always	93	47.0%	4	30.8%	44	48.4%	45	47.9%
Total	198	100.0%	13	100.0%	91	100.0%	94	100.0%
Not Answered	13		2		4		7	
Reporting Category	Getting Treatment Quickly							
Achievement Score	73.74%		53.85%		76.92%		73.40%	
2022 vs. 2021: +/- Chg (*Stat. sig.)	+0.2		-25.1		+8.7		-6.4	
Correlation with Satisfaction	0.448		0.264		0.452		0.508	

- Q8. In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
None	199	66.6%	14	50.0%	93	68.4%	92	68.1%
1 time	34	11.4%	4	14.3%	19	14.0%	11	8.1%
2 times	36	12.0%	6	21.4%	11	8.1%	19	14.1%
3 or more times	30	10.0%	4	14.3%	13	9.6%	13	9.6%
Total	299	100.0%	28	100.0%	136	100.0%	135	100.0%
Not Answered	9		1		5		3	

Response scored as: Achievement Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

- Q9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
None	49	16.8%	8	28.6%	26	19.1%	15	11.7%
1 to 10 times	191	65.4%	15	53.6%	82	60.3%	94	73.4%
11 to 20 times	32	11.0%	3	10.7%	16	11.8%	13	10.2%
21 or more times	20	6.8%	2	7.1%	12	8.8%	6	4.7%
Total	292	100.0%	28	100.0%	136	100.0%	128	100.0%
Not Answered	16		1		5		10	

- Q10. In the last 12 months, how often were you seen within 15 minutes of your appointment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input type="radio"/> Never	31	13.0%	5	25.0%	11	10.1%	15	13.6%
<input type="radio"/> Sometimes	60	25.1%	3	15.0%	27	24.8%	30	27.3%
<input type="radio"/> Usually	73	30.5%	5	25.0%	38	34.9%	30	27.3%
<input type="radio"/> Always	75	31.4%	7	35.0%	33	30.3%	35	31.8%
Total	239	100.0%	20	100.0%	109	100.0%	110	100.0%
Not Answered	4		0		1		3	
Reporting Category	Single Items							
Achievement Score	61.92%		60.00%		65.14%		59.09%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-0.5		-0.7		-0.2		-0.2	
Correlation with Satisfaction	0.273		0.381		0.178		0.388	

The next questions are about all the counseling or treatment you got in the last 12 months during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

- Q11. In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input type="radio"/> Never	7	2.9%	1	5.0%	4	3.7%	2	1.8%
<input type="radio"/> Sometimes	26	10.9%	3	15.0%	11	10.3%	12	10.8%
<input type="radio"/> Usually	43	18.1%	3	15.0%	21	19.6%	19	17.1%
<input type="radio"/> Always	162	68.1%	13	65.0%	71	66.4%	78	70.3%
Total	238	100.0%	20	100.0%	107	100.0%	111	100.0%
Not Answered	5		0		3		2	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	86.13%		80.00%		85.98%		87.39%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-3.6		-2.1		-2.3		-5.5	
Correlation with Satisfaction	0.625		0.820		0.539		0.700	

Response scored as: Achievement Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q12. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Never	10	4.2%	1	5.0%	7	6.5%	2	1.8%
● Sometimes	27	11.3%	2	10.0%	12	11.2%	13	11.7%
● Usually	41	17.2%	4	20.0%	19	17.8%	18	16.2%
● Always	160	67.2%	13	65.0%	69	64.5%	78	70.3%
Total	238	100.0%	20	100.0%	107	100.0%	111	100.0%
Not Answered	5		0		3		2	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	84.45%		85.00%		82.24%		86.49%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-3.9		+3.5		-5.4		-4.2	
Correlation with Satisfaction	0.612		0.662		0.675		0.488	

Q13. In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Never	7	3.0%	1	5.0%	3	2.8%	3	2.7%
● Sometimes	24	10.1%	3	15.0%	9	8.5%	12	10.8%
● Usually	33	13.9%	2	10.0%	18	17.0%	13	11.7%
● Always	173	73.0%	14	70.0%	76	71.7%	83	74.8%
Total	237	100.0%	20	100.0%	106	100.0%	111	100.0%
Not Answered	6		0		4		2	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	86.92%		80.00%		88.68%		86.49%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-3.9		-12.6		-1.9		-4.2	
Correlation with Satisfaction	0.645		0.917		0.622		0.630	

○ Response scored as: ● Achievement ● Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q14. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Never	13	5.5%	2	10.0%	5	4.8%	6	5.4%
Sometimes	26	11.1%	2	10.0%	14	13.5%	10	9.0%
Usually	53	22.6%	3	15.0%	26	25.0%	24	21.6%
Always	143	60.9%	13	65.0%	59	56.7%	71	64.0%
Total	235	100.0%	20	100.0%	104	100.0%	111	100.0%
Not Answered	8		0		6		2	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	83.40%		80.00%		81.73%		85.59%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	-1.4		+2.2		-3.0		-0.7	
Correlation with Satisfaction	0.689		0.785		0.692		0.666	

Q15. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Never	8	3.4%	2	10.0%	4	3.8%	2	1.8%
Sometimes	20	8.5%	2	10.0%	8	7.7%	10	9.0%
Usually	34	14.5%	3	15.0%	13	12.5%	18	16.2%
Always	173	73.6%	13	65.0%	79	76.0%	81	73.0%
Total	235	100.0%	20	100.0%	104	100.0%	111	100.0%
Not Answered	8		0		6		2	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	88.09%		80.00%		88.46%		89.19%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	-1.2		-8.9		-0.2		-0.9	
Correlation with Satisfaction	0.605		0.814		0.524		0.678	

Q16. In the last 12 months, did you take any prescription medicines as part of your treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	228	96.2%	19	95.0%	100	93.5%	109	99.1%
No	9	3.8%	1	5.0%	7	6.5%	1	0.9%
Total	237	100.0%	20	100.0%	107	100.0%	110	100.0%
Not Answered	6		0		3		3	

Response scored as: Achievement Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q17. In the last 12 months, were you told what side effects of those medicines to watch for?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	168	75.3%	13	68.4%	75	77.3%	80	74.8%
<input type="radio"/> No	55	24.7%	6	31.6%	22	22.7%	27	25.2%
Total	223	100.0%	19	100.0%	97	100.0%	107	100.0%
Not Answered	5		0		3		2	
Reporting Category Single Items								
Achievement Score	75.34%		68.42%		77.32%		74.77%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-0.2		-1.1		+0.3		0.0	
Correlation with Satisfaction	0.337		0.483		0.276		0.416	

Q18. In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input type="radio"/> Never	12	5.0%	0	0.0%	7	6.4%	5	4.5%
<input type="radio"/> Sometimes	34	14.2%	3	15.8%	14	12.8%	17	15.3%
<input checked="" type="radio"/> Usually	61	25.5%	5	26.3%	32	29.4%	24	21.6%
<input checked="" type="radio"/> Always	132	55.2%	11	57.9%	56	51.4%	65	58.6%
Total	239	100.0%	19	100.0%	109	100.0%	111	100.0%
Not Answered	4		1		1		2	
Reporting Category How Well Clinicians Communicate								
Achievement Score	80.75%		84.21%		80.73%		80.18%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-2.6		+10.1		-2.1		-5.5	
Correlation with Satisfaction	0.610		0.689		0.630		0.579	

Q19. In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	112	47.1%	10	50.0%	50	46.3%	52	47.3%
<input type="radio"/> No	126	52.9%	10	50.0%	58	53.7%	58	52.7%
Total	238	100.0%	20	100.0%	108	100.0%	110	100.0%
Not Answered	5		0		2		3	
Reporting Category Single Items								
Achievement Score	47.06%		50.00%		46.30%		47.27%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-0.4		+16.7		-6.9		+4.0	
Correlation with Satisfaction	0.156		-0.022		0.281		0.037	

Response scored as: Achievement Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q20. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	95	39.7%	5	25.0%	49	45.4%	41	36.9%
No	144	60.3%	15	75.0%	59	54.6%	70	63.1%
Total	239	100.0%	20	100.0%	108	100.0%	111	100.0%
Not Answered	4		0		2		2	
Reporting Category	Information about Treatment Options							
Achievement Score	39.75%		25.00%		45.37%		36.94%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-4.7		+2.8		+0.4		-11.2	
Correlation with Satisfaction	0.180		0.246		0.208		0.164	

Q21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	132	55.5%	10	50.0%	61	56.5%	61	55.5%
No	106	44.5%	10	50.0%	47	43.5%	49	44.5%
Total	238	100.0%	20	100.0%	108	100.0%	110	100.0%
Not Answered	5		0		2		3	
Reporting Category	Information about Treatment Options							
Achievement Score	55.46%		50.00%		56.48%		55.45%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	+0.4		+13.0		-0.6		-0.7	
Correlation with Satisfaction	0.297		0.570		0.315		0.230	

Q22. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	188	78.7%	17	85.0%	85	78.7%	86	77.5%
No	51	21.3%	3	15.0%	23	21.3%	25	22.5%
Total	239	100.0%	20	100.0%	108	100.0%	111	100.0%
Not Answered	4		0		2		2	
Reporting Category	Single Items							
Achievement Score	78.66%		85.00%		78.70%		77.48%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-2.6		+8.1		-1.9		-5.4	
Correlation with Satisfaction	0.531		0.448		0.560		0.535	

Response scored as: ● Achievement ● Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q23. In the last 12 months, were you given information about your rights as a patient?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	188	80.3%	15	78.9%	83	76.9%	90	84.1%
<input type="radio"/> No	46	19.7%	4	21.1%	25	23.1%	17	15.9%
Total	234	100.0%	19	100.0%	108	100.0%	107	100.0%
Not Answered	9		1		2		6	
Reporting Category	Single Items							
Achievement Score	80.34%		78.95%		76.85%		84.11%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-4.3		-9.5		-7.7		-0.1	
Correlation with Satisfaction	0.217		0.404		0.131		0.282	

Q24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	165	70.5%	13	68.4%	77	72.0%	75	69.4%
<input type="radio"/> No	69	29.5%	6	31.6%	30	28.0%	33	30.6%
Total	234	100.0%	19	100.0%	107	100.0%	108	100.0%
Not Answered	9		1		3		5	
Reporting Category	Single Items							
Achievement Score	70.51%		68.42%		71.96%		69.44%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	+4.5		-0.8		+5.5		+4.5	
Correlation with Satisfaction	0.184		0.261		0.182		0.185	

Q25. In the last 12 months, as far as you know did anyone you went to for counseling or treatment share information with others that should have been kept private?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input type="radio"/> Yes	21	9.0%	1	5.6%	10	9.2%	10	9.4%
<input checked="" type="radio"/> No	212	91.0%	17	94.4%	99	90.8%	96	90.6%
Total	233	100.0%	18	100.0%	109	100.0%	106	100.0%
Not Answered	10		2		1		7	
Reporting Category	Single Items							
Achievement Score	90.99%		94.44%		90.83%		90.57%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-0.5		+6.9		-0.1		-2.1	
Correlation with Satisfaction	0.287		0.217		0.285		0.311	

Response scored as: Achievement Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q26. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	21	9.0%	3	15.8%	9	8.4%	9	8.3%
No	213	91.0%	16	84.2%	98	91.6%	99	91.7%
Total	234	100.0%	19	100.0%	107	100.0%	108	100.0%
Not Answered	9		1		3		5	

Q27. In the last 12 months, was the care you received responsive to those needs?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	13	68.4%	1	33.3%	5	62.5%	7	87.5%
<input checked="" type="radio"/> No	6	31.6%	2	66.7%	3	37.5%	1	12.5%
Total	19	100.0%	3	100.0%	8	100.0%	8	100.0%
Not Answered	2		0		1		1	
Reporting Category	Single Items							
Achievement Score	68.42%		33.33%		62.50%		87.50%	
2022 vs. 2021: +/- Chg (♦♦ Stat. sig.)	-10.9		-16.7		-21.7		+12.5	
Correlation with Satisfaction	0.517		0.945		0.461		0.263	

Response scored as: Achievement Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q28. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Worst counseling or treatment possible	3	1.3%	0	0.0%	3	2.8%	0	0.0%
● 1	2	0.9%	0	0.0%	1	0.9%	1	0.9%
● 2	6	2.6%	1	5.3%	3	2.8%	2	1.9%
● 3	3	1.3%	0	0.0%	2	1.9%	1	0.9%
● 4	7	3.0%	1	5.3%	3	2.8%	3	2.8%
● 5	19	8.1%	1	5.3%	13	12.0%	5	4.7%
● 6	8	3.4%	1	5.3%	4	3.7%	3	2.8%
● 7	23	9.8%	2	10.5%	11	10.2%	10	9.3%
● 8	37	15.8%	3	15.8%	13	12.0%	21	19.6%
● 9	33	14.1%	2	10.5%	13	12.0%	18	16.8%
● Best counseling or treatment possible	93	39.7%	8	42.1%	42	38.9%	43	40.2%
Total	234	100.0%	19	100.0%	108	100.0%	107	100.0%
Not Answered	9		1		2		6	
Reporting Category	Ratings							
Achievement Score	69.66%		68.42%		62.96%		76.64%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-1.1		+18.4		-11.7+		+7.0	

Q29. In the last 12 months, how much were you helped by the counseling or treatment you got?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Not at all	19	6.4%	4	14.8%	8	5.9%	7	5.3%
● A little	47	15.9%	4	14.8%	25	18.4%	18	13.5%
● Somewhat	72	24.3%	5	18.5%	32	23.5%	35	26.3%
● A lot	158	53.4%	14	51.9%	71	52.2%	73	54.9%
Total	296	100.0%	27	100.0%	136	100.0%	133	100.0%
Not Answered	12		2		5		5	
Reporting Category	Single Items							
Achievement Score	77.70%		70.37%		75.74%		81.20%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-2.0		+6.7		-4.4		-0.9	
Correlation with Satisfaction	0.686		0.777		0.666		0.692	

○ Response scored as: ● Achievement ● Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q30. In general, how would you rate your overall mental health now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Excellent	19	6.5%	0	0.0%	9	6.7%	10	7.6%
Very good	36	12.3%	1	3.8%	24	17.8%	11	8.3%
Good	87	29.7%	7	26.9%	37	27.4%	43	32.6%
Fair	119	40.6%	15	57.7%	50	37.0%	54	40.9%
Poor	32	10.9%	3	11.5%	15	11.1%	14	10.6%
Total	293	100.0%	26	100.0%	135	100.0%	132	100.0%
Not Answered	15		3		6		6	

Q31. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Much better	65	21.8%	3	11.1%	36	25.9%	26	19.7%
● A little better	90	30.2%	9	33.3%	36	25.9%	45	34.1%
● About the same	110	36.9%	10	37.0%	54	38.8%	46	34.8%
● A little worse	22	7.4%	3	11.1%	7	5.0%	12	9.1%
● Much worse	11	3.7%	2	7.4%	6	4.3%	3	2.3%
Total	298	100.0%	27	100.0%	139	100.0%	132	100.0%
Not Answered	10		2		2		6	
Reporting Category	Perceived Improvement							
Achievement Score	52.01%		44.44%		51.80%		53.79%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-5.6		-22.2		-1.6		-6.9	
Correlation with Satisfaction	0.346		0.386		0.341		0.378	

Q32. Compared to 12 months ago, how would you rate your ability to deal with social situations now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Much better	47	15.8%	3	11.1%	27	19.6%	17	12.9%
● A little better	106	35.7%	7	25.9%	48	34.8%	51	38.6%
● About the same	103	34.7%	10	37.0%	45	32.6%	48	36.4%
● A little worse	24	8.1%	5	18.5%	9	6.5%	10	7.6%
● Much worse	17	5.7%	2	7.4%	9	6.5%	6	4.5%
Total	297	100.0%	27	100.0%	138	100.0%	132	100.0%
Not Answered	11		2		3		6	
Reporting Category	Perceived Improvement							
Achievement Score	51.52%		37.04%		54.35%		51.52%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	+5.1		-17.5		+8.7		+5.8	
Correlation with Satisfaction	0.351		0.076		0.388		0.400	

○ Response scored as: ● Achievement ● Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q33. Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Much better	56	18.8%	4	14.8%	32	23.0%	20	15.2%
● A little better	96	32.2%	5	18.5%	42	30.2%	49	37.1%
● About the same	97	32.6%	7	25.9%	47	33.8%	43	32.6%
● A little worse	30	10.1%	9	33.3%	9	6.5%	12	9.1%
● Much worse	19	6.4%	2	7.4%	9	6.5%	8	6.1%
Total	298	100.0%	27	100.0%	139	100.0%	132	100.0%
Not Answered	10		2		2		6	
Reporting Category	Perceived Improvement							
Achievement Score	51.01%		33.33%		53.24%		52.27%	
2022 vs. 2021: +/- Chg (*+ Stat. sig.)	+1.6		-15.2		+1.5		+5.4	
Correlation with Satisfaction	0.344		0.472		0.405		0.260	

Q34. Compared to 12 months ago, how would you rate your problems or symptoms now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Much better	51	17.1%	2	7.7%	27	19.3%	22	16.5%
● A little better	96	32.1%	8	30.8%	38	27.1%	50	37.6%
● About the same	105	35.1%	9	34.6%	55	39.3%	41	30.8%
● A little worse	31	10.4%	6	23.1%	15	10.7%	10	7.5%
● Much worse	16	5.4%	1	3.8%	5	3.6%	10	7.5%
Total	299	100.0%	26	100.0%	140	100.0%	133	100.0%
Not Answered	9		3		1		5	
Reporting Category	Perceived Improvement							
Achievement Score	49.16%		38.46%		46.43%		54.14%	
2022 vs. 2021: +/- Chg (*+ Stat. sig.)	-1.7		-7.0		-2.6		+0.2	
Correlation with Satisfaction	0.365		0.379		0.322		0.440	

The next questions ask about your experience with the company or organization that handles your benefits for counseling or treatment.

Q35. In the last 12 months, did you use up all your benefits for counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	60	20.8%	5	20.8%	24	17.8%	31	23.8%
No	229	79.2%	19	79.2%	111	82.2%	99	76.2%
Total	289	100.0%	24	100.0%	135	100.0%	130	100.0%
Not Answered	19		5		6		8	

Response scored as: Achievement Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q36. At the time benefits were used up, did you think you still needed counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	44	78.6%	5	100.0%	17	73.9%	22	78.6%
No	12	21.4%	0	0.0%	6	26.1%	6	21.4%
Total	56	100.0%	5	100.0%	23	100.0%	28	100.0%
Not Answered	4		0		1		3	

Q37. Were you told about other ways to get counseling, treatment, or medicine?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	20	52.6%	1	20.0%	8	53.3%	11	61.1%
<input type="radio"/> No	18	47.4%	4	80.0%	7	46.7%	7	38.9%
Total	38	100.0%	5	100.0%	15	100.0%	18	100.0%
Not Answered	6		0		2		4	
Reporting Category		Single Items						
Achievement Score		52.63%	20.00%	53.33%	61.11%			
2022 vs. 2021: +/- Chg (** Stat. sig.)		+3.7	+20.0	-1.8	+19.0			
Correlation with Satisfaction		0.187	0.258	-0.200	0.553			

Q38. In the last 12 months, did you need approval for any counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	65	22.3%	7	26.9%	27	20.0%	31	23.7%
No	227	77.7%	19	73.1%	108	80.0%	100	76.3%
Total	292	100.0%	26	100.0%	135	100.0%	131	100.0%
Not Answered	16		3		6		7	

Response scored as: Achievement Room for Improvement

Your Counseling and Treatment in the Last 12 Months (continued)

Q39. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
A big problem	17	27.0%	0	0.0%	7	26.9%	10	32.3%
A small problem	17	27.0%	2	33.3%	8	30.8%	7	22.6%
Not a problem	29	46.0%	4	66.7%	11	42.3%	14	45.2%
Total	63	100.0%	6	100.0%	26	100.0%	31	100.0%
Not Answered	2		1		1		0	
Reporting Category	Getting Treatment and Information							
Achievement Score	46.03%		66.67%		42.31%		45.16%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	+8.7		+16.7		+5.8		+9.2	
Correlation with Satisfaction	0.491		0.927		0.443		0.552	

Q40. In the last 12 months, did you call customer service to get information or help about counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	40	13.7%	2	7.7%	16	12.0%	22	16.7%
No	251	86.3%	24	92.3%	117	88.0%	110	83.3%
Total	291	100.0%	26	100.0%	133	100.0%	132	100.0%
Not Answered	17		3		8		6	

Q41. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
A big problem	12	30.8%	0	0.0%	5	31.3%	7	33.3%
A small problem	12	30.8%	0	0.0%	7	43.8%	5	23.8%
Not a problem	15	38.5%	2	100.0%	4	25.0%	9	42.9%
Total	39	100.0%	2	100.0%	16	100.0%	21	100.0%
Not Answered	1		0		0		1	
Reporting Category	Getting Treatment and Information							
Achievement Score	38.46%		100.00%		25.00%		42.86%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-16.5		+0.0		-21.9		-18.7	
Correlation with Satisfaction	0.456		-		0.174		0.644	

Response scored as: Achievement Room for Improvement

Reasons for Counseling or Treatment

- Q42. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	268	90.2%	19	73.1%	128	93.4%	121	90.3%
No	29	9.8%	7	26.9%	9	6.6%	13	9.7%
Total	297	100.0%	26	100.0%	137	100.0%	134	100.0%
Not Answered	11		3		4		4	

- Q43. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	21	7.0%	1	3.8%	10	7.2%	10	7.5%
No	277	93.0%	25	96.2%	129	92.8%	123	92.5%
Total	298	100.0%	26	100.0%	139	100.0%	133	100.0%
Not Answered	10		3		2		5	

About You

- Q44. In general, how would you rate your overall health now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Excellent	14	4.7%	0	0.0%	6	4.4%	8	6.0%
Very good	27	9.1%	0	0.0%	15	10.9%	12	9.0%
Good	102	34.3%	7	25.9%	48	35.0%	47	35.3%
Fair	117	39.4%	14	51.9%	49	35.8%	54	40.6%
Poor	37	12.5%	6	22.2%	19	13.9%	12	9.0%
Total	297	100.0%	27	100.0%	137	100.0%	133	100.0%
Not Answered	11		2		4		5	

About You (continued)

Q45. What is your age now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
18 to 24	51	17.1%	NA	-	20	14.7%	23	17.2%
25 to 34	33	11.0%	NA	-	17	12.5%	11	8.2%
35 to 44	61	20.4%	NA	-	29	21.3%	29	21.6%
45 to 54	68	22.7%	NA	-	33	24.3%	28	20.9%
55 to 64	77	25.8%	NA	-	31	22.8%	40	29.9%
65 to 74	NA	-	0	0.0%	NA	-	NA	-
75 or older	NA	-	0	0.0%	NA	-	NA	-
Total	299	100.0%	29	100.0%	136	100.0%	134	100.0%
Not Answered	9		0		5		4	

Q46. Are you male or female?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Male	106	35.5%	11	37.9%	44	32.4%	51	38.1%
Female	193	64.5%	18	62.1%	92	67.6%	83	61.9%
Total	299	100.0%	29	100.0%	136	100.0%	134	100.0%
Not Answered	9		0		5		4	

Q47. What is the highest grade or level of school that you have completed?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
8th grade or less	28	9.5%	NA	-	13	9.8%	13	9.7%
Some high school, but did not graduate	69	23.4%	NA	-	23	17.3%	40	29.9%
High school graduate or GED	127	43.1%	12	42.9%	63	47.4%	52	38.8%
Some college or 2-year degree	59	20.0%	NA	-	28	21.1%	26	19.4%
4-year college degree	NA	-	NA	-	NA	-	0	0.0%
More than a 4-year college degree	NA	-	0	0.0%	NA	-	NA	-
Total	295	100.0%	28	100.0%	133	100.0%	134	100.0%
Not Answered	13		1		8		4	

NA: Fewer than 11 responses

About You (continued)

Q48. Are you of Hispanic or Latino origin or descent?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes, Hispanic or Latino	NA	-	0	0.0%	NA	-	NA	-
No, not Hispanic or Latino	283	98.6%	28	100.0%	129	97.7%	126	99.2%
Total	287	100.0%	28	100.0%	132	100.0%	127	100.0%
Not Answered	21		1		9		11	

Q49. What is your race? Please mark one or more. (Note: Percents may add to > 100%)

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
White	134	44.7%	12	41.4%	63	46.0%	59	44.0%
Black or African-American	164	54.7%	16	55.2%	74	54.0%	74	55.2%
Asian	NA	-	0	0.0%	NA	-	0	0.0%
Native Hawaiian or other Pacific Islander	NA	-	0	0.0%	0	0.0%	NA	-
American Indian or Alaska Native	NA	-	NA	-	NA	-	NA	-
Other	NA	-	NA	-	NA	-	NA	-
Total	300	100.0%	29	100.0%	137	100.0%	134	100.0%
Not Answered	8		0		4		4	

Q50. Did someone help you complete this survey?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	102	34.5%	11	37.9%	49	37.1%	42	31.1%
No	194	65.5%	18	62.1%	83	62.9%	93	68.9%
Total	296	100.0%	29	100.0%	132	100.0%	135	100.0%
Not Answered	12		0		9		3	

Q51. How did that person help you? Check all that apply. (Note: Percents may add to > 100%)

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Read the questions to me	70	68.6%	8	72.7%	37	75.5%	25	59.5%
Wrote down the answers I gave	29	28.4%	4	36.4%	16	32.7%	9	21.4%
Answered the questions for me	23	22.5%	1	9.1%	9	18.4%	13	31.0%
Translated the questions into my language	8	7.8%	1	9.1%	3	6.1%	4	9.5%
Helped in some other way	21	20.6%	2	18.2%	9	18.4%	10	23.8%
Total	102	100.0%	11	100.0%	49	100.0%	42	100.0%
Not Answered	0		0		0		0	

NA: Fewer than 11 responses

Mississippi Coordinated Access Network (MSCAN)

All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-877-455-9243.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct
Mark



Incorrect
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes ➔ *If Yes, Go to Question 1*
 No



START HERE



PERSONAL OR FAMILY COUNSELING

People can get counseling, treatment or medicine for many different reasons, such as:

- For feeling depressed, anxious, or "stressed out"
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use
- For mental or emotional illness

1. In the last 12 months, did you get counseling, treatment or medicine for any of these reasons?

- Yes ➔ *If Yes, go to question 2*
 No ➔ *If No, go to question 44 on page 5*



**YOUR COUNSELING AND TREATMENT
IN THE LAST 12 MONTHS**

The next questions ask about your counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for yourself?
- Yes
 No → *If No, go to question 4*
3. In the last 12 months, how often did you get the professional counseling you needed on the phone?
- Never
 Sometimes
 Usually
 Always
4. In the last 12 months, did you need counseling or treatment right away?
- Yes
 No → *If No, go to question 6*
5. In the last 12 months, when you needed counseling or treatment right away, how often did you see someone as soon as you wanted?
- Never
 Sometimes
 Usually
 Always
6. In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?
- Yes
 No → *If No, go to question 8*

7. In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?
- Never
 Sometimes
 Usually
 Always
8. In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?
- None
 1
 2
 3 or more
9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment or medicine for yourself?
- None → *If None, go to question 29 on page 4*
 1 to 10
 11 to 20
 21 or more
10. In the last 12 months, how often were you seen within 15 minutes of your appointment?
- Never
 Sometimes
 Usually
 Always



The next questions are about all the counseling or treatment you got in the last 12 months during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

11. In the last 12 months, how often did the people you went to for counseling or treatment listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
12. In the last 12 months, how often did the people you went to for counseling or treatment explain things in a way you could understand?
- Never
 - Sometimes
 - Usually
 - Always
13. In the last 12 months, how often did the people you went to for counseling or treatment show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
14. In the last 12 months, how often did the people you went to for counseling or treatment spend enough time with you?
- Never
 - Sometimes
 - Usually
 - Always
15. In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?
- Never
 - Sometimes
 - Usually
 - Always

16. In the last 12 months, did you take any prescription medicines as part of your treatment?
- Yes
 - No → *If No, go to question 18*
17. In the last 12 months, were you told what side effects of those medicines to watch for?
- Yes
 - No
18. In the last 12 months, how often were you involved as much as you wanted in your counseling or treatment?
- Never
 - Sometimes
 - Usually
 - Always
19. In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?
- Yes
 - No
20. In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?
- Yes
 - No
21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?
- Yes
 - No
22. In the last 12 months, were you given as much information as you wanted about what you could do to manage your condition?
- Yes
 - No



23. In the last 12 months, were you given information about your rights as a patient?
- Yes
 No
24. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?
- Yes
 No
25. In the last 12 months, as far as you know did anyone you went to for counseling or treatment share information with others that should have been kept private?
- Yes
 No
26. Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment you need?
- Yes
 No → *If No, go to question 28*
27. In the last 12 months, was the care you received responsive to those needs?
- Yes
 No
28. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your counseling or treatment in the last 12 months?
-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Best
Counseling or Counseling or
Treatment Treatment
Possible Possible

29. In the last 12 months, how much were you helped by the counseling or treatment you got?
- Not at all
 A little
 Somewhat
 A lot
30. In general, how would you rate your overall mental health now?
- Excellent
 Very Good
 Good
 Fair
 Poor
31. Compared to 12 months ago, how would you rate your ability to deal with daily problems now?
- Much better
 A little better
 About the same
 A little worse
 Much worse
32. Compared to 12 months ago, how would you rate your ability to deal with social situations now?
- Much better
 A little better
 About the same
 A little worse
 Much worse
33. Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?
- Much better
 A little better
 About the same
 A little worse
 Much worse

34. Compared to 12 months ago, how would you rate your problems or symptoms now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

The next questions ask about your experience with the company or organization that handles your benefits for counseling or treatment.

35. In the last 12 months, did you use up all your benefits for counseling or treatment?

- Yes
- No → *If No, go to question 38*

36. At the time benefits were used up, did you think you still needed counseling or treatment?

- Yes
- No → *If No, go to question 38*

37. Were you told about other ways to get counseling, treatment, or medicine?

- Yes
- No

38. In the last 12 months, did you need approval for any counseling or treatment?

- Yes
- No → *If No, go to question 40*

39. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

- A big problem
- A small problem
- Not a problem

40. In the last 12 months, did you call customer service to get information or help about counseling or treatment?

- Yes
- No → *If No, go to question 42*

41. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called customer service?

- A big problem
- A small problem
- Not a problem

REASONS FOR COUNSELING OR TREATMENT

42. In the last 12 months, was any of your counseling or treatment for personal problems, family problems, emotional illness, or mental illness?

- Yes
- No

43. In the last 12 months, was any of your counseling or treatment for help with alcohol use or drug use?

- Yes
- No

ABOUT YOU

44. In general, how would you rate your overall health now?

- Excellent
- Very Good
- Good
- Fair
- Poor



45. What is your age now?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

46. Are you male or female?

- Male
- Female

47. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

48. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

49. What is your race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

50. Did someone help you complete this survey?

- Yes → *If Yes, go to question 51*
- No → *Thank you. Please return the completed survey in the postage-paid-envelope.*

51. How did that person help you? Check all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

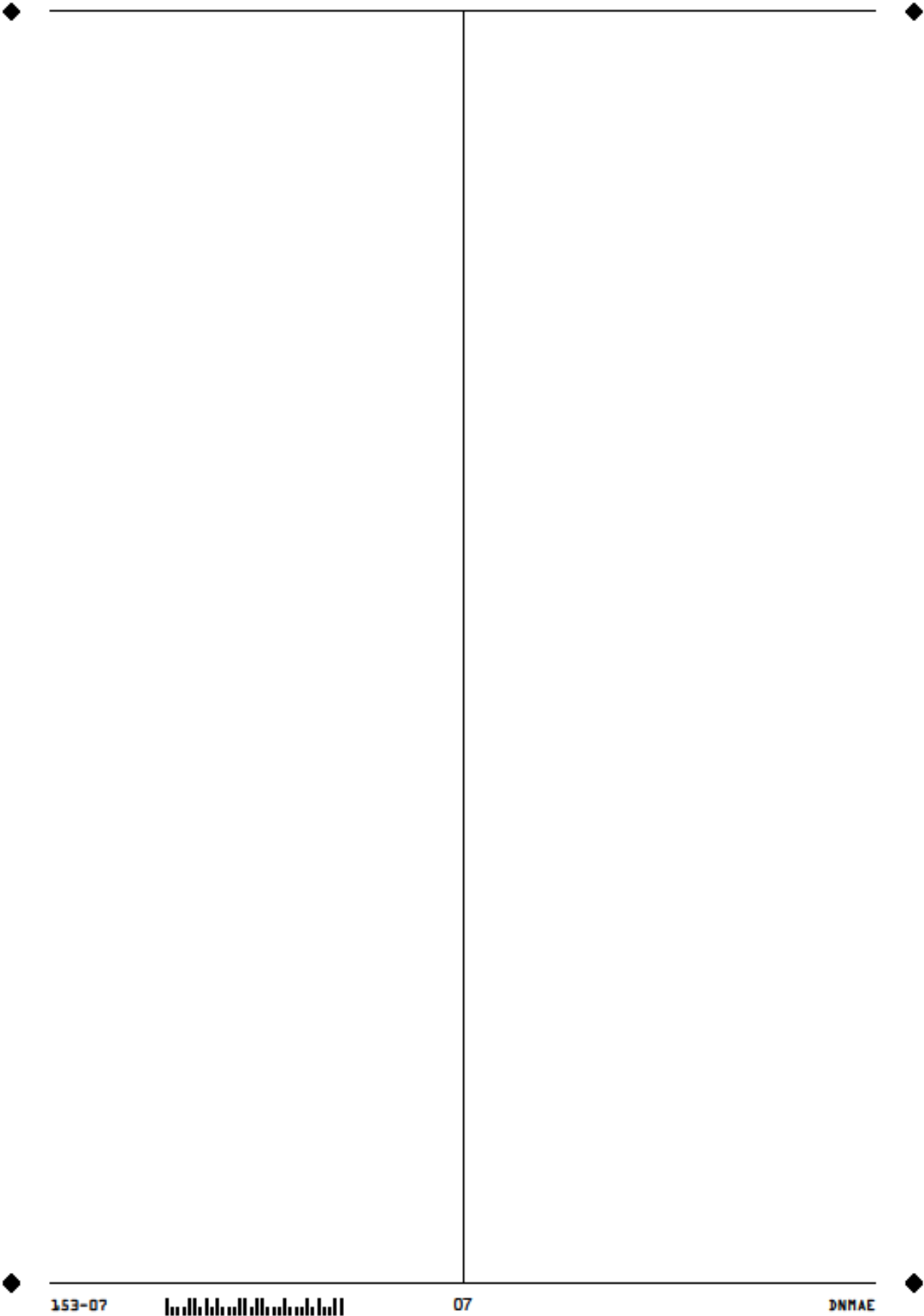
THANK YOU

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

DataStat,
3975 Research Park Drive,
Ann Arbor, MI 48108



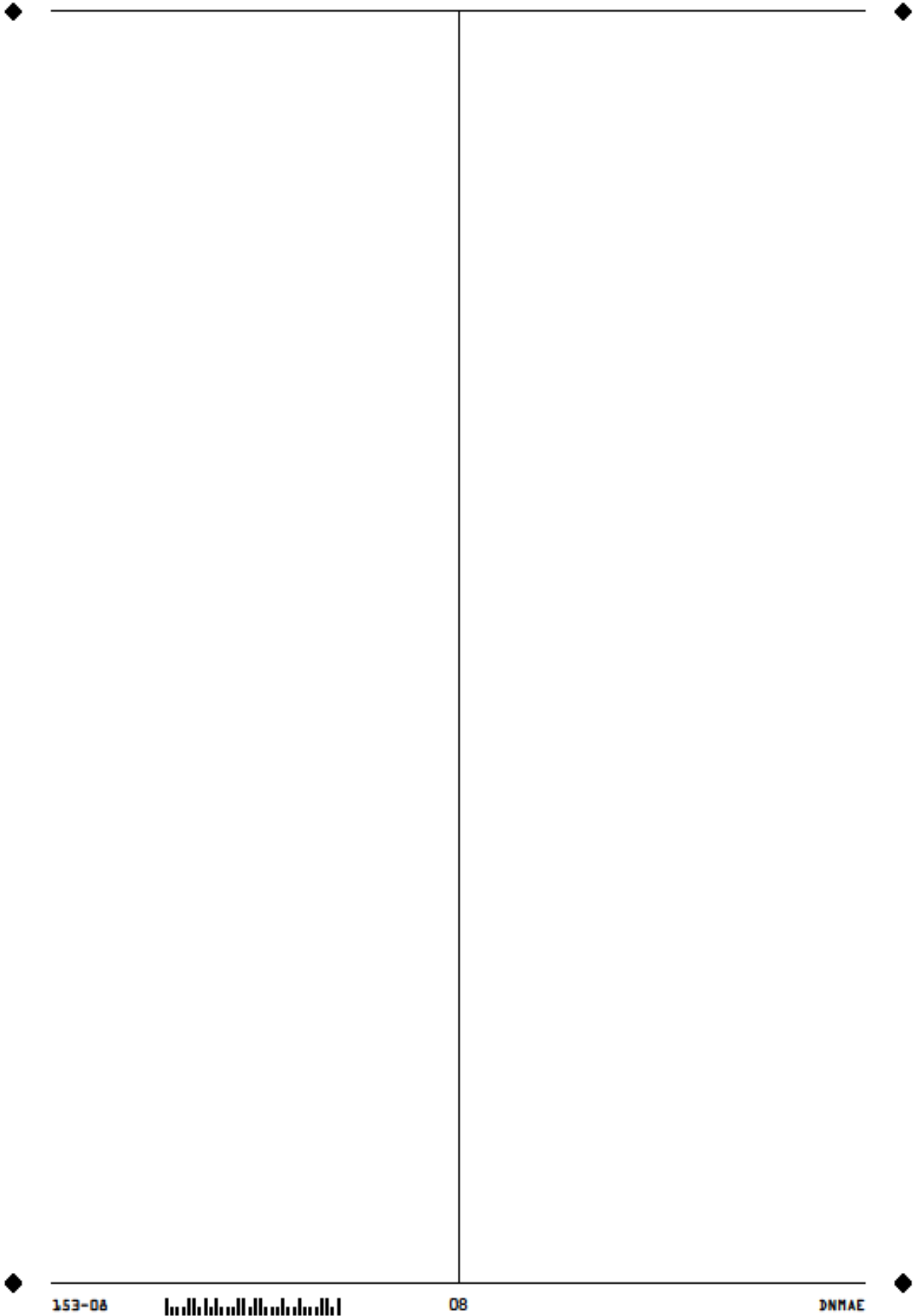


153-07



07

DNMAE



153-08



08

DNMAE



Attachment 3: MississippiCAN CAHPS® ECHO 3.0 Child Medicaid Report



MississippiCAN

CAHPS® ECHO 3.0 Child Medicaid Report

March 2023



3975 Research Park Drive
Ann Arbor, MI 48108

Using This Report	1
Executive Summary	3
Sample Disposition	5
Key Strengths and Opportunities for Improvement	6
Methodology	7
Survey Milestones	
Sampling Frame	
Selection of Cases for Analysis	
Questionnaire	
Definition of Achievement Scores	
Composites	
Correlation to Satisfaction	
Comparisons: Current Year	
Statistical Testing	
Priority Matrices	10
Composites	11
Composite Items	12
Getting Treatment Quickly	13
How Well Clinicians Communicate	14
Getting Treatment and Information from the Plan	15
Perceived Improvement	16
Overall Ratings	17
Rating of counseling or treatment	18
Composites	19
Getting Treatment Quickly	20
How Well Clinicians Communicate	24
Getting Treatment and Information from the Plan	30
Perceived Improvement	33
Single Items	
Usually or always seen within 15 minutes of appointment time	38
Told about side effects of medication	39
Goals of counseling or treatment discussed completely	40
Usually or always got professional help wanted for child	41
Child usually or always had someone to talk to when troubled	42
Told about different kinds of treatment available	43
Given as much information as wanted to manage condition	44
Given information about rights as a patient	45
Felt that they could refuse a specific type of treatment	46
Confident about privacy of treatment information	47
Care responsive to cultural needs	48
A lot or somewhat helped by treatment	49
Told about other ways to get treatment after benefits were used up	50
Responses by Question	51
Appendix A: Sample Questionnaire	

Using This Report

Results from the CAHPS® ECHO 3.0 Survey for child Medicaid enrollees provide a comprehensive tool for assessing consumers' experiences with their behavioral health care. DataStat, Inc., conducted the survey on behalf of the Mississippi Coordinated Access Network (MississippiCAN).

The instrument selected for the survey was the Child Experience of Care and Health Outcomes (ECHO) Survey 3.0, the CAHPS® behavioral health survey for use in assessing the performance of health plans. The survey instrument used for the Mississippi child Medicaid survey project consisted of fifty-eight core questions.

The majority of questions addressed domains of member experience such as getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, perceived improvement, and overall satisfaction with counseling and treatment.

This report is designed to allow MississippiCAN and the health plans to identify key opportunities for improving members' experiences. Member responses to survey questions are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed as the proportion of responses qualifying as achievements. In general, somewhat positive responses are included with positive responses as achievements. For example, a member response of "Usually" or "Always" to the question "... when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?" is considered an achievement, and the achievement score for this question is equal to the proportion of respondents who answered the question with "Usually" or "Always". Because achievement scores for survey questions are computed as the proportion of members who indicate a positive experience, the lower the achievement score, the greater the need for the health plan to improve.

Achievement scores are computed and reported for all pertinent survey items. In addition, composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, and perceived improvement.

The CAHPS® ECHO survey results are presented here in a format that is optimized for use in practical decision-making. Specifically, these reports can:

1. Assist health plans in identifying strengths and weaknesses in their quality of care and services.
2. Provide health plans with a way to assess where resources can best be allocated to improve weaknesses.
3. Show health plans the effects of their efforts to improve over time.

In the *Composites* section of the report, composite scores and the achievement scores for their component questionnaire items are presented in the form of bar charts to facilitate comparison of scores across health plans or time.

Correlations with counseling or treatment satisfaction are computed for each composite score and each achievement score of the composite's individual questionnaire items. In the *Priority Matrices* section of the report, these correlations are plotted against the achievement scores to help isolate specific areas where improvement efforts might have the greatest chance of increasing counseling or treatment satisfaction among members.

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Statistical significance tests were run comparing MississippiCAN overall scores with each health plan score. Comparisons are presented in the *Executive Summary* and *Graphs* sections of the report.

Conclusions based on the information presented in this report should be tempered by a few caveats. First, for some survey items, relatively small numbers of responses could be collected due to skip patterns inherent in the instrument. Conclusions based on analysis of fewer than 30 observations should be viewed with caution. Second, in some of the data presentations included in this report, correlation coefficients are computed to explore the relationship between different measures. High correlations, however, do not necessarily indicate causation.

Executive Summary

This report offers the findings from the Experience of Care and Behavioral Health Outcomes (ECHO) Survey developed by AHRQ. The purpose of the survey is to learn about the experiences of adult and child members after receiving counseling or treatment from a provider. It addresses key topics such as access to counseling and treatment, provider communication, plan information, and overall rating of counseling and treatment received. The results of this survey are used to give feedback to the plan to help improve the quality of care.

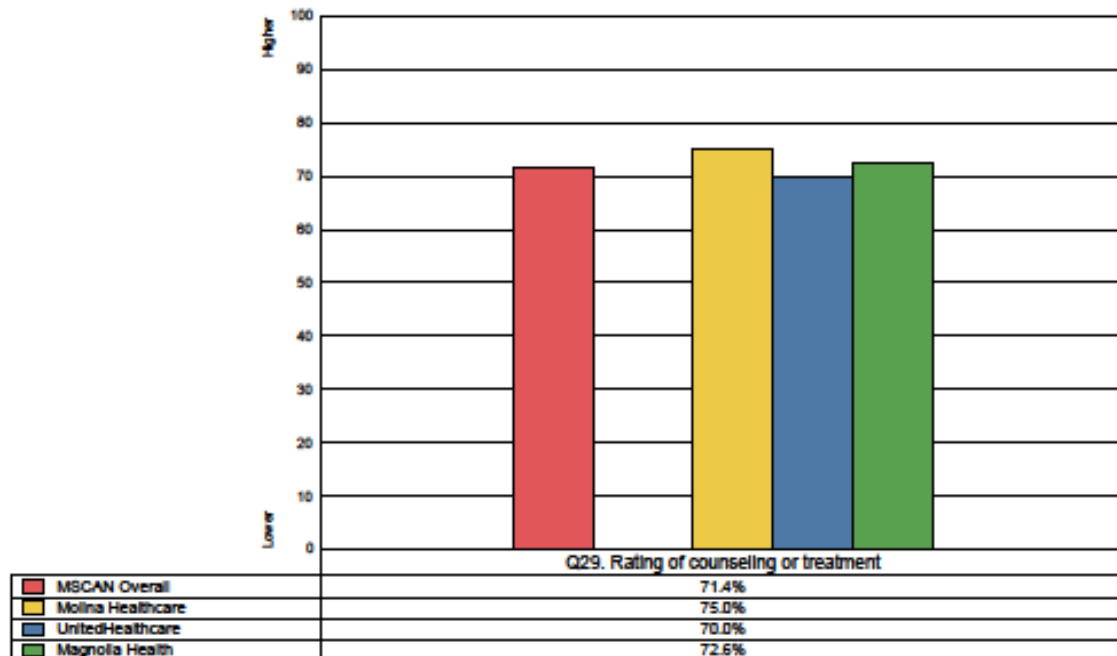
The following pages summarize the findings of a child survey conducted for MississippiCAN. Attempts were made to survey 2,250 enrollee households by mail during the period from October 28, 2022 through February 24, 2023, using a standardized survey procedure and questionnaire.

SUMMARY OF OVERALL RATING QUESTION

Response options for the counseling or treatment rating question range from 0 (worst) to 10 (best). In the table below, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as a proportion of members whose response was an achievement.

The MississippiCAN overall rating is presented along with each plan's rating. Statistical testing is performed between the MississippiCAN overall score and each plan score. A significantly higher or lower score is indicated by an arrow above the bar.

Overall Rating Question



↕ Statistically significantly higher/lower than MSCAN Overall

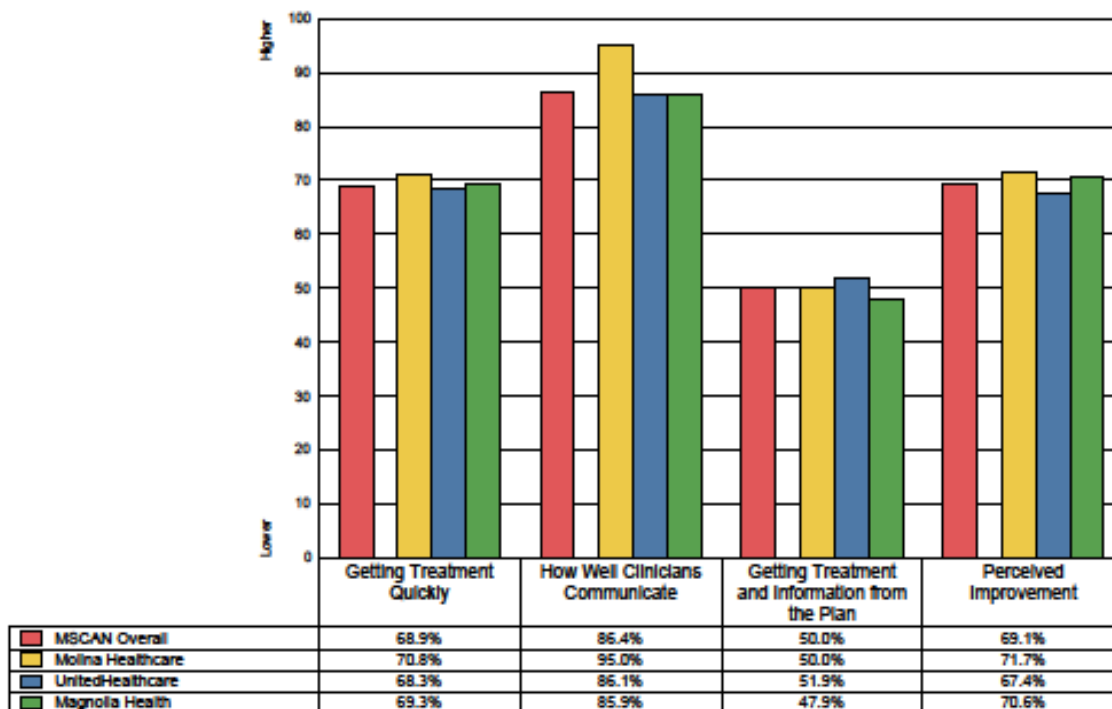
SUMMARY OF COMPOSITES

For each of four domains of member experience, Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, and Perceived Improvement, a composite score is calculated. The composite scores are intended to give a summary assessment of how MississippiCAN performed across the domain.

MississippiCAN overall composite scores are presented along with the composite scores for each plan. Statistical testing is performed between the MississippiCAN overall score and each plan score. A significantly higher or lower score is indicated by an arrow above the bar. For details on how statistical testing was conducted, please see the *Methodology* section of the report.

In the table below, proportions of positive responses are reported as achievement scores. For the Getting Treatment Quickly and How Well Clinicians Communicate composites, responses of "Usually" or "Always" are considered achievements. For the Getting Treatment and Information from the Plan composite, responses of "Not a problem" are considered achievements. For the Perceived Improvement composite, responses of "Much better" or "A little better" are considered achievements.

Composites



↕ Statistically significantly higher/lower than MSCAN Overall

Sample Disposition

	MSCAN Overall	Molina Healthcare	UnitedHealthcare	Magnolia Health
First mailing - sent	2250	750	750	750
First mailing - usable and eligible survey returned	129	6	60	63
Second mailing - sent	1939	692	622	625
Second mailing - usable and eligible survey returned	66	3	37	28
Third mailing - sent	1774	654	554	566
Third mailing - usable and eligible survey returned	45	6	18	21
Total - usable and eligible surveys	242	15	115	112
Ineligible: According to population criteria ¹	87	41	19	27
Ineligible: Language barrier	0	0	0	0
Ineligible: Deceased	0	0	0	0
Bad / no address ²	258	72	100	86
Refusal	2	0	1	1
Nonresponse ³	1661	622	515	524
Response Rate	11.2%	2.1%	15.7%	15.5%

¹Population criteria: The designated respondent must be enrolled in the health plan and meet the age requirements of the survey methodology.

²No valid contact information provided in sample.

³Unavailable by mail; includes bad / no contact information

Note: $Response Rate = \frac{Total Usable and Eligible Surveys}{Total Cases - Total Ineligible Cases}$

Key Strengths and Opportunities for Improvement

The following tables display the ten questions most highly correlated with MississippiCAN member satisfaction with counseling and treatment (Q29), their corresponding achievement scores and correlations. Achievement scores are considered "high" when the score is 85% or higher. For the details of the correlation analysis, please see the *Methodology* section of the report.

Among the ten items, the five questions with the highest achievement scores are presented first as Key Strengths. These are areas that appear to matter the most to members, and where the health plan is doing well. The five questions with the lowest achievement scores are presented second, as Opportunities for Improvement. These are areas that appear to matter the most to members, but where the health plan is not doing as well and could focus quality improvement efforts.

Key Strengths

Question	MSCAN Achievement Score	Correlation w/ satisfaction
Q14. Clinicians usually or always showed respect	89.2	0.58
Q12. Clinicians usually or always listened carefully	86.6	0.60
Q13. Clinicians usually or always explained things	86.6	0.55
Q30. A lot or somewhat helped by treatment	83.4	0.65
Q20. Usually or always got professional help wanted for child	82.3	0.73

Opportunities for Improvement

Question	MSCAN Achievement Score	Correlation w/ satisfaction
Q26. Care responsive to cultural needs	60.0	0.53
Q5. Usually or always got urgent treatment as soon as needed	65.9	0.58
Q21. Child usually or always had someone to talk to when troubled	79.5	0.63
Q23. Given as much information as wanted to manage condition	81.3	0.47
Q15. Clinicians usually or always spent enough time	81.6	0.57

Methodology

The survey drew as potential respondents parents or guardians of child Medicaid enrollees aged 17 or younger who received mental health, substance abuse, or intellectual and developmental disability services through the health plan within the last year. Respondents were surveyed in English, with the option to request Spanish or Vietnamese materials at the second and third survey mailings.

The survey was administered over a 17-week period using a mail-only protocol. The five-wave protocol consisted of an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing and reminder postcard to non-respondents, and finally a third survey mailing to any remaining non-respondents.

Survey Milestones

1st mailing of survey packets:	October 28, 2022
1st mailing of reminder postcards:	November 4, 2022
2nd mailing of survey packets:	December 2, 2022
2nd mailing of reminder postcards:	December 9, 2022
3rd mailing of survey packets:	January 13, 2023
Mail field closed:	February 24, 2023

Sampling Frame

A total random sample of 2,250 cases was drawn of child Medicaid enrollees from the participating plans. This consisted of a random sample of 750 enrollees from each plan. To be eligible, child enrollees had to be 17 years or younger and have received services through the health plan within the last year prior to September 2022.

Selection of Cases for Analysis

Surveys were considered complete if a respondent answered at least one question and their responses did not indicate that they were ineligible for the survey. Complete usable and eligible interviews were obtained from 242 parent/caretakers of MississippiCAN enrollees, and the MississippiCAN usable and eligible response rate was 11.2%.

Questionnaire

The instrument selected for the survey was the CAHPS® ECHO 3.0 Child core survey for use in assessing the performance of health plans. The survey instrument used for the MississippiCAN child Medicaid ECHO survey project consisted of fifty-eight core questions. The scored questions included fourteen composite items, thirteen single items, and one rating question, which addressed domains of member experience such as getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, perceived improvement, and satisfaction with counseling or treatment.

Definition of Achievement Scores

Member responses to survey questions are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. In general, somewhat positive responses are included with positive responses as achievements. For example, member responses of "Usually" or "Always" for items with the response options "Never", "Sometimes", "Usually", and "Always" are considered achievements, and responses of "8", "9", or "10" to rating questions on a scale of "0" to "10" are also considered achievements. Because achievement scores for survey questions are computed as the proportion of enrollees who indicate a positive experience, the lower the achievement score, the greater the need for the health plan to improve. See the *Responses by Question* section for assignment of achievement responses for each question.

Composites

Four composite scores summarize responses in key areas: Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, and Perceived Improvement. Following is a list of the questions that comprise each composite, with a short description of the responses considered an achievement for each question:

Getting Treatment Quickly

- Q3. Usually or always got help by telephone
- Q5. Usually or always got urgent treatment as soon as needed
- Q7. Usually or always got appointment as soon as wanted

How Well Clinicians Communicate

- Q12. Clinicians usually or always listened carefully
- Q13. Clinicians usually or always explained things
- Q14. Clinicians usually or always showed respect
- Q15. Clinicians usually or always spent enough time
- Q18. Usually or always involved as much as you wanted in treatment

Getting Treatment and Information from the Plan

- Q40. Delays in treatment while waiting for plan approval were not a problem
- Q42. Getting help from customer service was not a problem

Perceived Improvement

- Q32. Much better or a little better able to deal with daily problems compared to 1 year ago
- Q33. Much better or a little better able to deal with social situations compared to 1 year ago
- Q34. Much better or a little better able to accomplish things compared to 1 year ago
- Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago

The composite scores presented in this report are calculated using a member-level scoring algorithm. First, an average of achievements is calculated for each member that appropriately answered at least one question in the composite. A composite achievement score is then calculated by taking the mean of those individual member averages.

The "N" presented with the composite score is the number of members who appropriately answered at least one question in that composite.

Correlation to Satisfaction

To understand the relationship between performance in particular areas of member experience and overall satisfaction with counseling or treatment, correlations are computed between responses to specific performance-related items and Q29, which is the rating question in the survey instrument measuring overall satisfaction with counseling or treatment. The particular correlation computed is Pearson's Correlation Coefficient, which takes on values between -1 and 1. In the context of this report, coefficients greater than or equal to .4 are more highly correlated with satisfaction (medium to high); coefficients less than .4 represent lower correlations with satisfaction (medium to low).

Comparisons: Current Year

Throughout the report, MississippiCAN overall 2022 results are compared to each health plan's results, with significance testing. The 2022 MississippiCAN overall results represent the combined scores of the participating plans. MississippiCAN overall 2021 trend data is not available.

For some survey items, relatively small numbers of responses were collected due to skip patterns inherent in the instrument. Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Statistical Testing

Statistically significant differences between scores were determined using binomial and t-tests. If the test was valid, a significance level of .05 or less was considered statistically significant and "*" or "ψ" was

placed at the end/top of the appropriate bar. Tests were considered valid when the number of cases used to compute each score was 30 or greater, and there was non-zero variation in the tested groups.

PRIORITY MATRICES

Priority matrices help focus improvement activities by graphically juxtaposing two kinds of information: the magnitude of health plan achievement scores and their Pearson correlation with overall counseling or treatment satisfaction. Overall satisfaction with counseling or treatment is based on Q29, which asks respondents to rate their experience with their counseling or treatment, using a 0-10 scale, from "Worst counseling or treatment possible" to "Best counseling or treatment possible". Achievement scores are plotted against their correlation with overall counseling or treatment satisfaction.

With respect to achievement scores, higher scores are obviously better. With respect to correlations however, their magnitude is best considered not in terms of better or worse, but rather in terms of importance. In the context of quality improvement activities, the most important composites are those which are most highly correlated with overall counseling and treatment satisfaction. For example, if one composite is more highly correlated with overall counseling and treatment satisfaction than the others, improving service in that particular area is more likely to improve ratings of overall counseling and treatment satisfaction over time. Conversely, if an item is weakly correlated with overall counseling and treatment satisfaction, altering services in that domain won't significantly alter ratings of counseling and treatment.

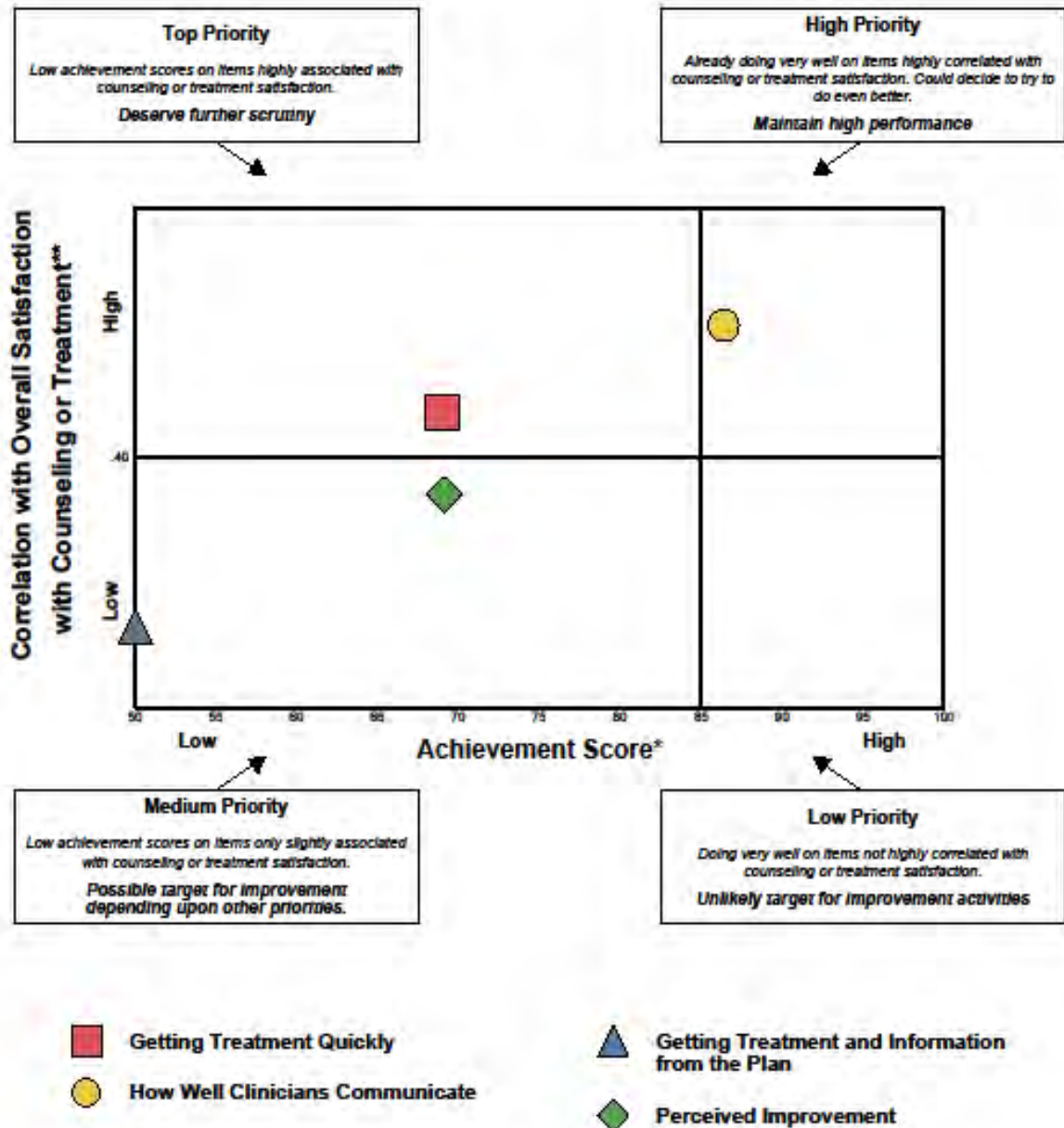
For the purposes of the priority matrix, an achievement score is considered "high" when the score is 85% or higher. Correlation coefficients greater than or equal to .4 are considered "highly correlated" with counseling and treatment satisfaction; coefficients less than .4 are considered lower correlations with counseling and treatment satisfaction. The plot of scores against correlations thus falls into a four-quadrant matrix, where the four quadrants are determined by an 85% score horizontal axis and a .4 correlation vertical axis.

Association with Overall Satisfaction**	High	Top Priority <i>Low achievement scores on items highly associated with counseling or treatment satisfaction.</i> <i>Deserve further scrutiny</i>	High Priority <i>Already doing very well on items highly correlated with counseling or treatment satisfaction. Could decide to try to do even better.</i> <i>Maintain high performance</i>
	Low	Medium Priority <i>Low achievement scores on items only slightly associated with counseling or treatment satisfaction.</i> <i>Possible target for improvement depending upon other priorities.</i>	Low Priority <i>Doing very well on items not highly correlated with counseling or treatment satisfaction.</i> <i>Unlikely target for improvement activities</i>
		Low	High
		Achievement Score*	

* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

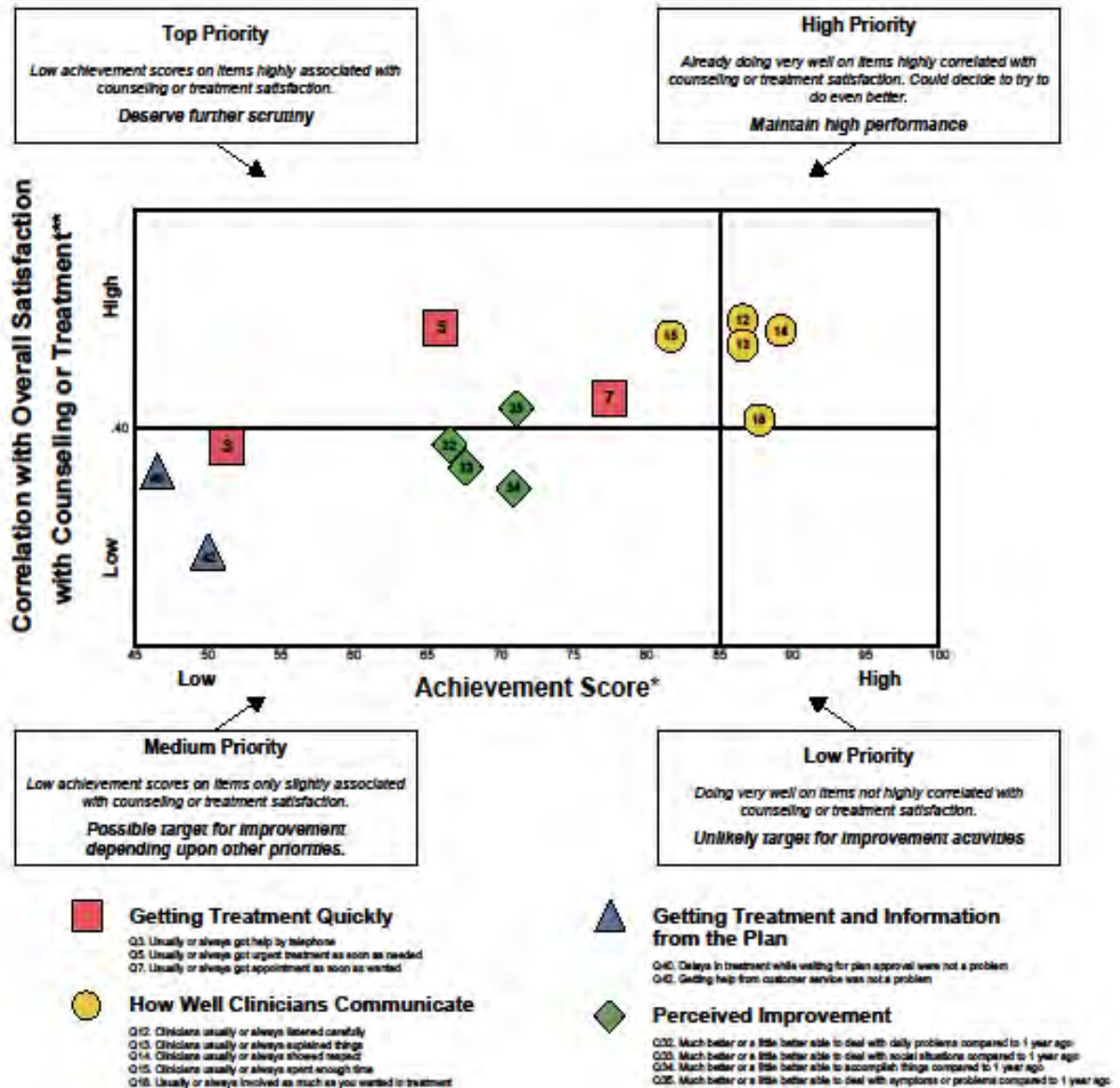
Priority Matrix Composites



* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix Composite Items

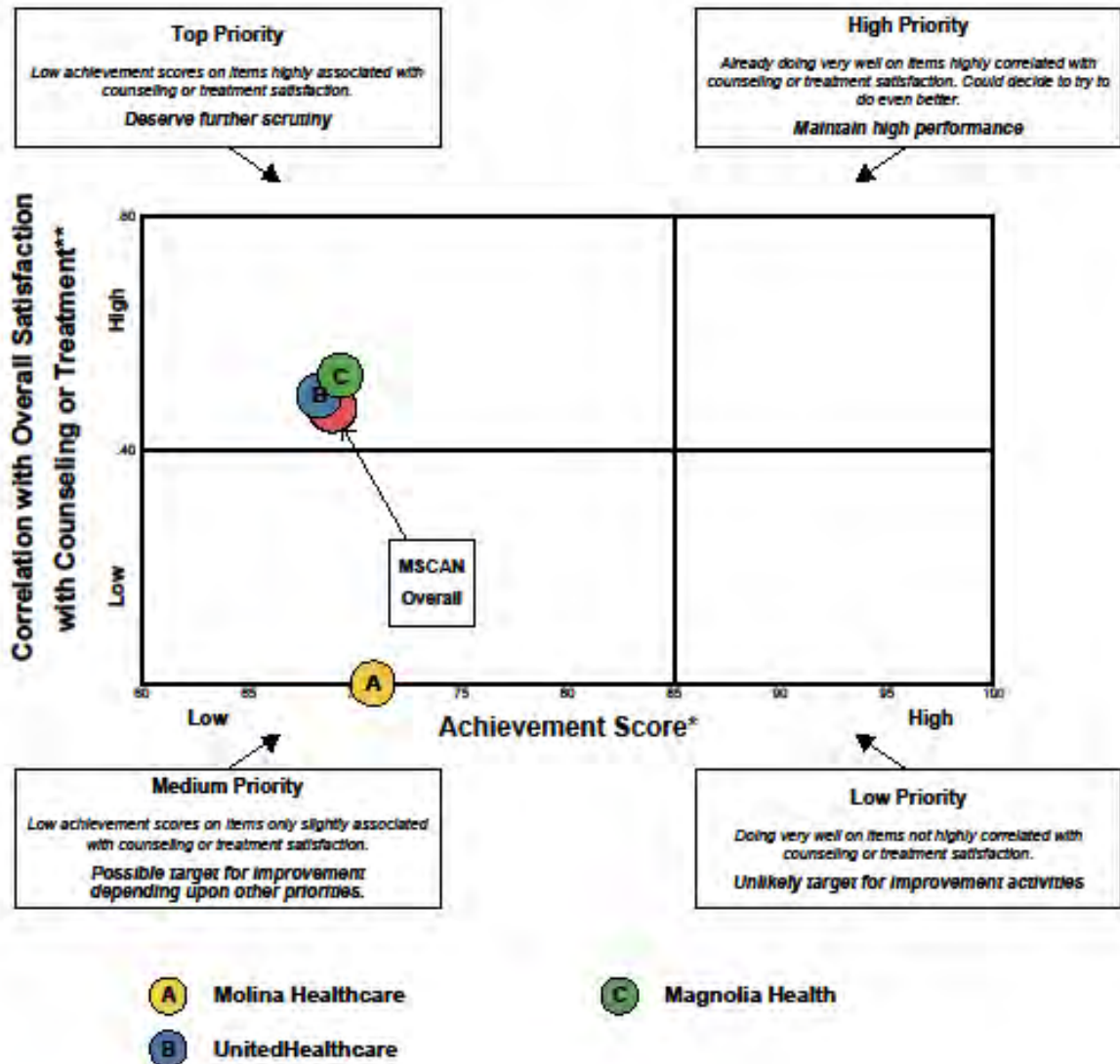


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Getting Treatment Quickly

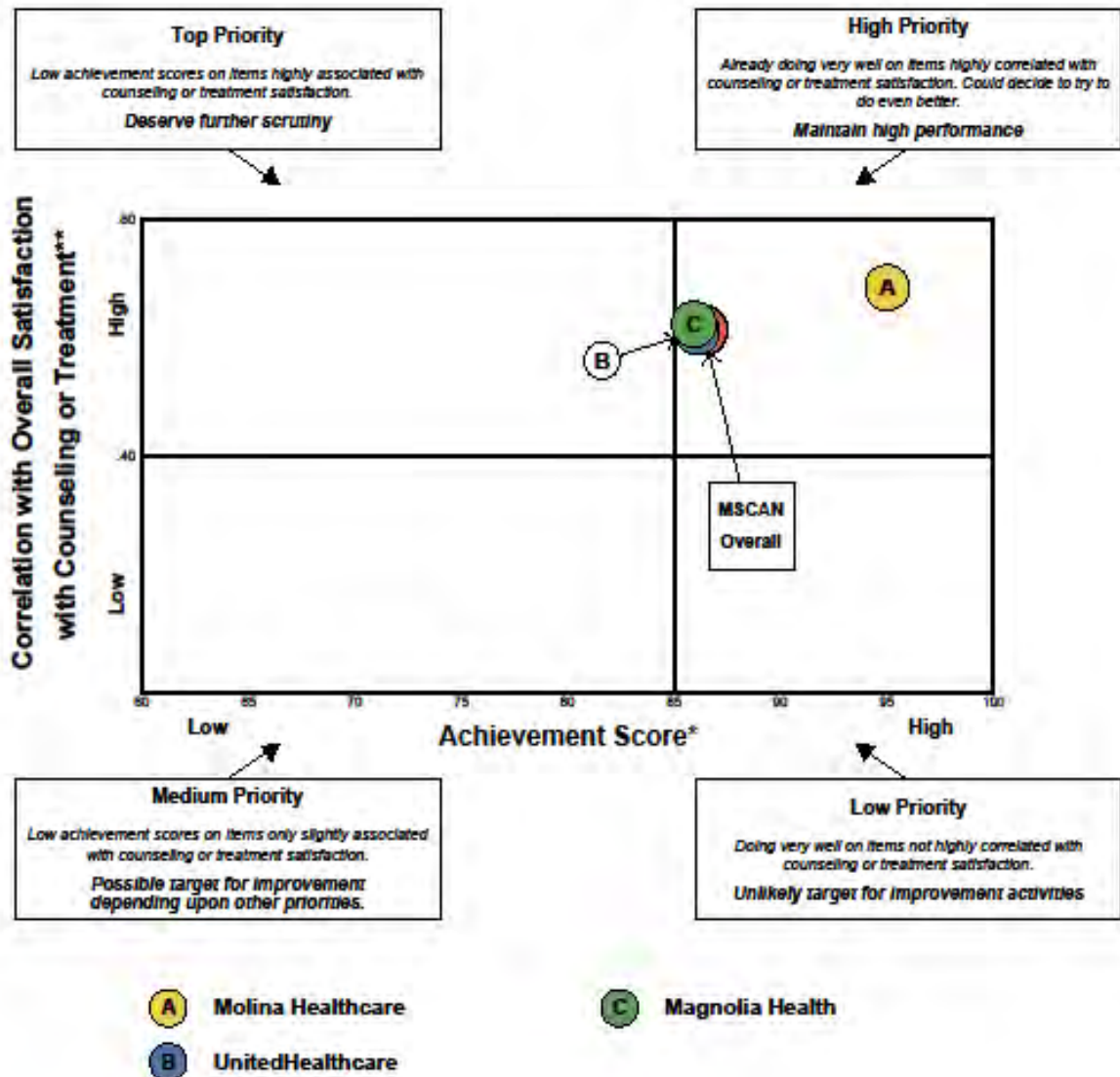


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

How Well Clinicians Communicate

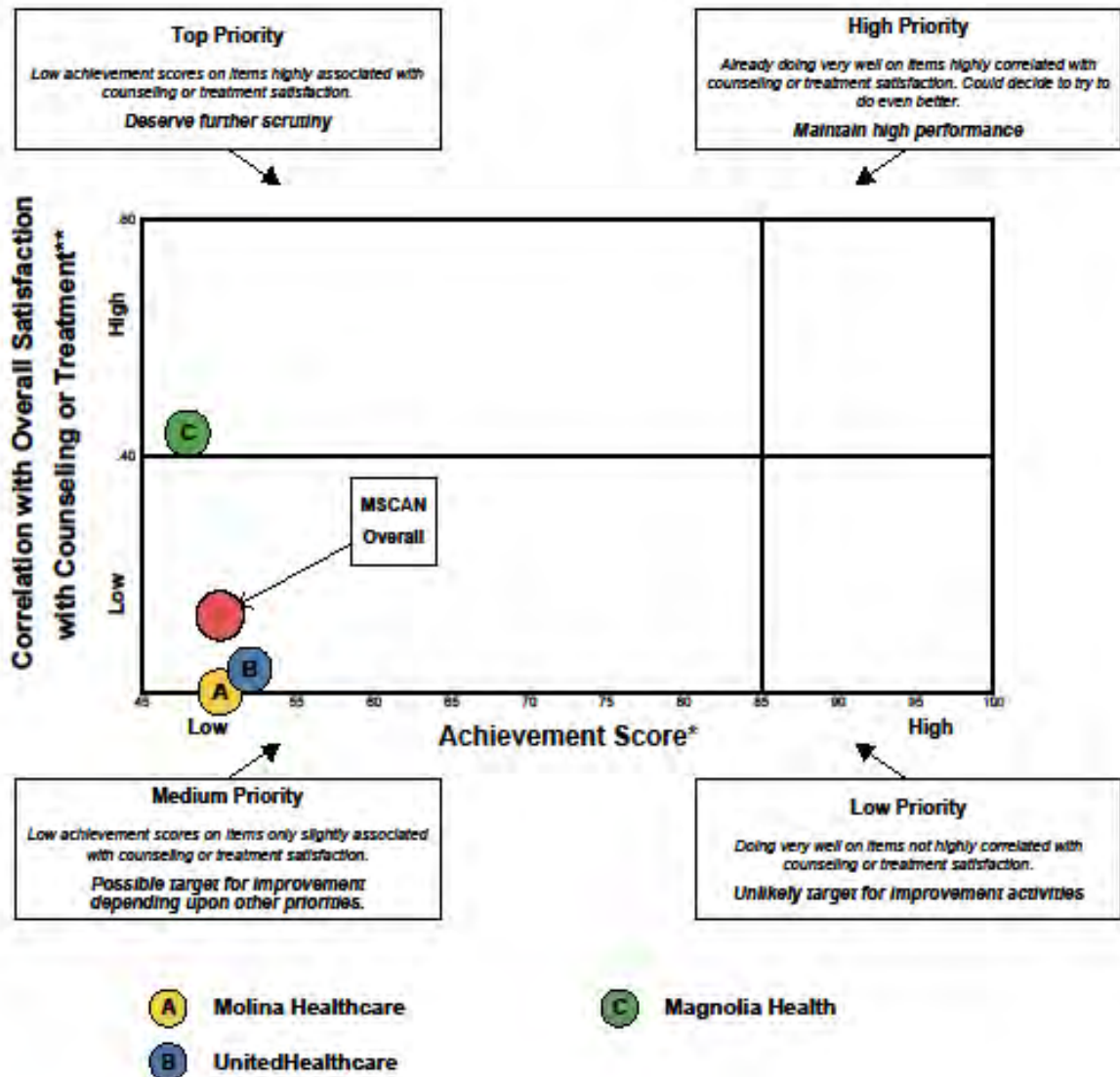


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Getting Treatment and Information from the Plan

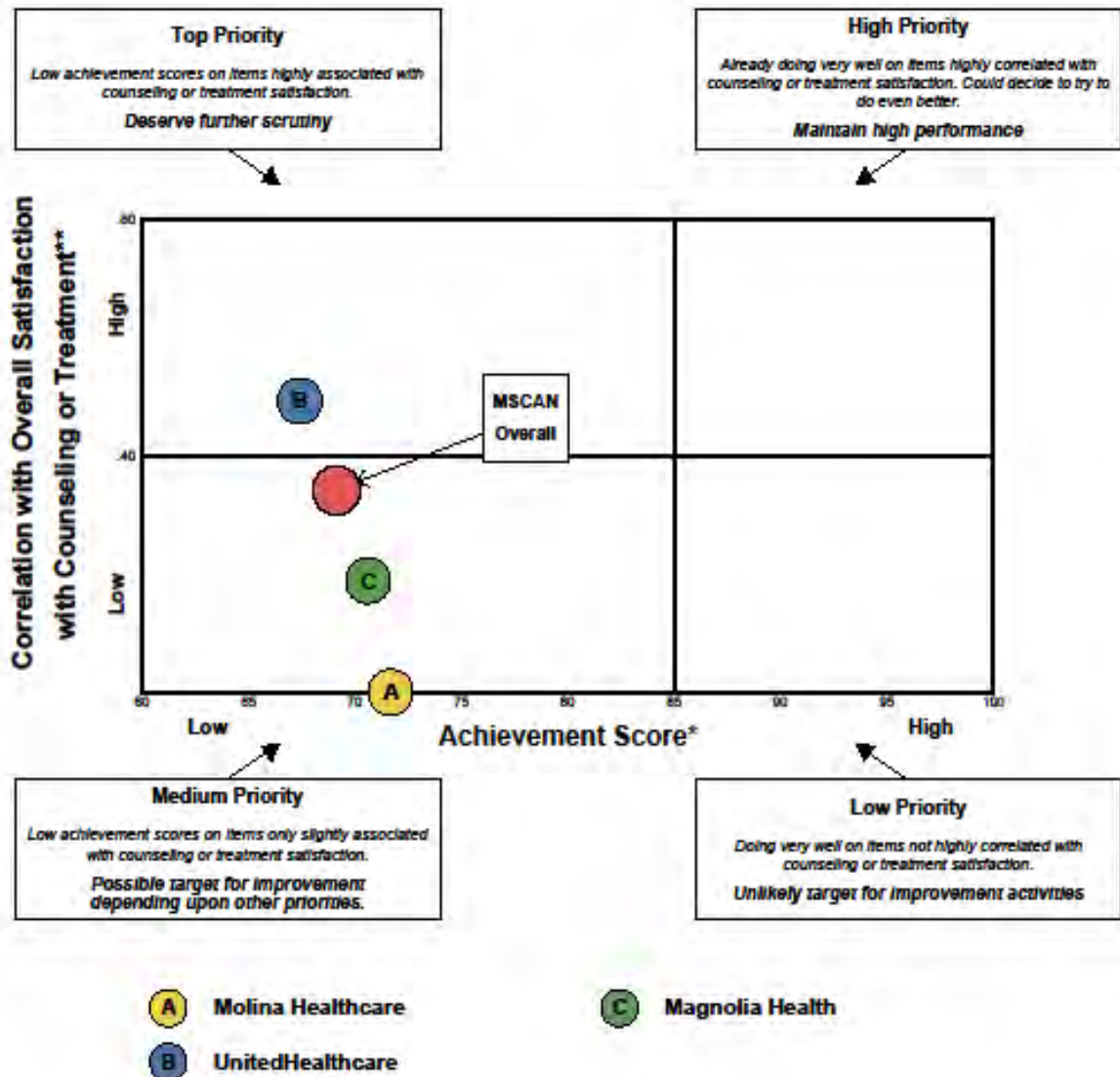


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Perceived Improvement



* An achievement score is ranked "high" when score is 85 or higher.

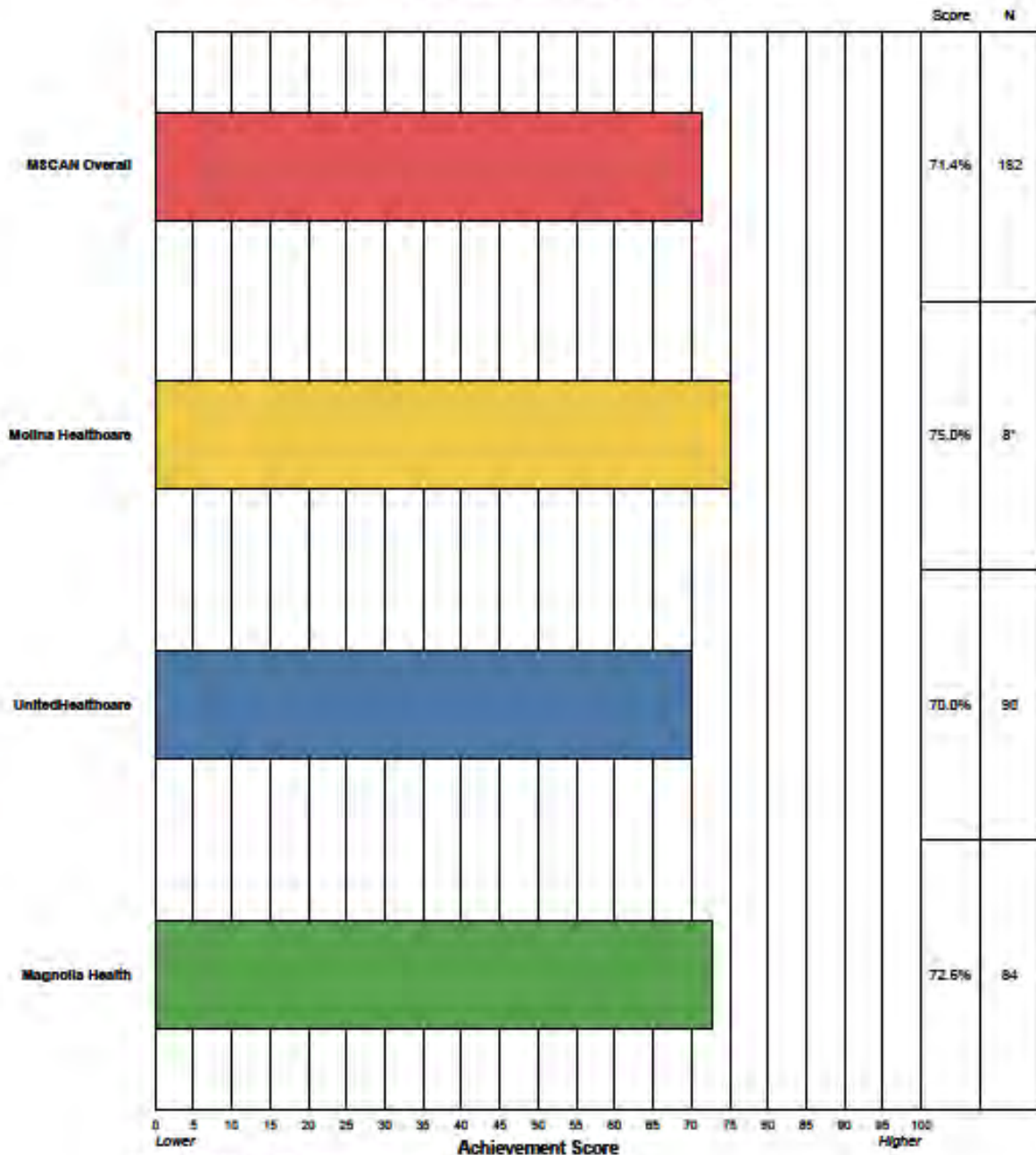
** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Overall Ratings

The CAHPS® ECHO 3.0 Child survey uses a 0-10 rating for assessing overall experience with counseling and treatment. In the table below, proportions of respondents assigning ratings of 8, 9, or 10 are reported as achievement scores.

The MississippiCAN overall score is compared to each plan's score. Statistical testing is run between the plan score data and the MississippiCAN overall score, with an arrow beside the bar if applicable.

Overall Ratings Q29. Rating of counseling or treatment



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

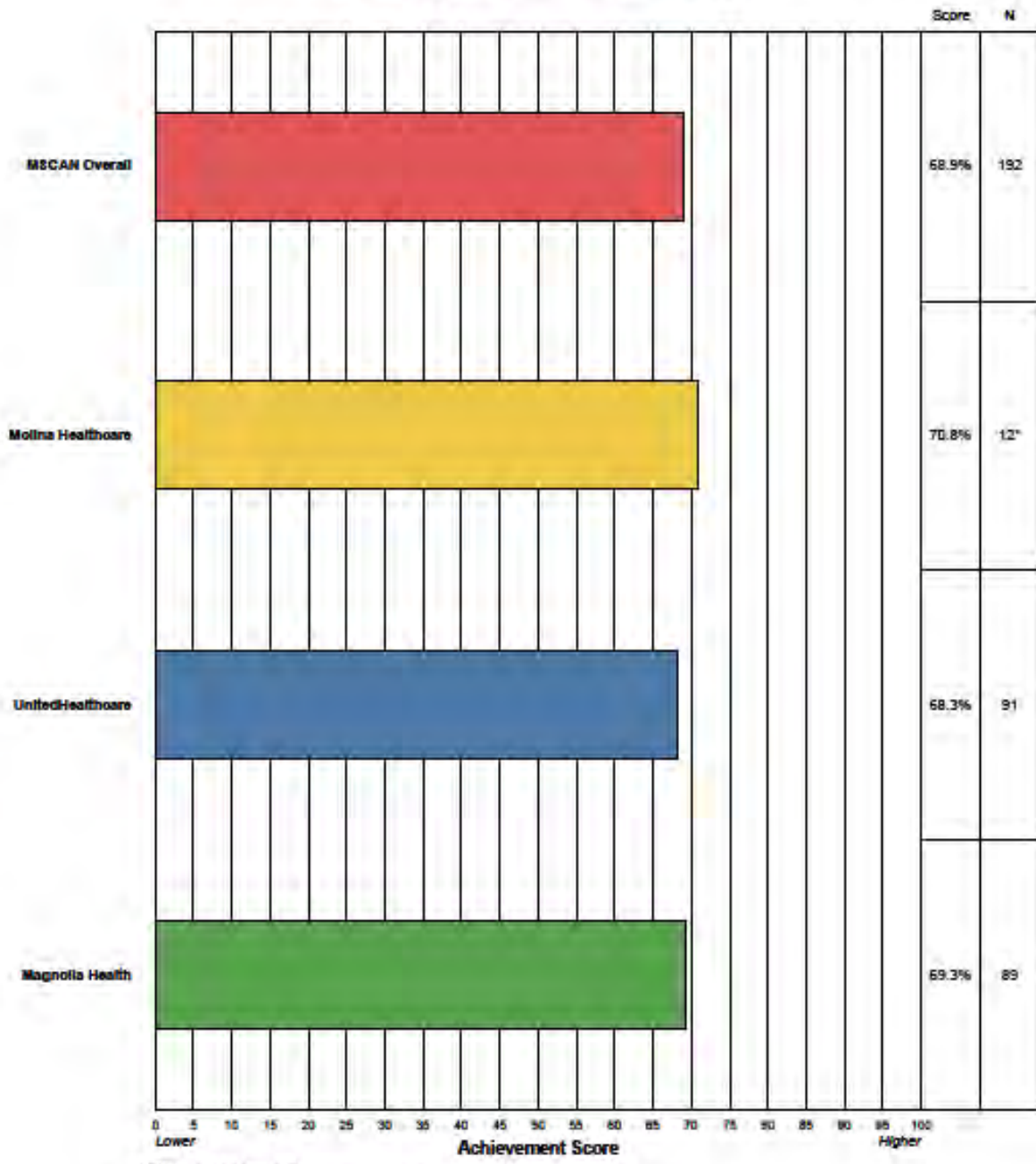
Composites

Each achievement-related question from the survey is grouped with other questions that relate to the same broad domain of performance. For example, the domain "Getting Treatment Quickly" includes questions about how often respondents were able to get needed help, treatment, and appointments quickly.

The achievement scores presented on the following pages reflect responses of "Usually" or "Always" to the questions comprising the Getting Treatment Quickly and the How Well Clinicians Communicate composites; "Not a problem" to the Getting Treatment and Information from the Plan composite; "Much better" or "A little better" to the Perceived Improvement composite.

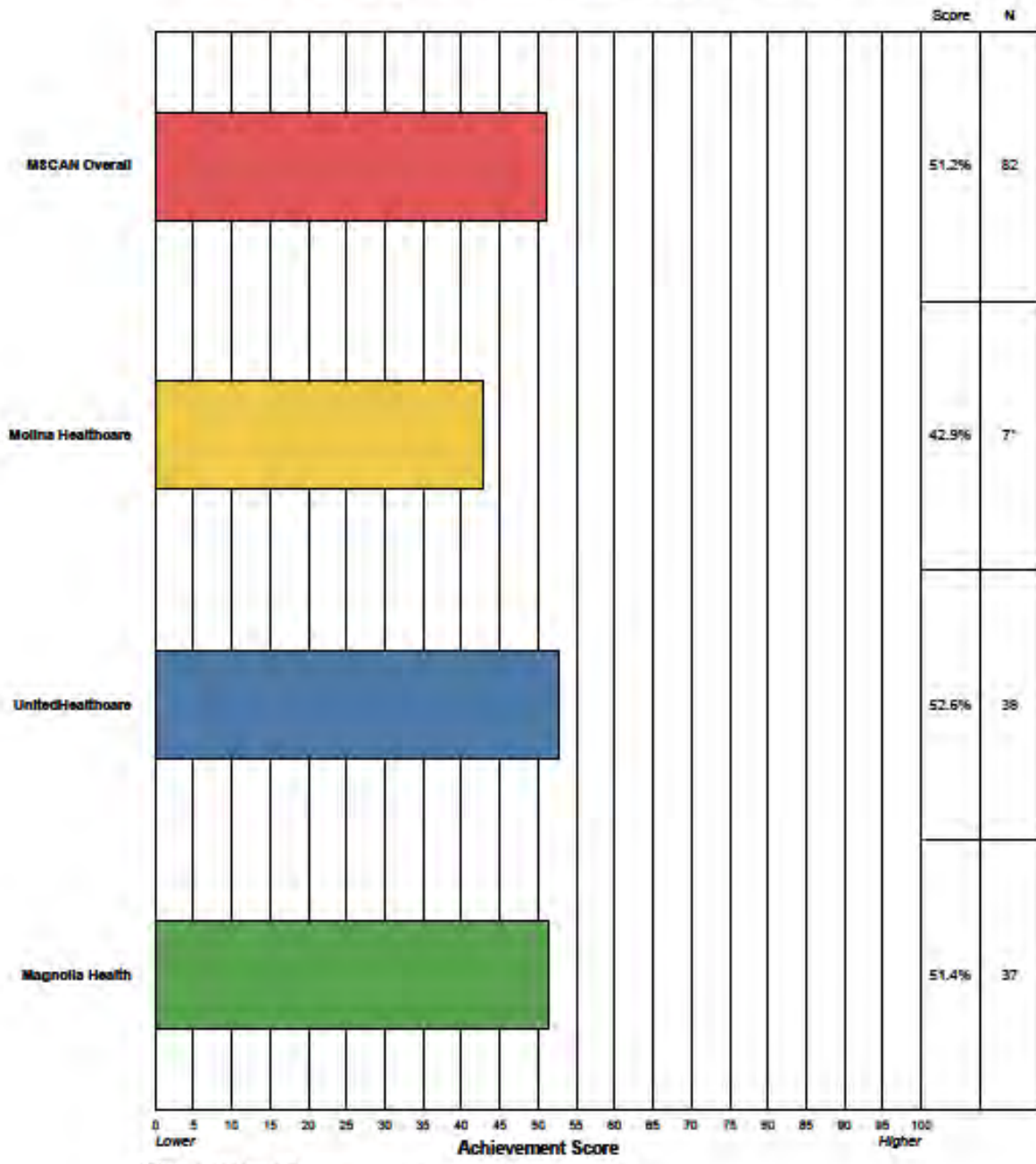
The MississippiCAN overall score is compared to each plan's score. Statistical testing is run between the plan score data and the MississippiCAN overall data, with an arrow beside the bar if applicable. For full detail of response options for each question and which responses qualify as achievements, please refer to the *Responses by Question* section.

Composites Getting Treatment Quickly



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

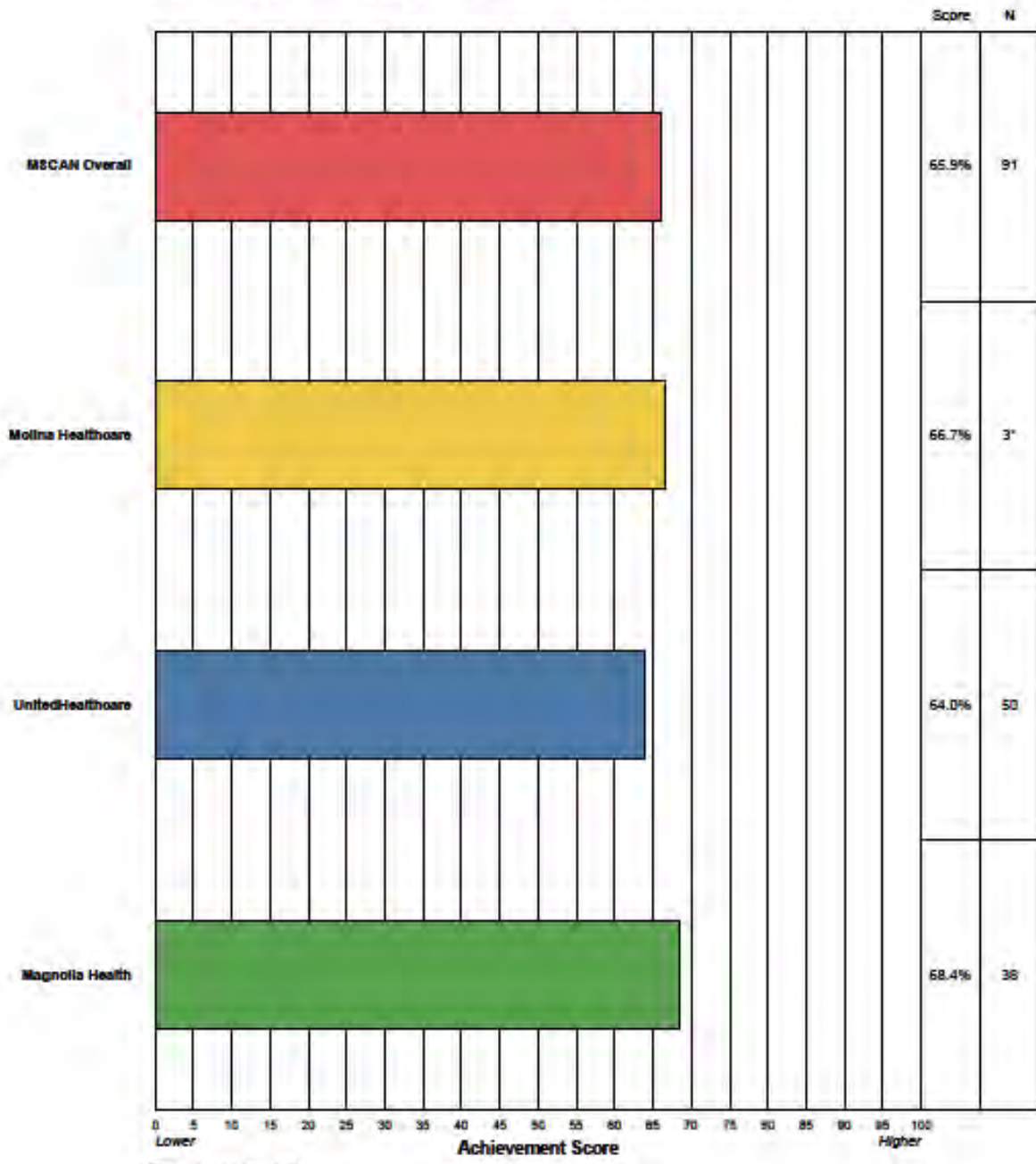
Getting Treatment Quickly Q3. Usually or always got help by telephone



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment Quickly

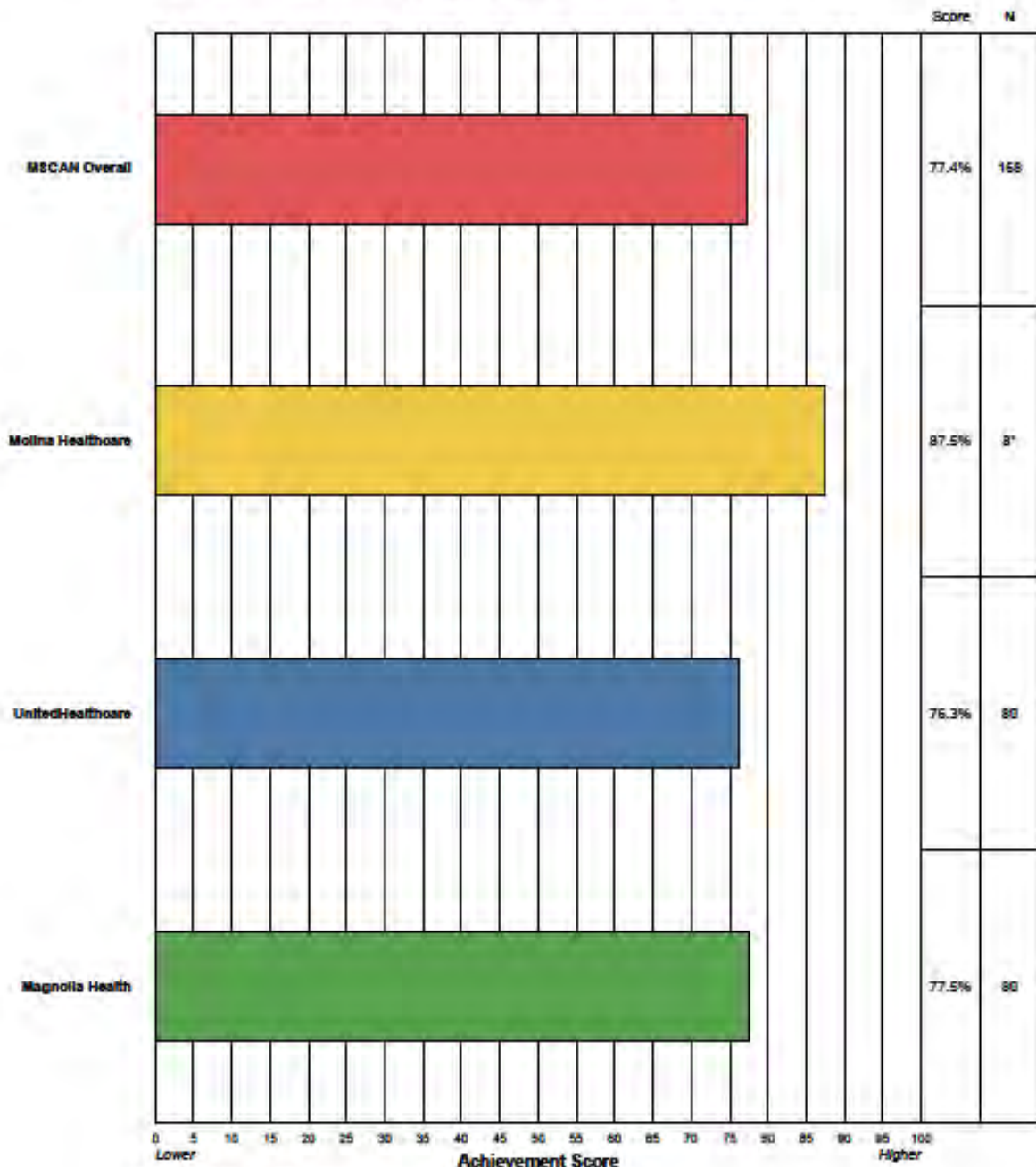
Q5. Usually or always got urgent treatment as soon as needed



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment Quickly

Q7. Usually or always got appointment as soon as wanted

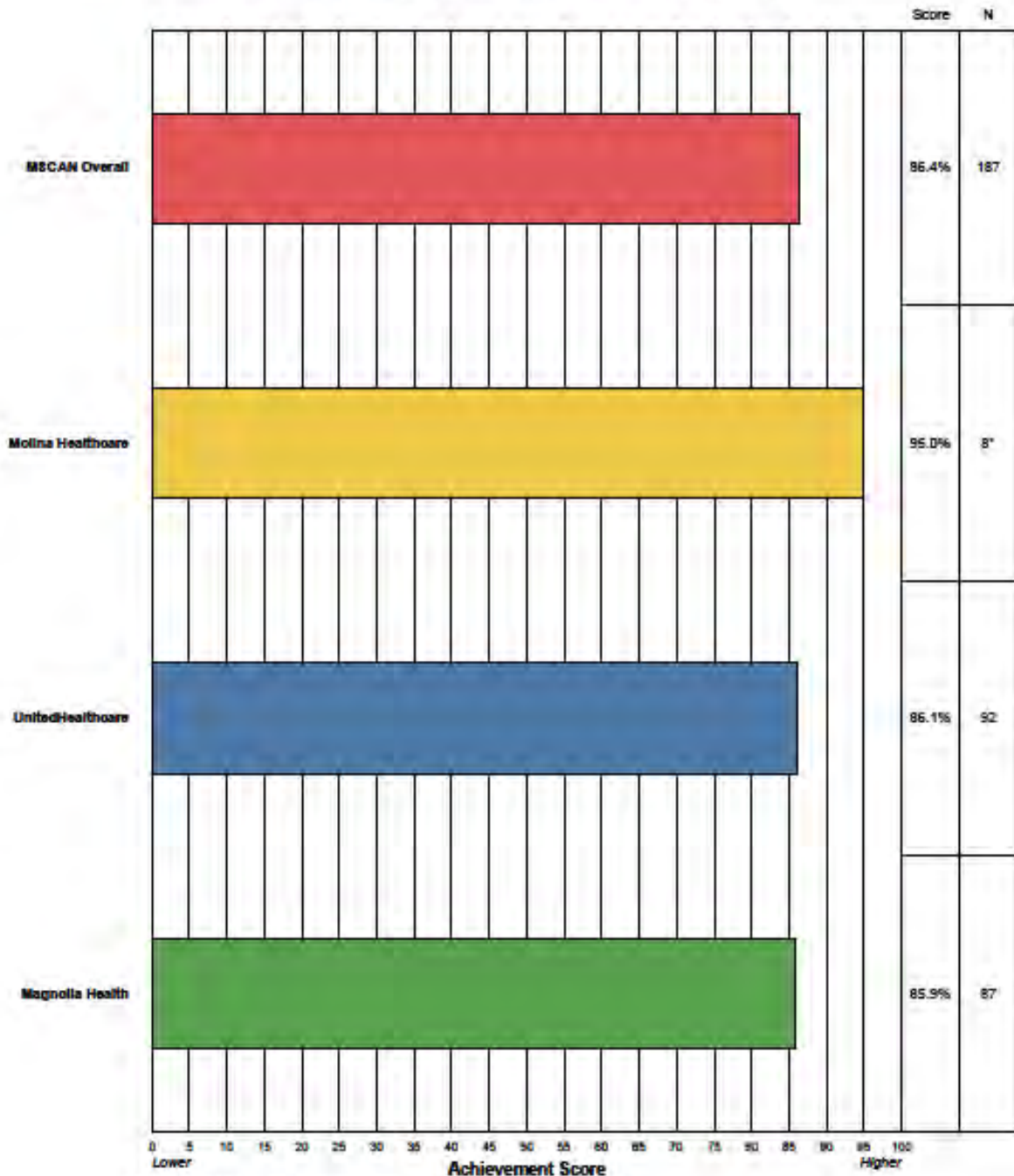


NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

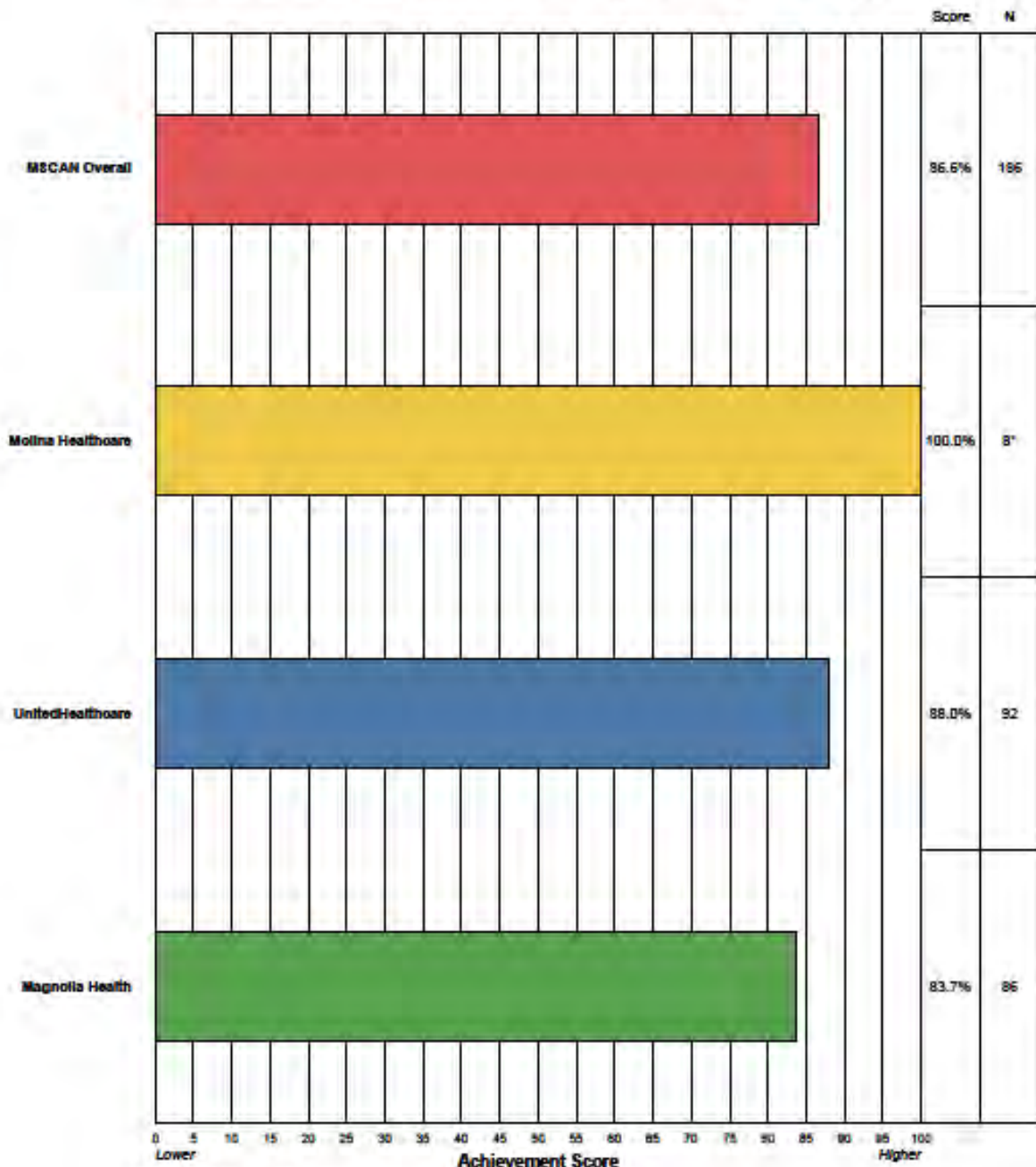


HTDX: No trend data available.

* Score statistically significantly higher/lower than 2022 MBCAN Overall

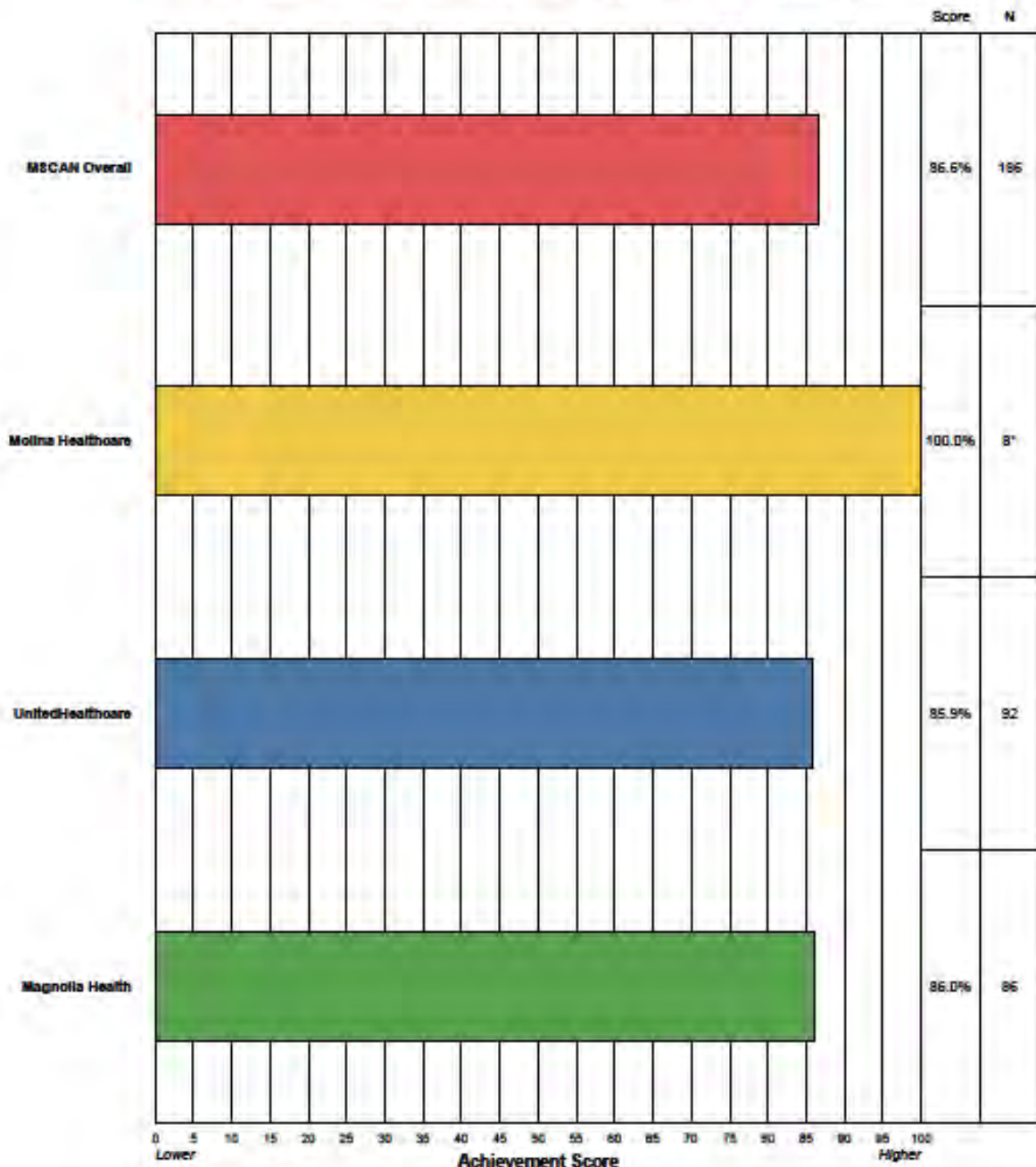
* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate Q12. Clinicians usually or always listened carefully



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

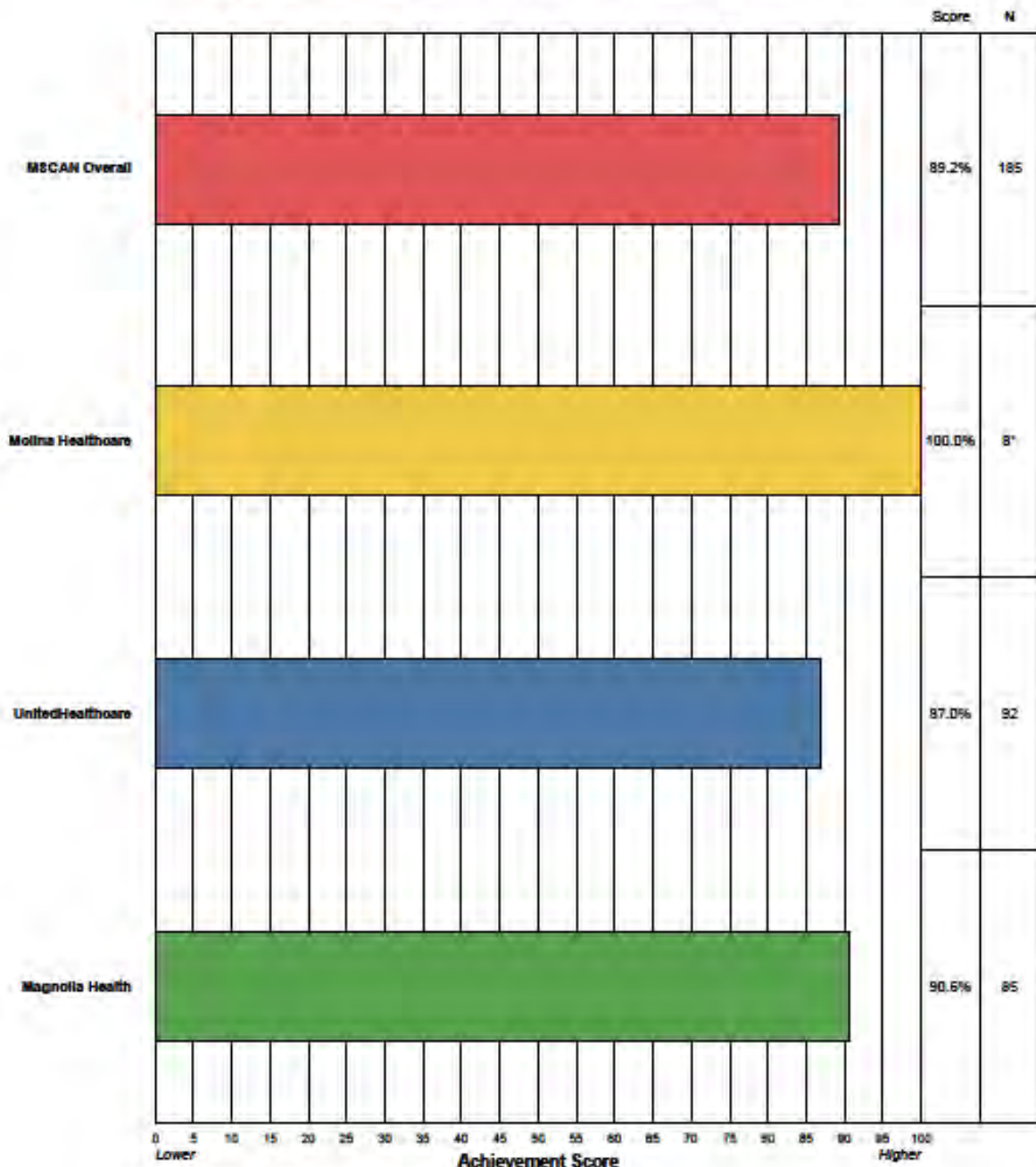
How Well Clinicians Communicate Q13. Clinicians usually or always explained things



N/A: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

Q14. Clinicians usually or always showed respect



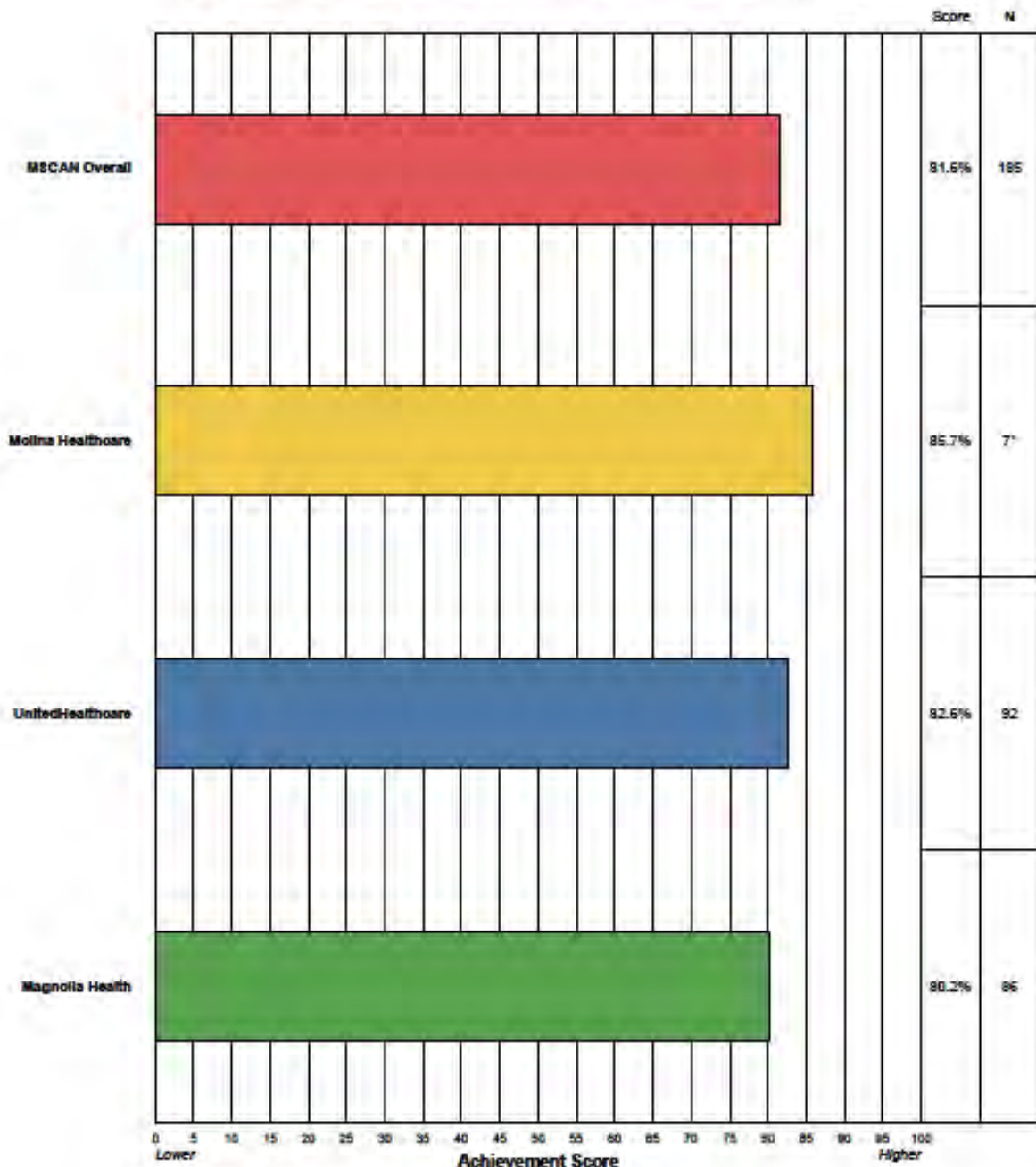
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

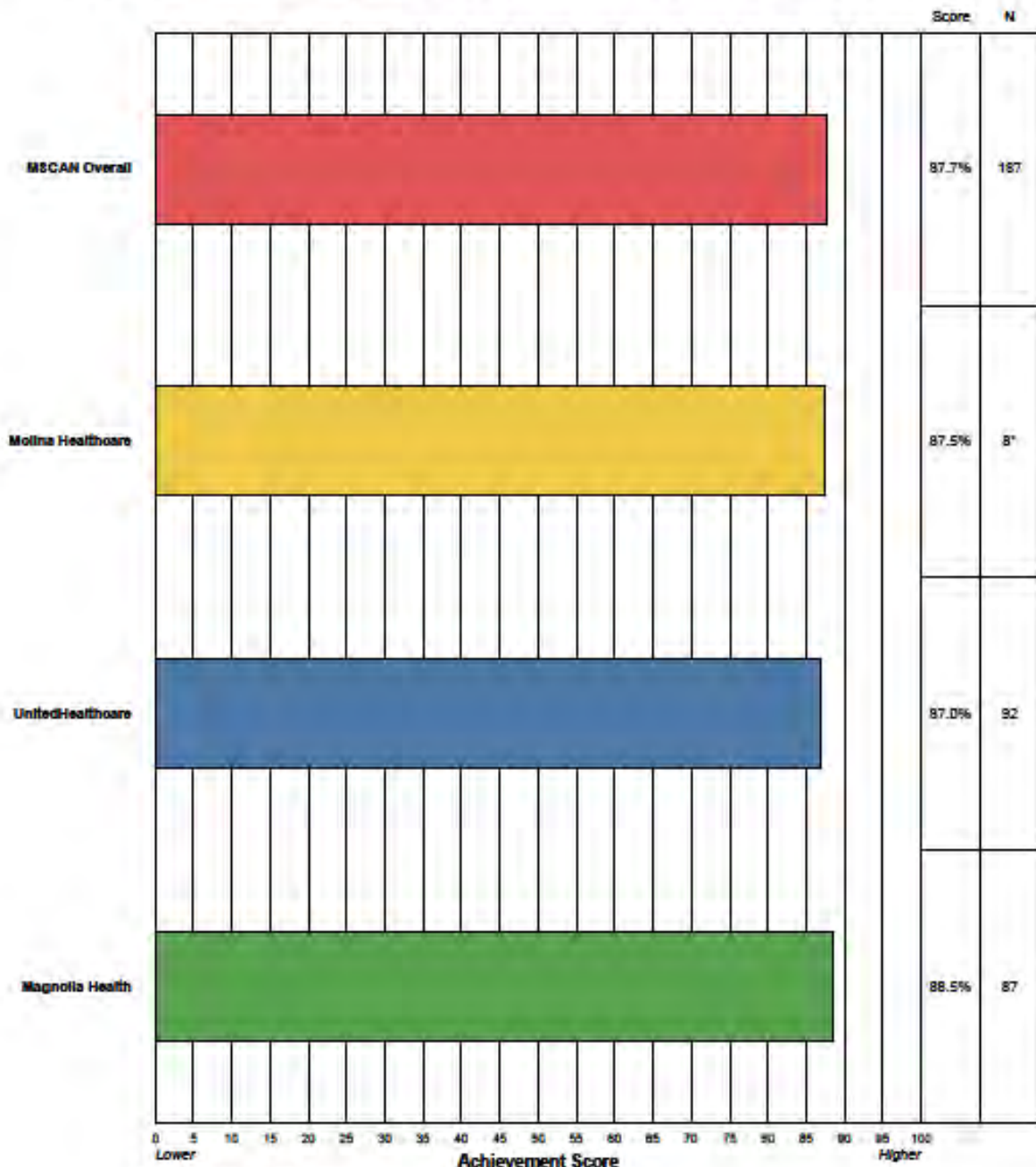
Q15. Clinicians usually or always spent enough time



NTD: No trend data available.
 † Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

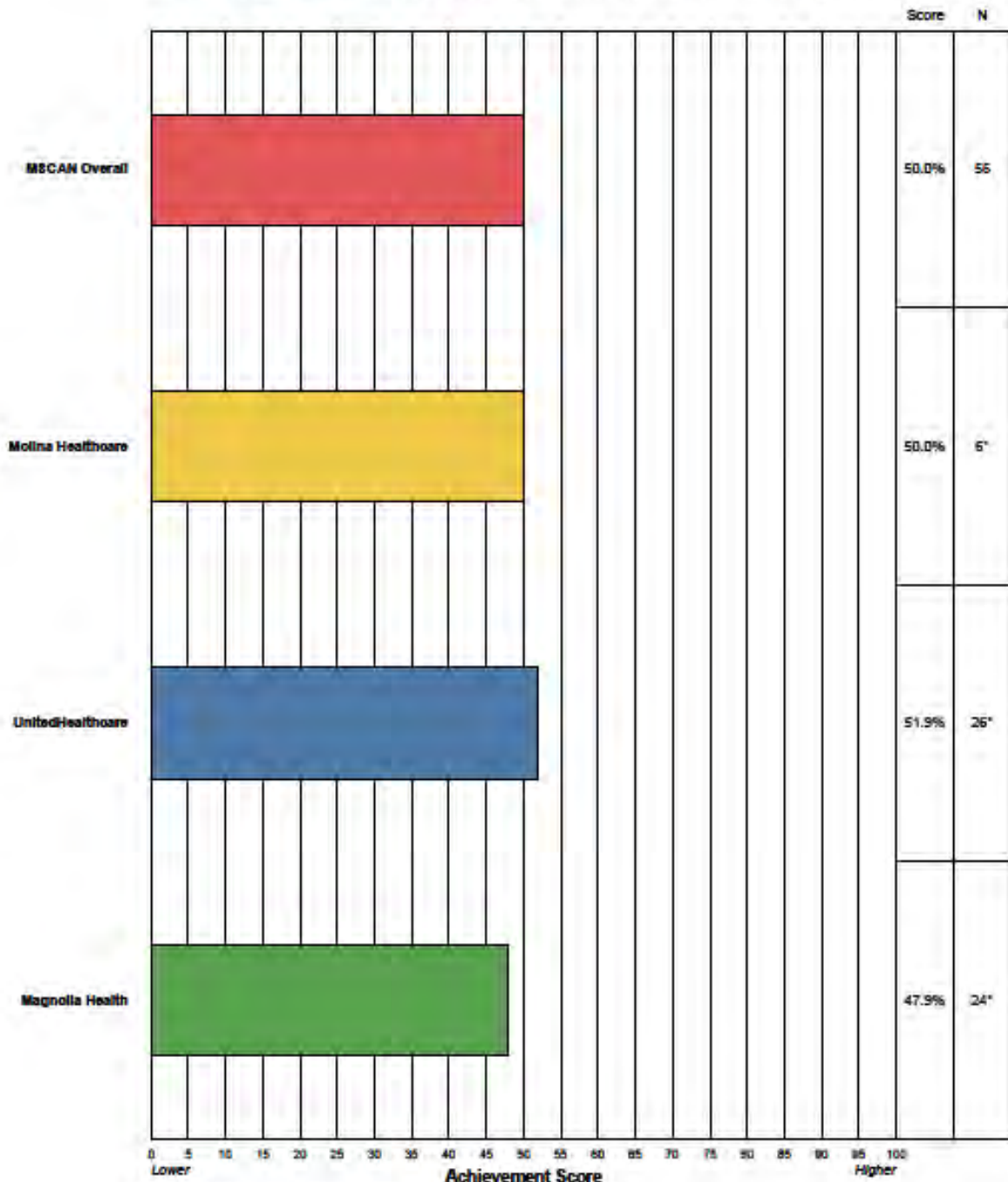
How Well Clinicians Communicate

Q18. Usually or always involved as much as you wanted in treatment



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment and Information from the Plan



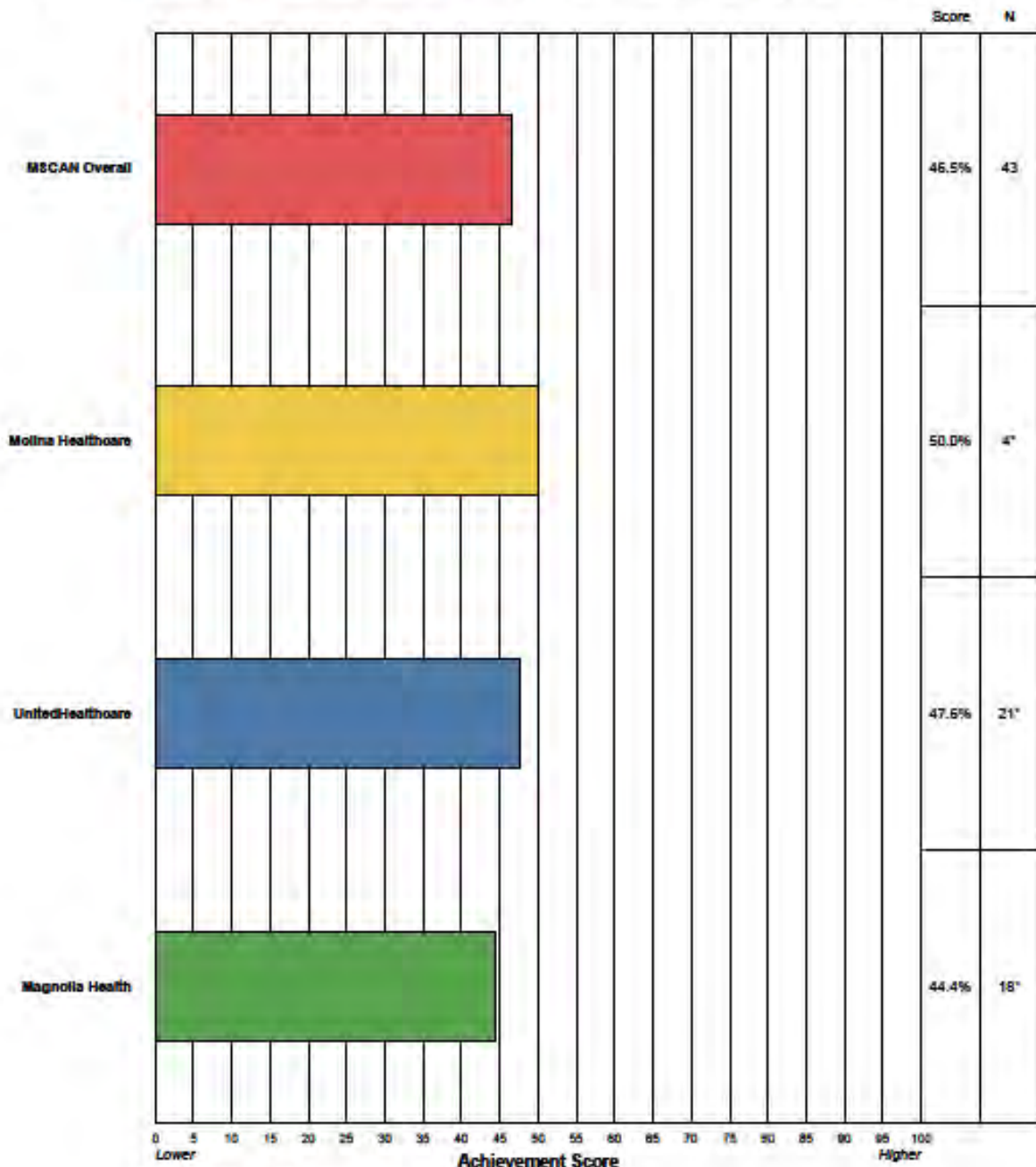
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment and Information from the Plan

Q40. Delays in treatment while waiting for plan approval were not a problem



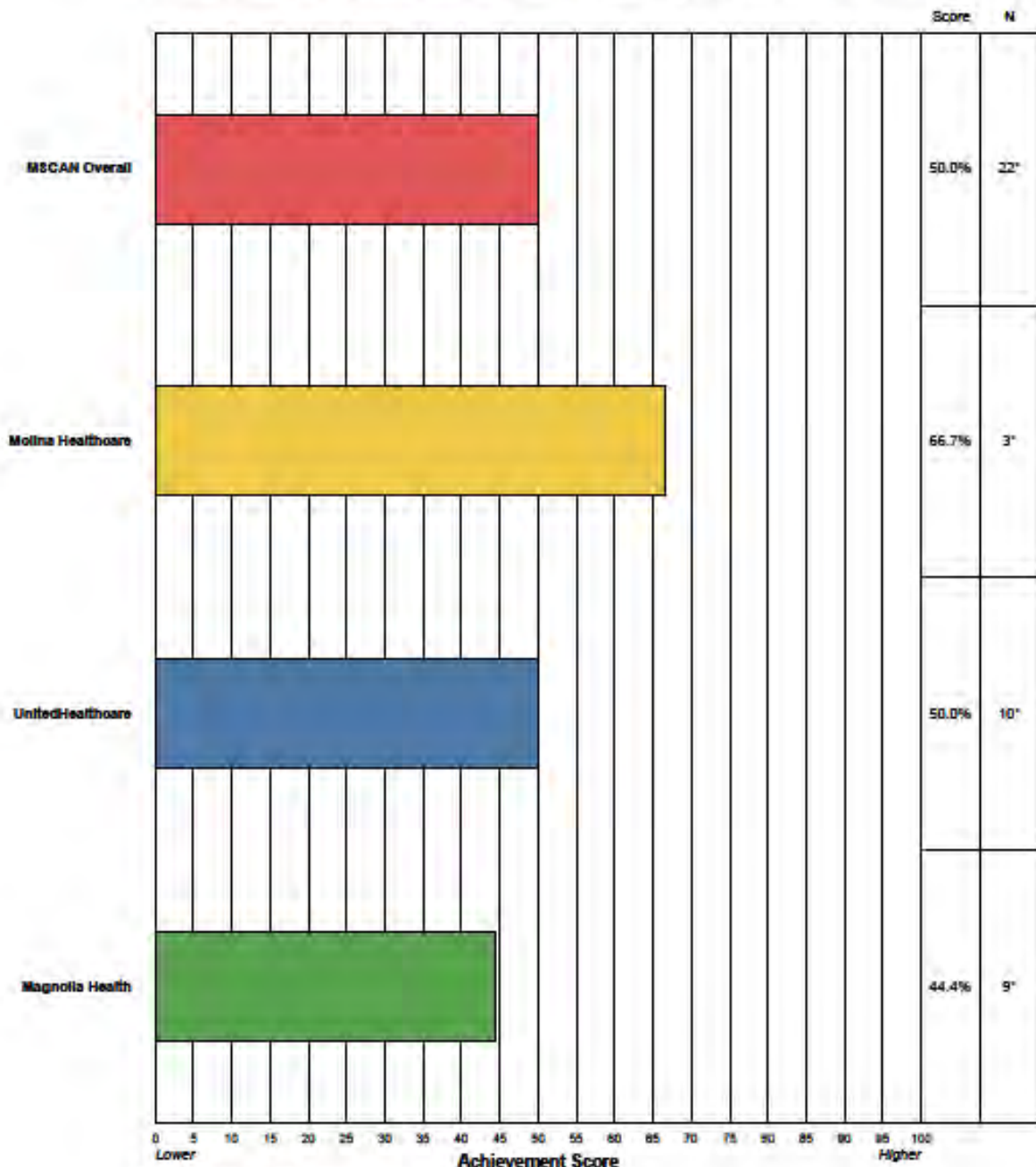
NTD: No trend data available.

↑ ↓ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment and Information from the Plan

Q42. Getting help from customer service was not a problem

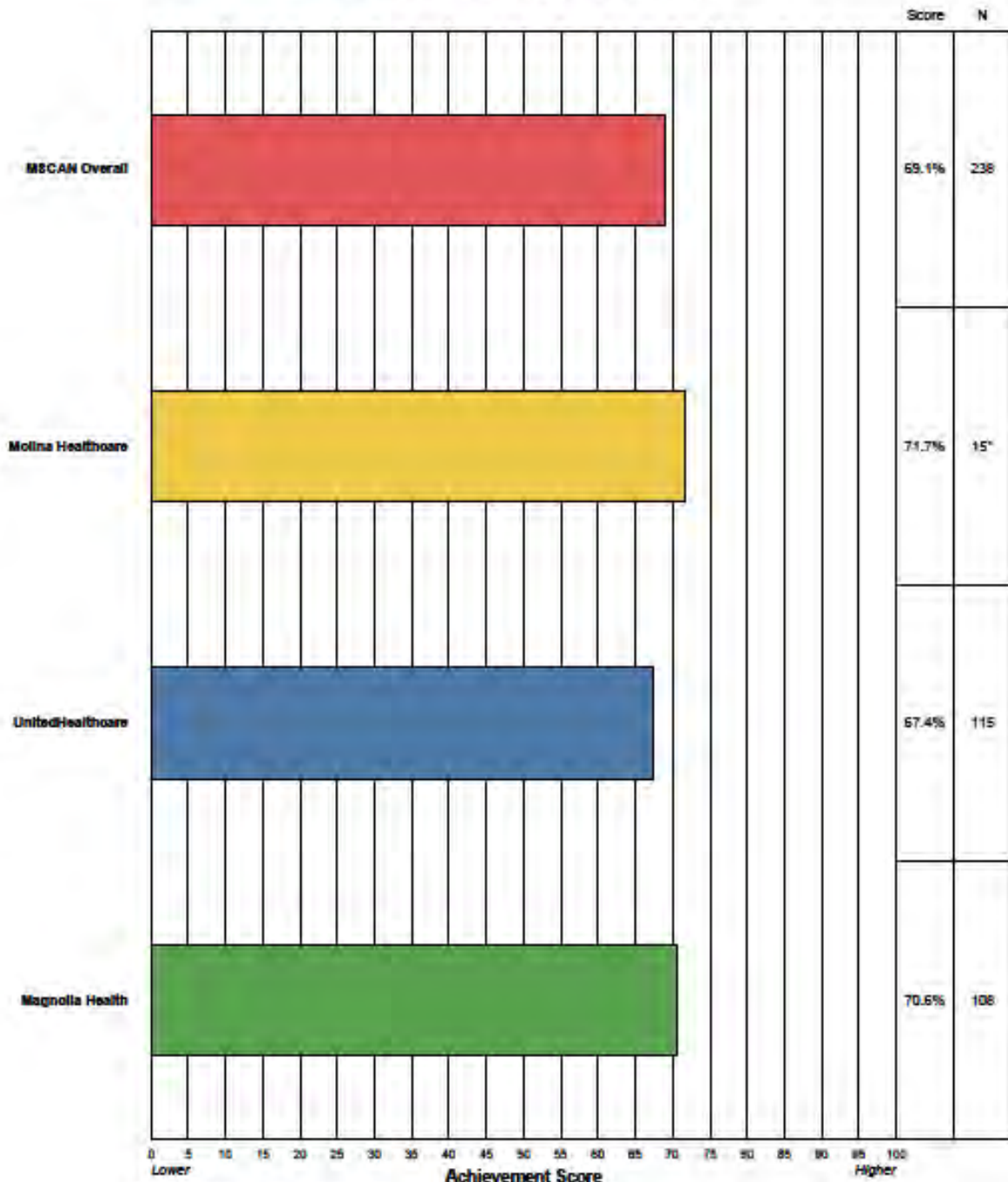


NTD: No trend data available.

↑ ↓ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

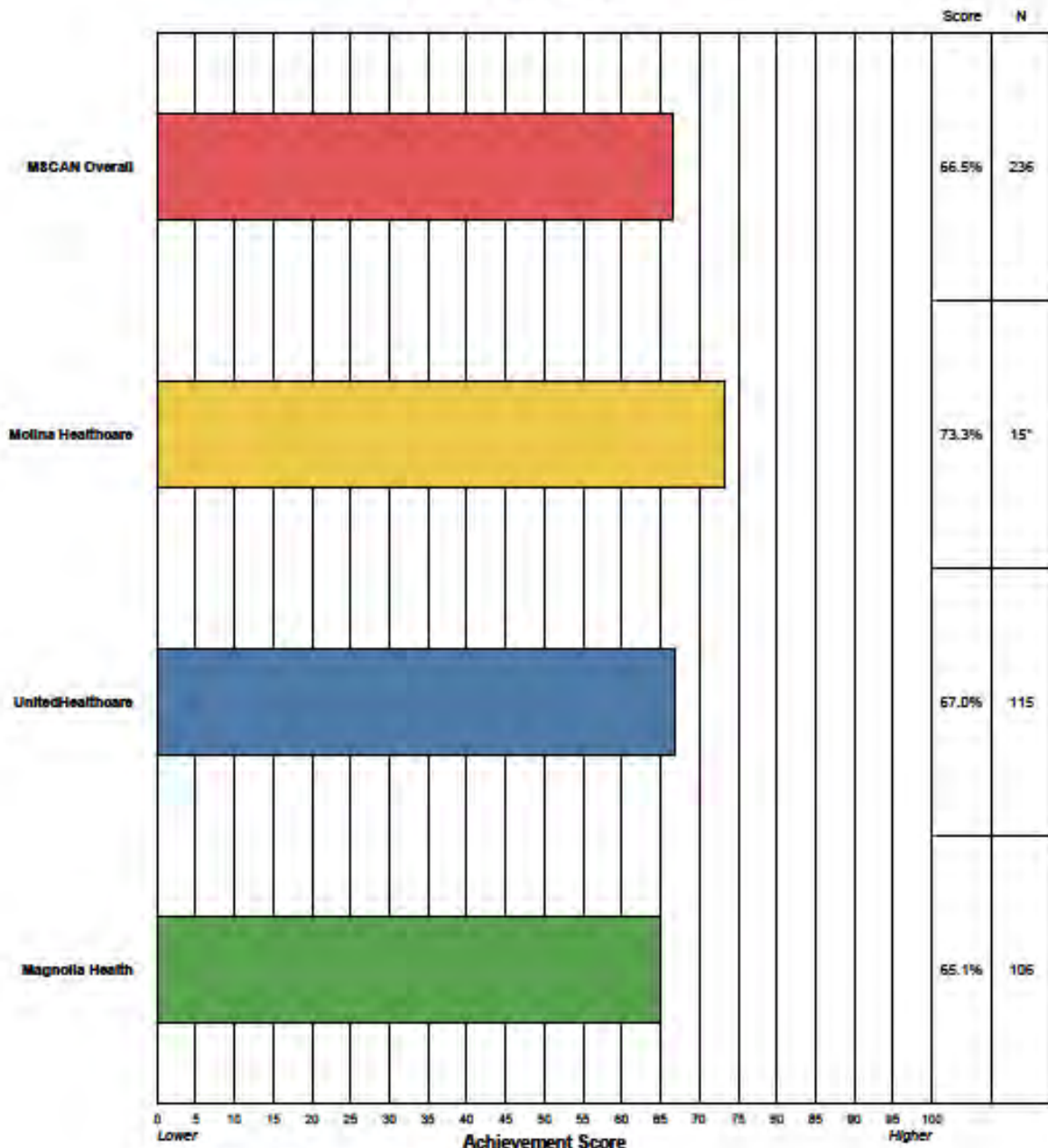
Perceived Improvement



NTD: No trend data available.
 † Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

Q32. Much better or a little better able to deal with daily problems compared to 1 year ago



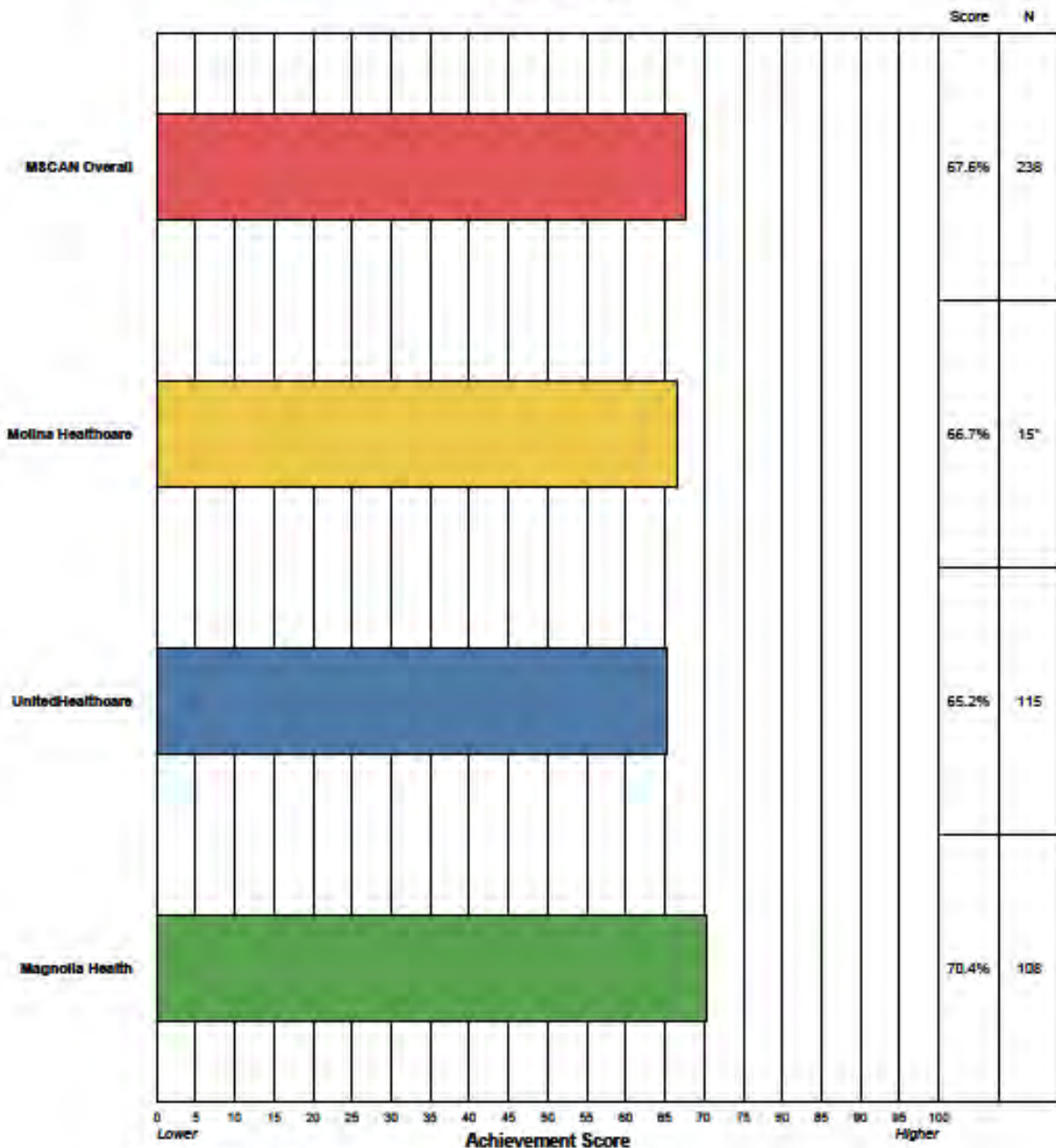
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

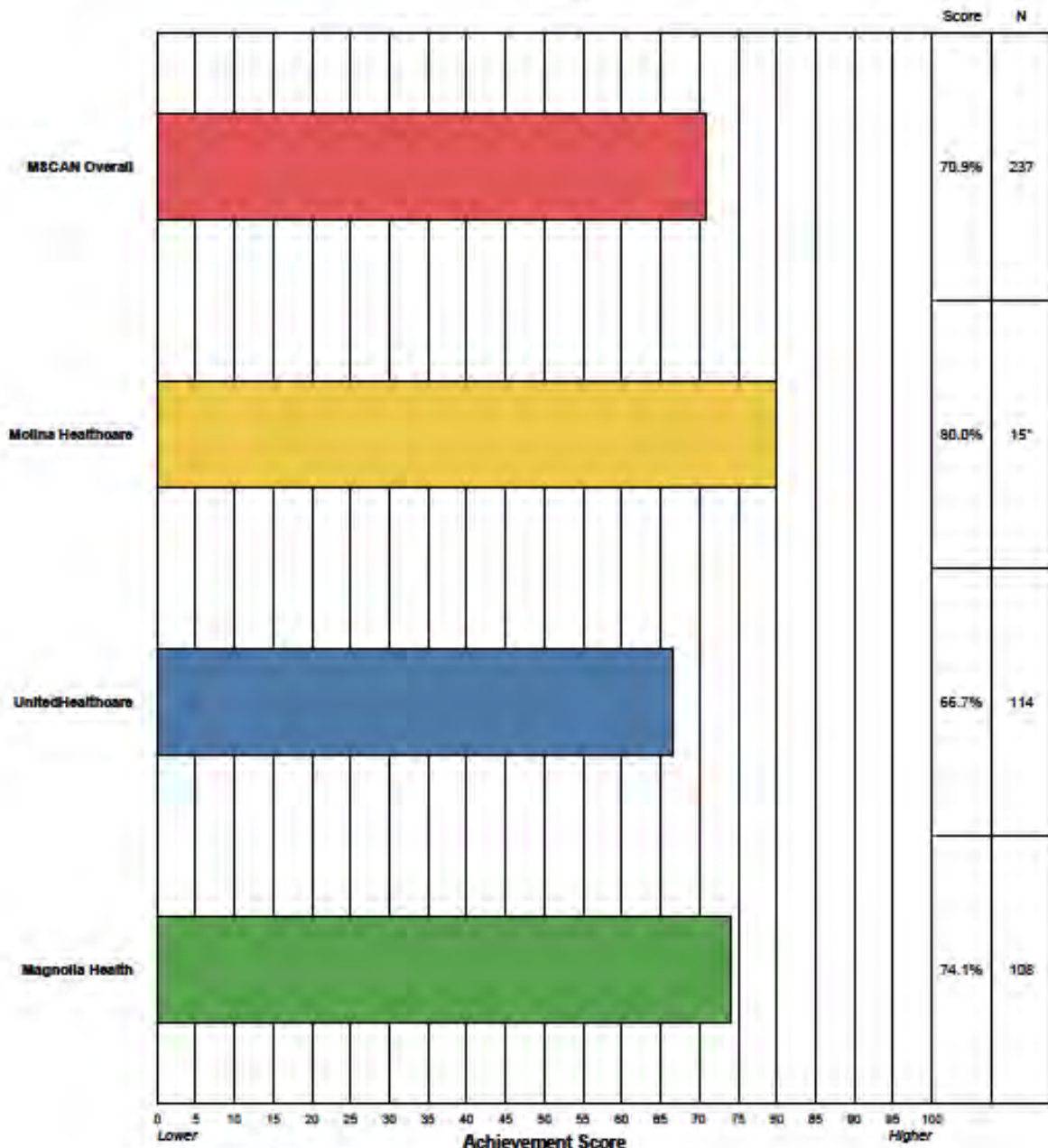
Q33. Much better or a little better able to deal with social situations compared to 1 year ago



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MBCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

Q34. Much better or a little better able to accomplish things compared to 1 year ago



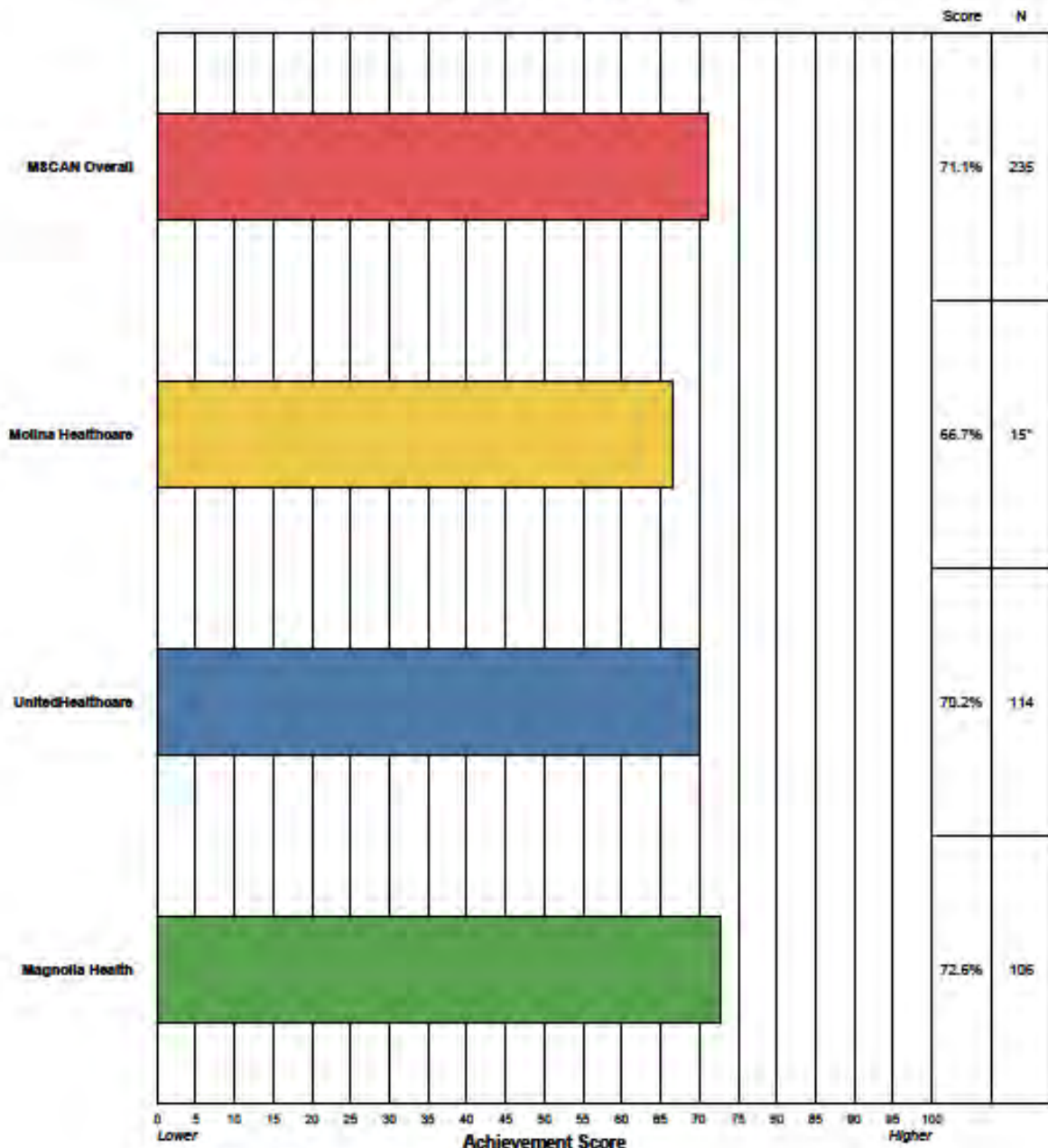
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

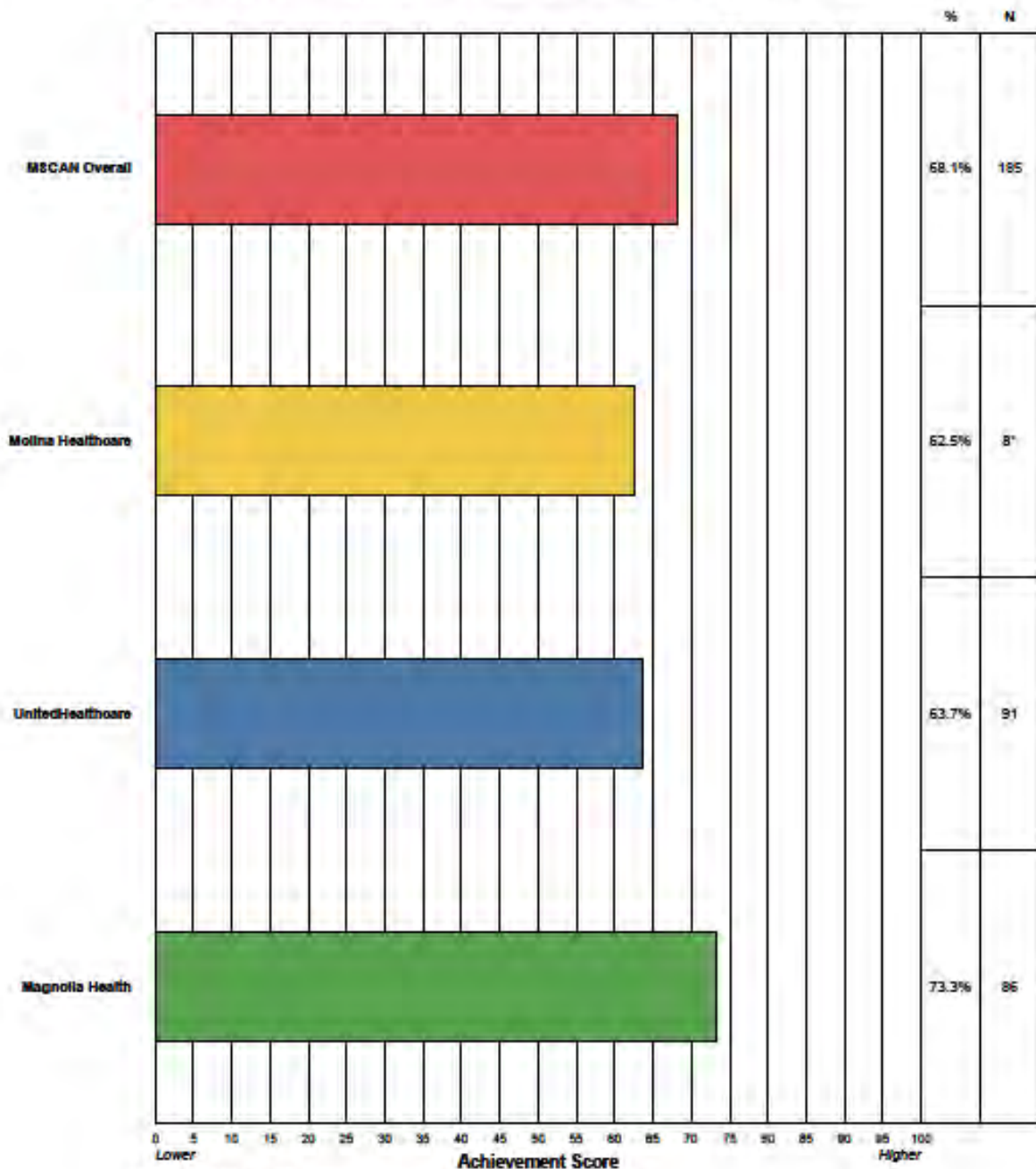
Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q11. Usually or always seen within 15 minutes of appointment time



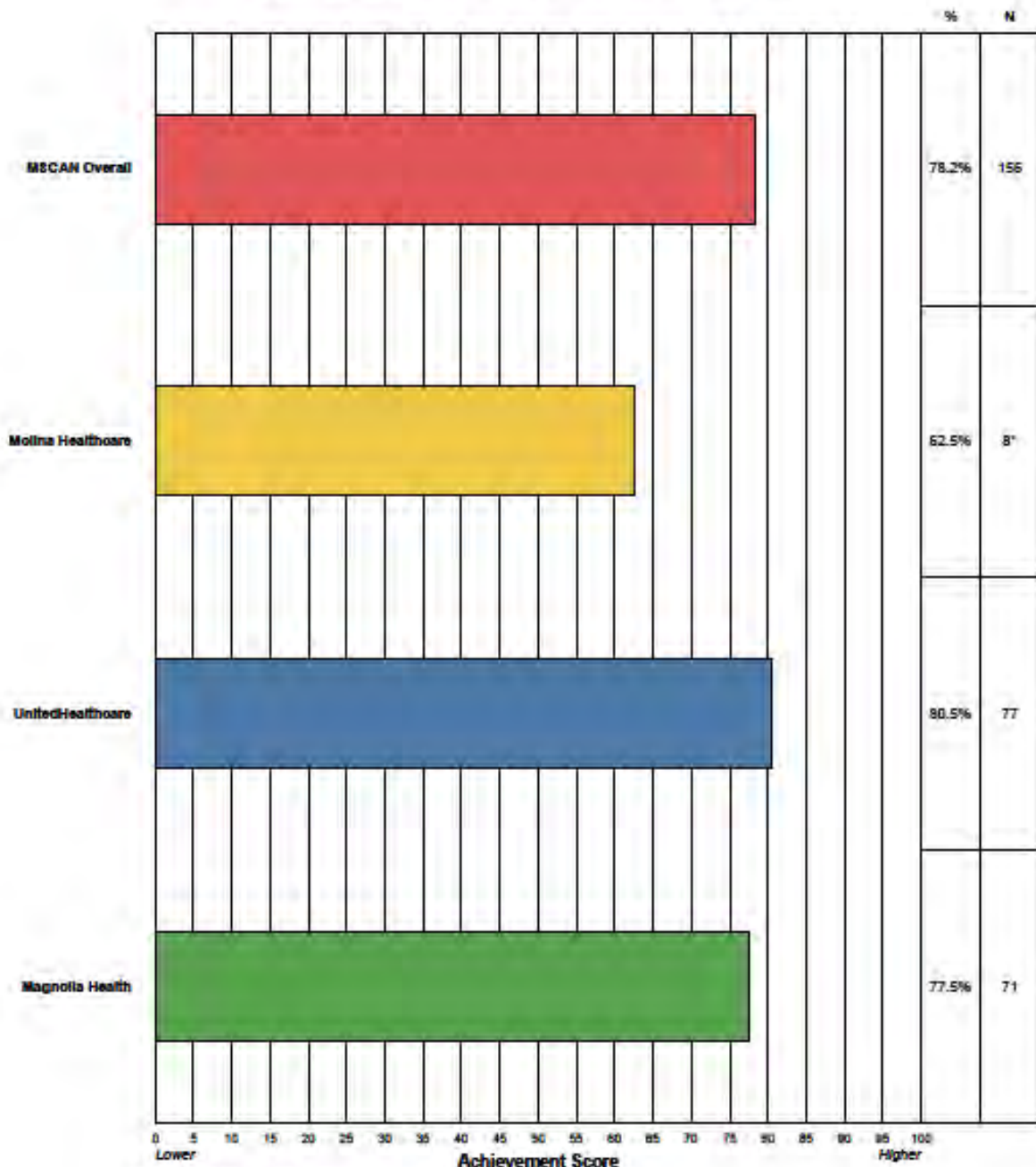
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q17. Told about side effects of medication



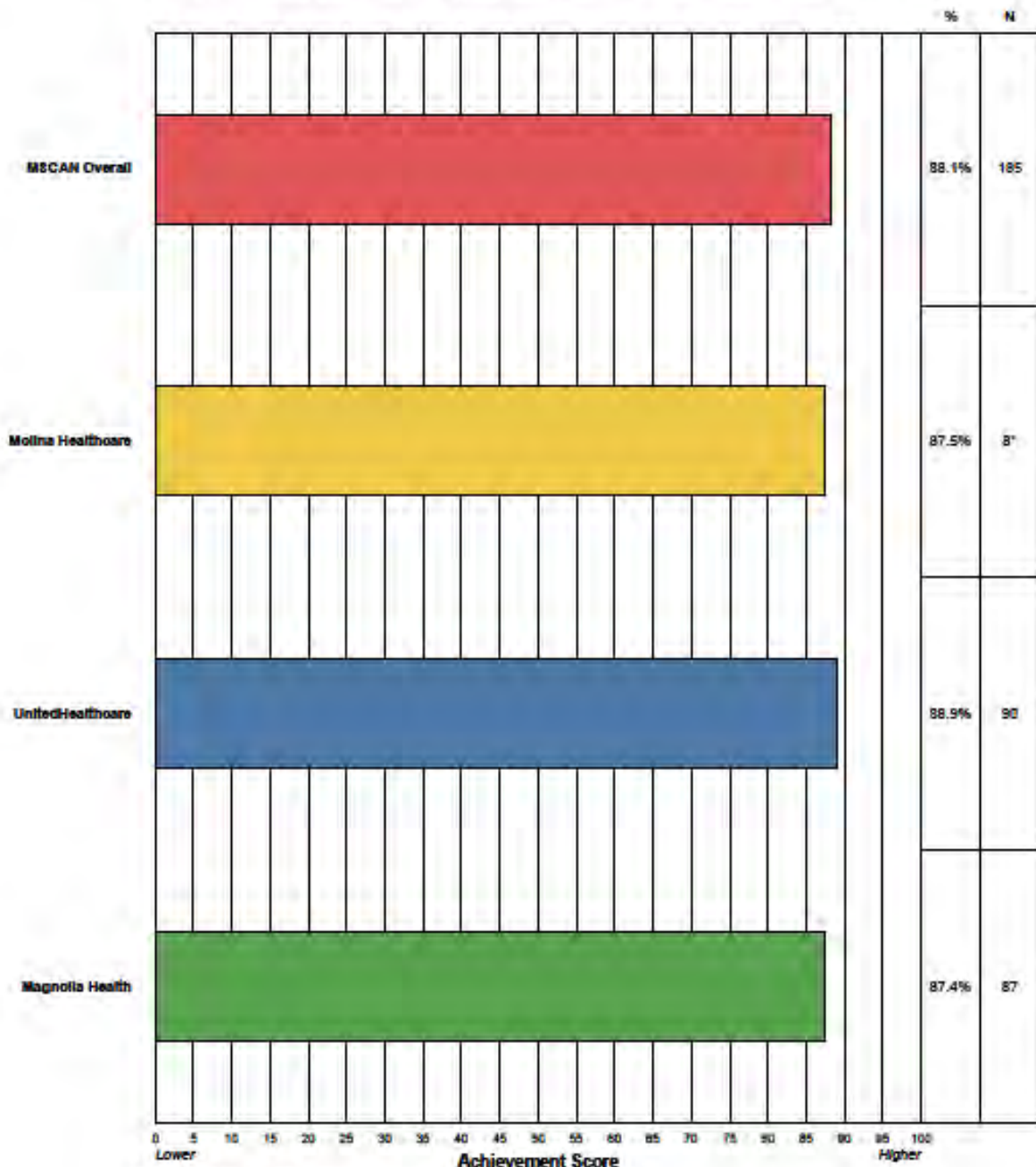
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q19. Goals of counseling or treatment discussed completely



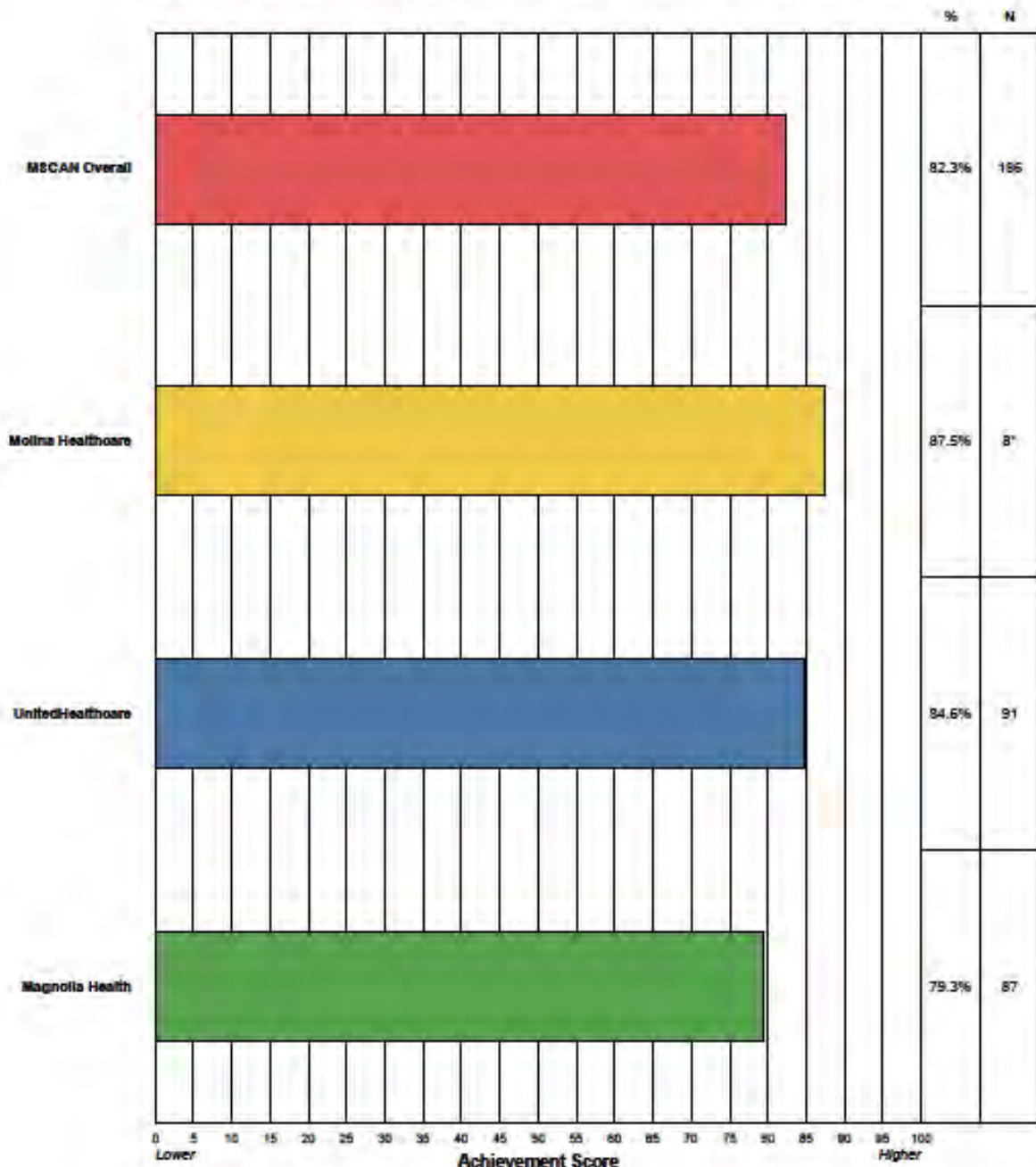
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q20. Usually or always got professional help wanted for child



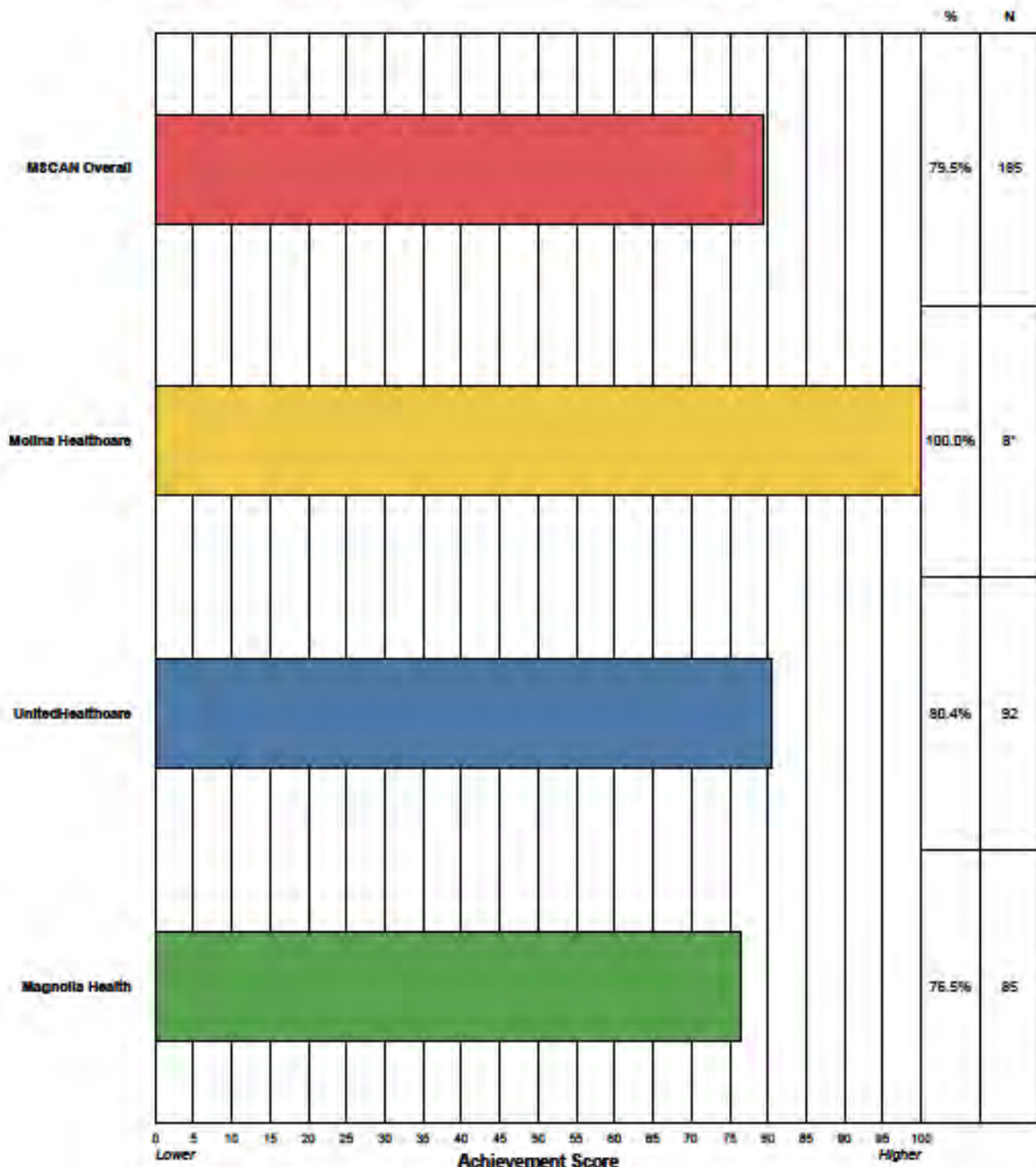
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

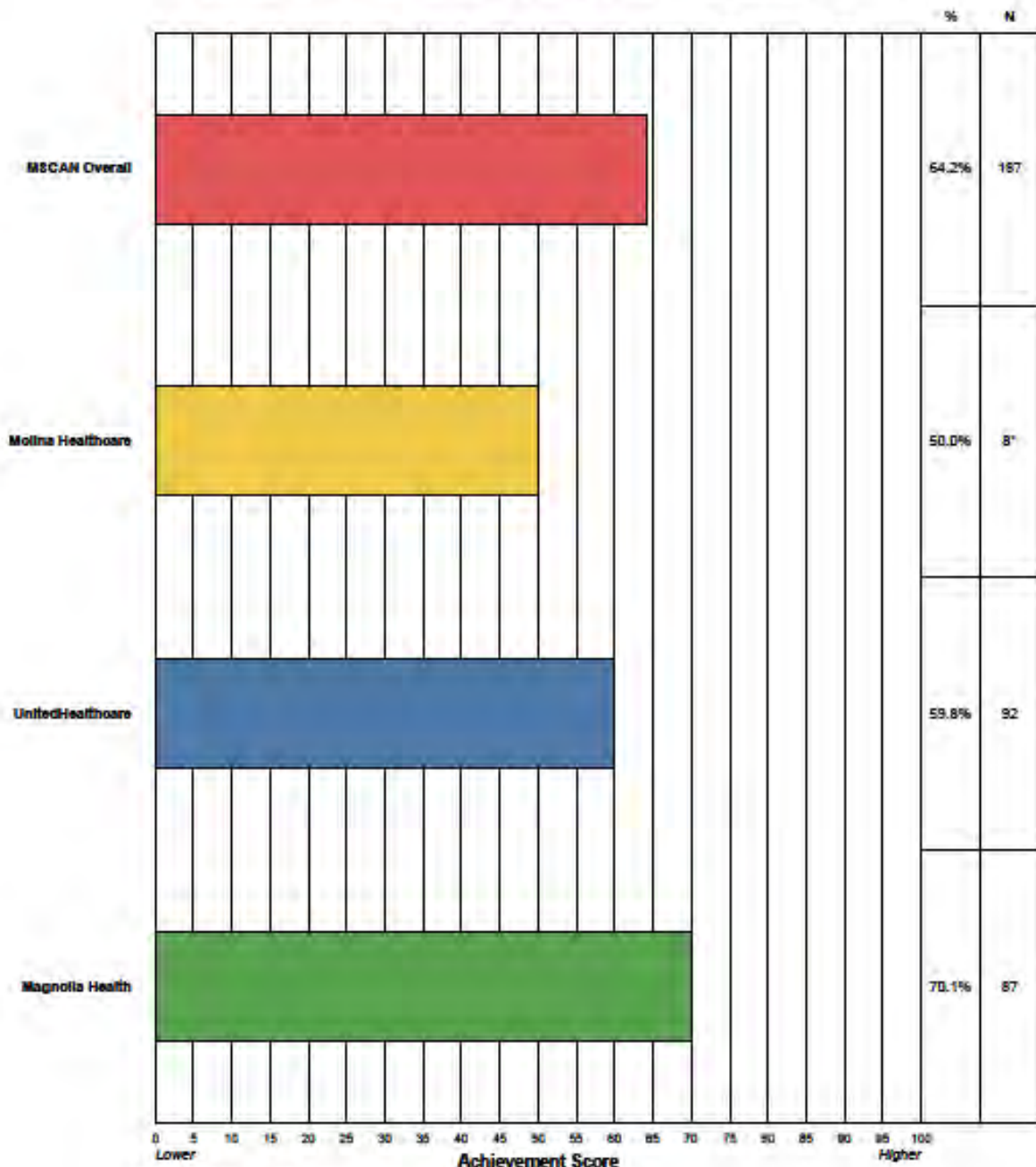
Q21. Child usually or always had someone to talk to when troubled



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q22. Told about different kinds of treatment available



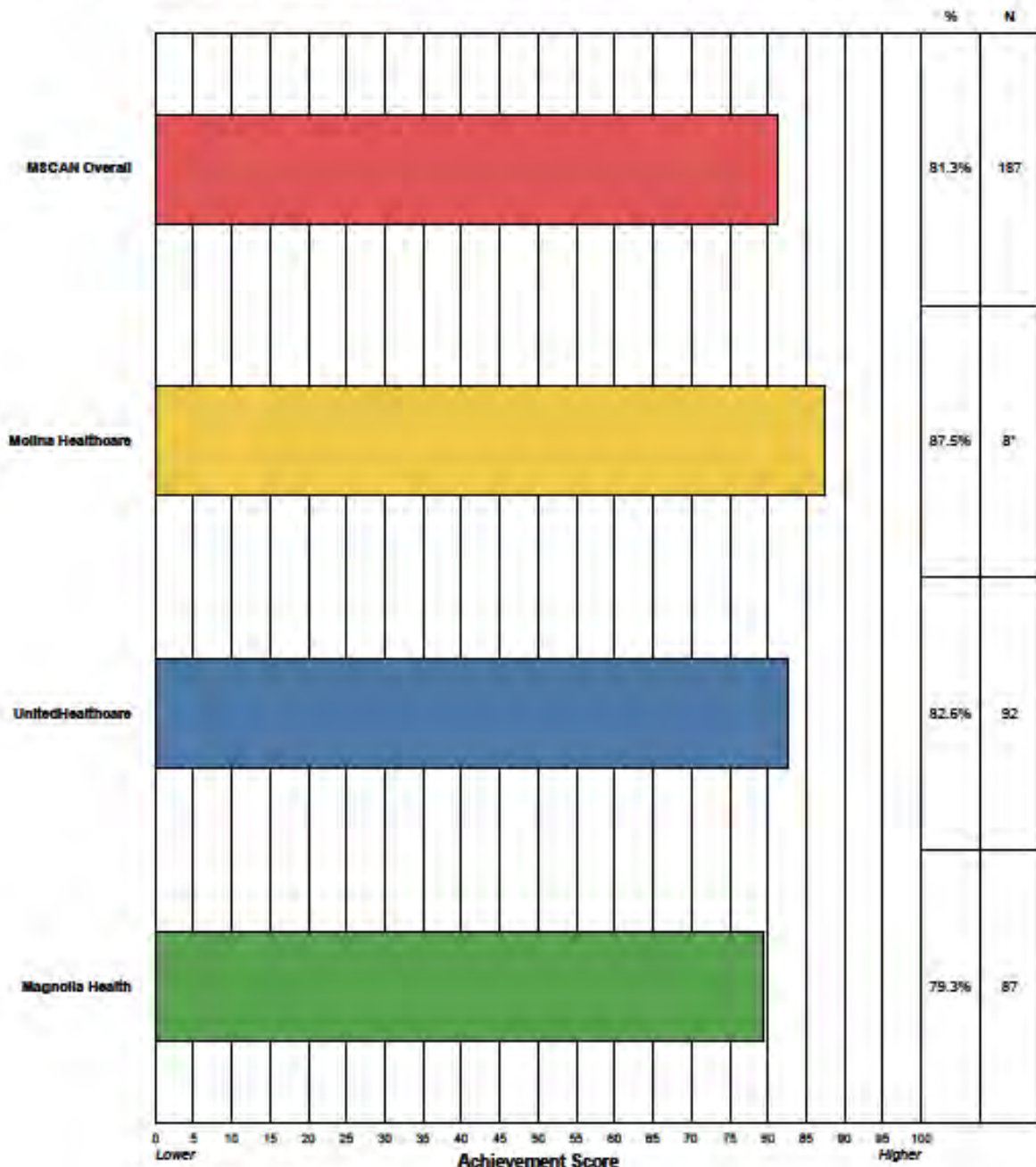
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q23. Given as much information as wanted to manage condition



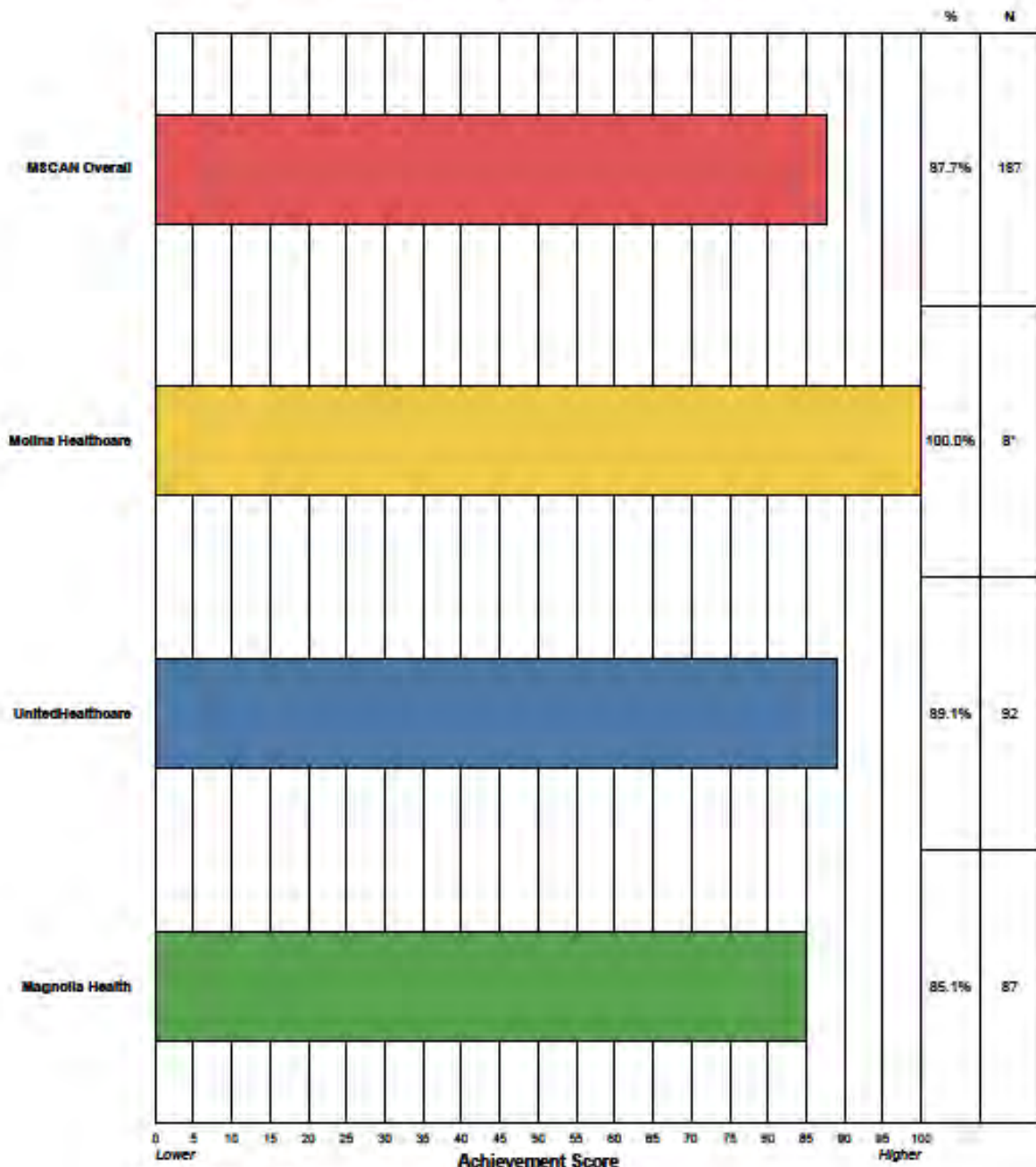
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

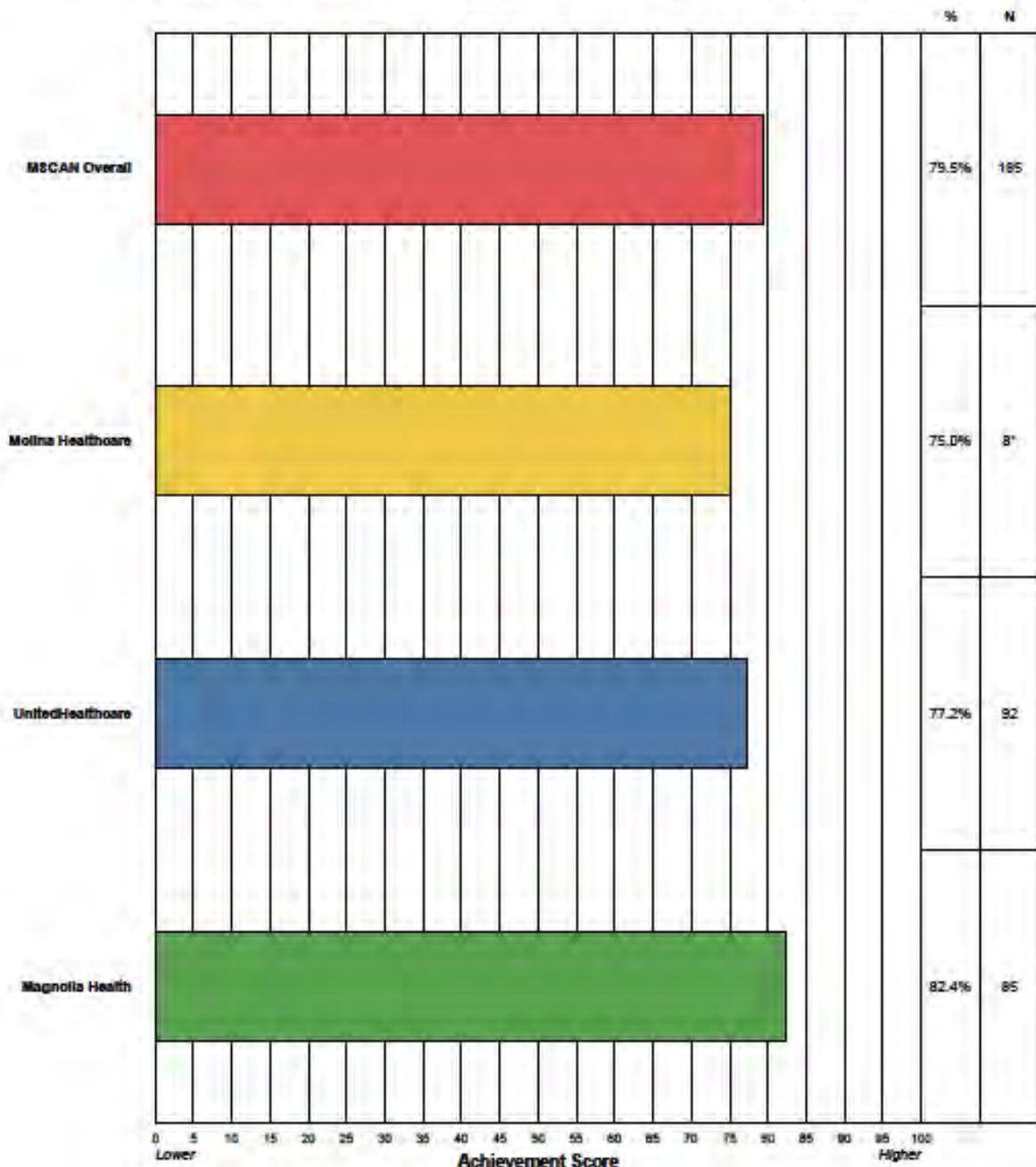
Q24. Given information about rights as a patient



N/A: No trend data available.
 † Score statistically significantly higher/lower than 2022 MSCAN Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q25. Felt that they could refuse a specific type of treatment



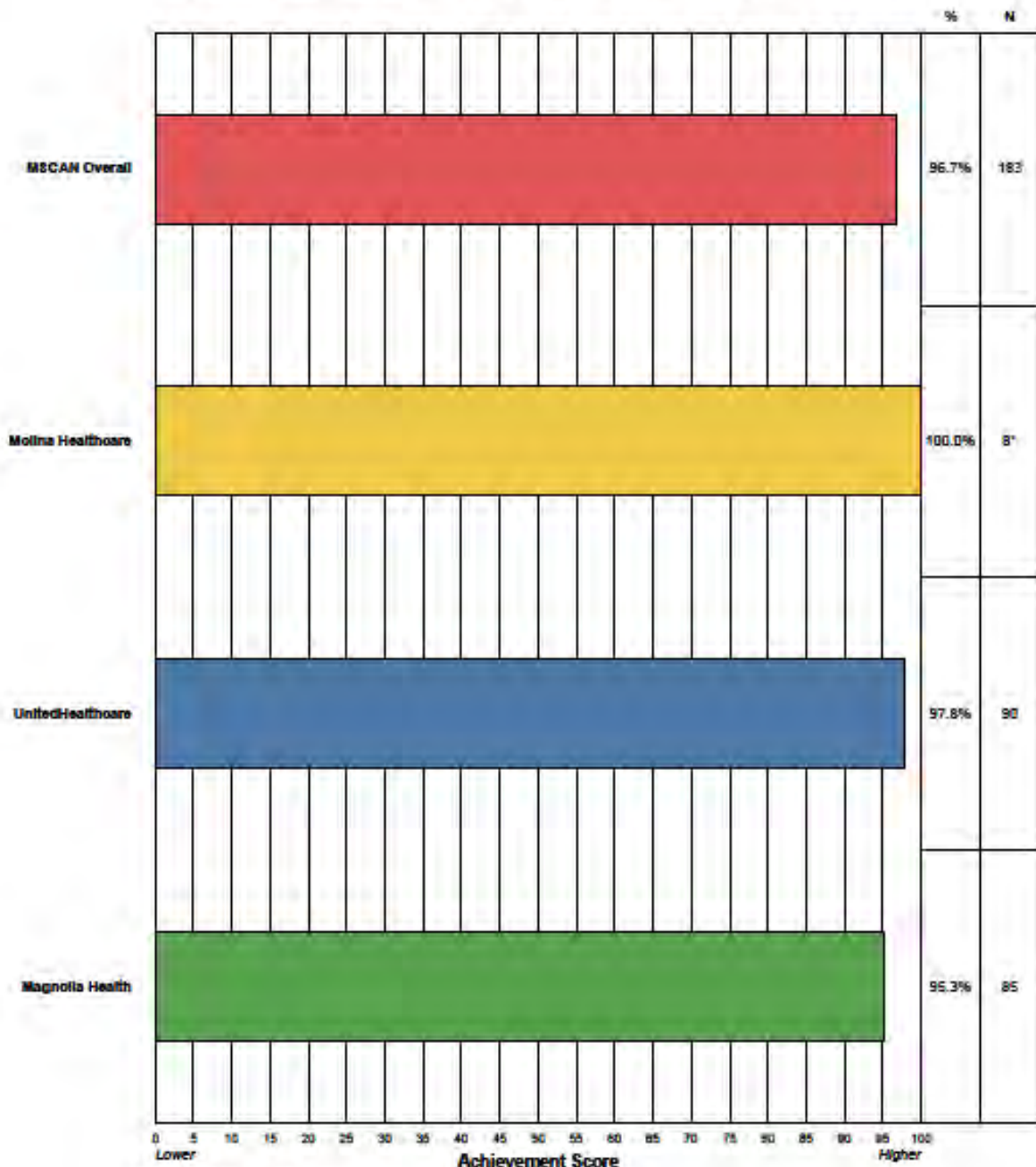
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

*Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q26. Confident about privacy of treatment information



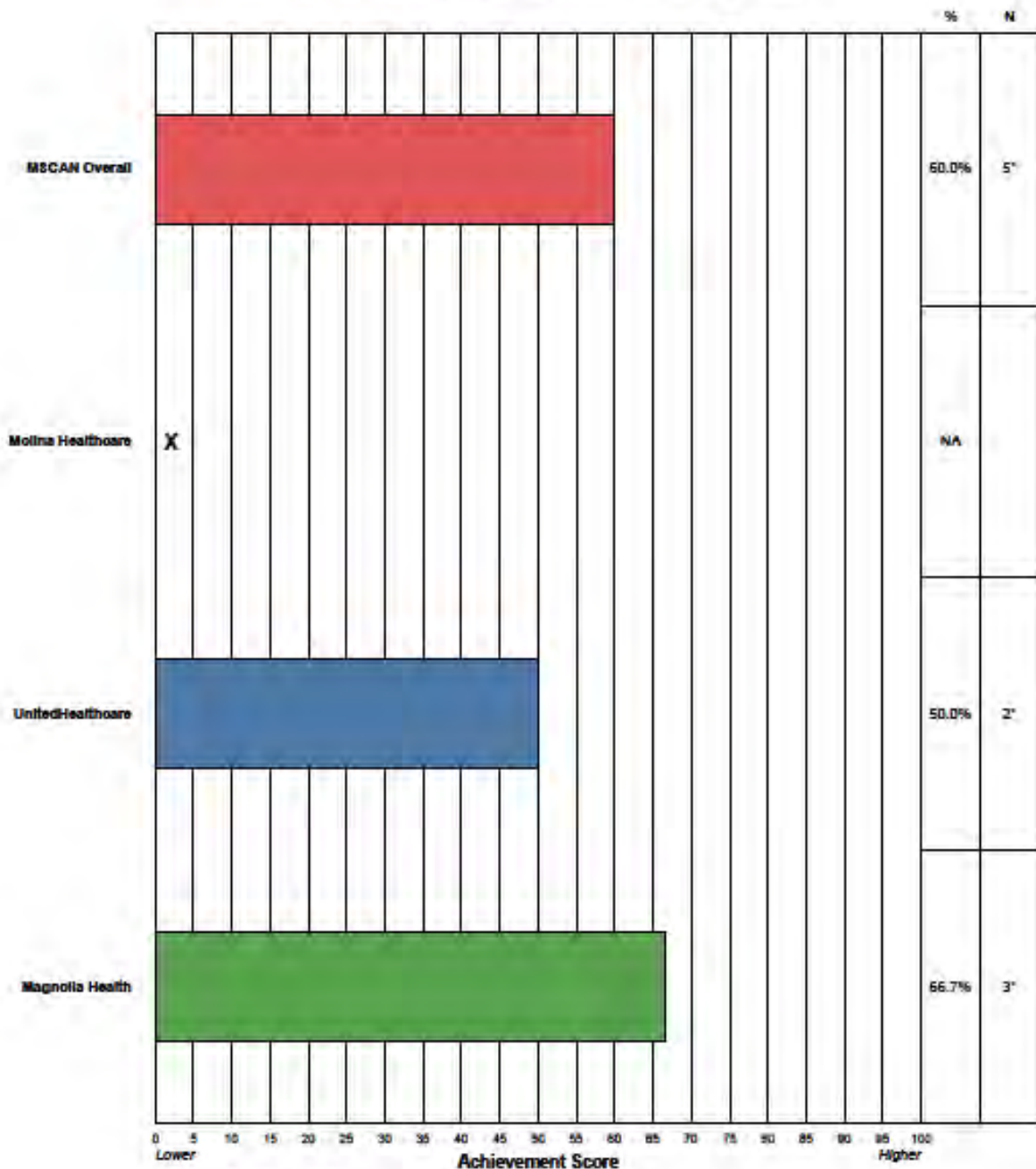
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

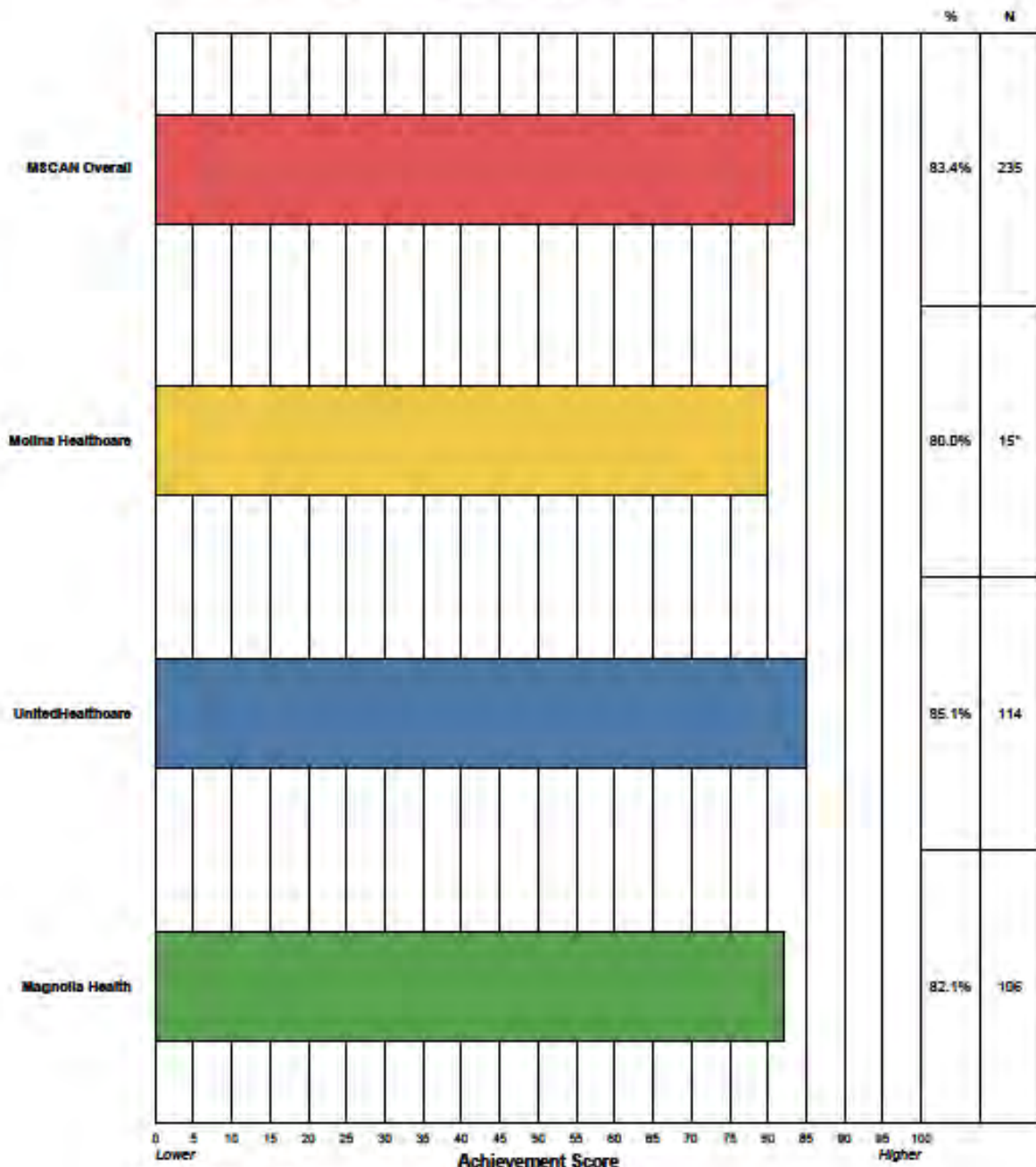
Q28. Care responsive to cultural needs



X: Comparative data not available
 N/A: No trend data available
 †: Score statistically significantly higher/lower than 2022 MSCAN Overall
 *: Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q30. A lot or somewhat helped by treatment



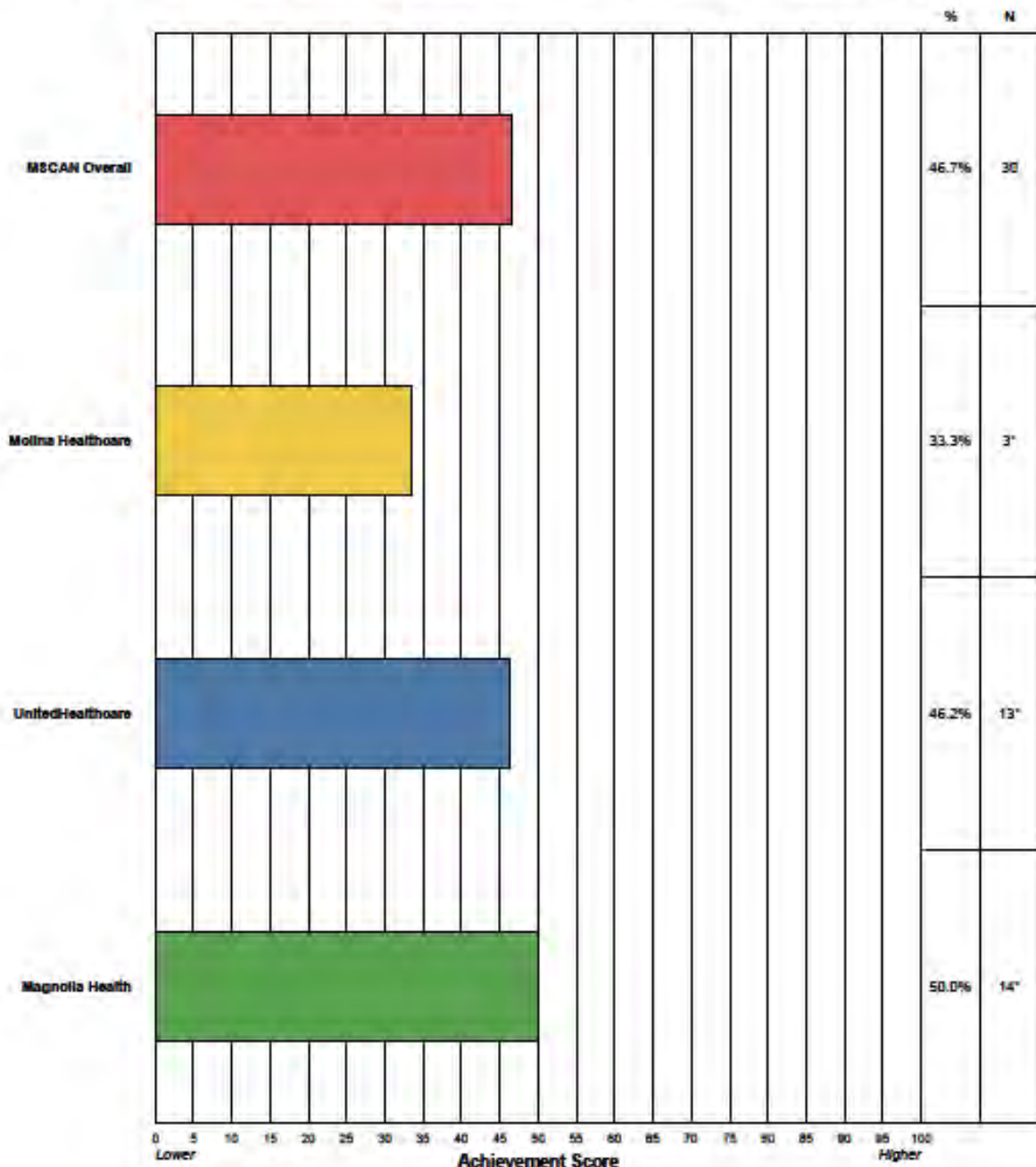
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

*Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q38. Told about other ways to get treatment after benefits were used up



NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCAN Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Responses by Question

Personal or Family Counseling

Children can get counseling, treatment or medicine for many different reasons, such as:

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior or emotional problems
- Family problems (like when parents and children have trouble getting along)
- For mental or emotional illness
- For autism or other developmental conditions
- Needing help with drug or alcohol use

Q1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	222	100.0%	13	100.0%	106	100.0%	103	100.0%
No	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	222	100.0%	13	100.0%	106	100.0%	103	100.0%
Not Answered	20		2		9		9	

Your Child's Counseling and Treatment in the Last 12 Months

The next questions ask about your child's counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

Q2. In the last 12 months, did you call someone to get professional counseling on the phone for your child?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	83	35.5%	7	46.7%	38	34.2%	38	35.2%
No	151	64.5%	8	53.3%	73	65.8%	70	64.8%
Total	234	100.0%	15	100.0%	111	100.0%	108	100.0%
Not Answered	8		0		4		4	

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q3. In the last 12 months, how often did you get the professional counseling your child needed on the phone?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Never	6	7.3%	1	14.3%	3	7.9%	2	5.4%
Sometimes	34	41.5%	3	42.9%	15	39.5%	16	43.2%
Usually	14	17.1%	2	28.6%	7	18.4%	5	13.5%
Always	28	34.1%	1	14.3%	13	34.2%	14	37.8%
Total	82	100.0%	7	100.0%	38	100.0%	37	100.0%
Not Answered	1		0		0		1	
Reporting Category	Getting Treatment Quickly							
Achievement Score	51.22%		42.86%		52.63%		51.35%	
Correlation with Satisfaction	0.365		-0.995		0.418		0.473	

Q4. In the last 12 months, did your child need counseling or treatment right away?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	94	39.8%	3	20.0%	52	45.6%	39	36.4%
No	142	60.2%	12	80.0%	62	54.4%	68	63.6%
Total	236	100.0%	15	100.0%	114	100.0%	107	100.0%
Not Answered	6		0		1		5	

Q5. In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Never	7	7.7%	1	33.3%	5	10.0%	1	2.6%
Sometimes	24	26.4%	0	0.0%	13	26.0%	11	28.9%
Usually	23	25.3%	1	33.3%	12	24.0%	10	26.3%
Always	37	40.7%	1	33.3%	20	40.0%	16	42.1%
Total	91	100.0%	3	100.0%	50	100.0%	38	100.0%
Not Answered	3		0		2		1	
Reporting Category	Getting Treatment Quickly							
Achievement Score	65.93%		66.67%		64.00%		68.42%	
Correlation with Satisfaction	0.584		-1.000		0.585		0.666	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q6. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	178	75.4%	8	57.1%	85	75.2%	85	78.0%
No	58	24.6%	6	42.9%	28	24.8%	24	22.0%
Total	236	100.0%	14	100.0%	113	100.0%	109	100.0%
Not Answered	6		1		2		3	

- Q7. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Never	4	2.4%	0	0.0%	3	3.8%	1	1.3%
<input checked="" type="radio"/> Sometimes	34	20.2%	1	12.5%	16	20.0%	17	21.3%
<input checked="" type="radio"/> Usually	44	26.2%	4	50.0%	19	23.8%	21	26.3%
<input checked="" type="radio"/> Always	86	51.2%	3	37.5%	42	52.5%	41	51.3%
Total	168	100.0%	8	100.0%	80	100.0%	80	100.0%
Not Answered	10		0		5		5	
Reporting Category	Getting Treatment Quickly							
Achievement Score	77.38%		87.50%		76.25%		77.50%	
Correlation with Satisfaction	0.455		0.293		0.449		0.475	

- Q8. In the last 12 months, how many times did your child go to an emergency room or crisis center to get counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
None	179	77.2%	10	66.7%	88	78.6%	81	77.1%
1 time	33	14.2%	3	20.0%	14	12.5%	16	15.2%
2 times	12	5.2%	1	6.7%	7	6.3%	4	3.8%
3 or more times	8	3.4%	1	6.7%	3	2.7%	4	3.8%
Total	232	100.0%	15	100.0%	112	100.0%	105	100.0%
Not Answered	10		0		3		7	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment, or medicine in your home or at an office, clinic, or other treatment program?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
None	41	18.0%	6	42.9%	18	16.4%	17	16.3%
1 to 10 times	121	53.1%	3	21.4%	57	51.8%	61	58.7%
11 to 20 times	38	16.7%	2	14.3%	22	20.0%	14	13.5%
21 or more times	28	12.3%	3	21.4%	13	11.8%	12	11.5%
Total	228	100.0%	14	100.0%	110	100.0%	104	100.0%
Not Answered	14		1		5		8	

- Q10. In the last 12 months how many times did your child get counseling, treatment, or medicine in your home?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
None	82	44.6%	4	50.0%	35	39.3%	43	49.4%
1 to 10 times	65	35.3%	3	37.5%	34	38.2%	28	32.2%
11 to 20 times	17	9.2%	0	0.0%	11	12.4%	6	6.9%
21 or more times	20	10.9%	1	12.5%	9	10.1%	10	11.5%
Total	184	100.0%	8	100.0%	89	100.0%	87	100.0%
Not Answered	3		0		3		0	

- Q11. In the last 12 months, how often were you seen within 15 minutes of his or her appointment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Never	14	7.6%	0	0.0%	10	11.0%	4	4.7%
● Sometimes	45	24.3%	3	37.5%	23	25.3%	19	22.1%
● Usually	57	30.8%	3	37.5%	28	30.8%	26	30.2%
● Always	69	37.3%	2	25.0%	30	33.0%	37	43.0%
Total	185	100.0%	8	100.0%	91	100.0%	86	100.0%
Not Answered	2		0		1		1	
Reporting Category	Single Items							
Achievement Score	68.11%		62.50%		63.74%		73.26%	
Correlation with Satisfaction	0.295		0.032		0.348		0.242	

○ Response scored as: ● Achievement ● Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months *(continued)*

The next questions are about all the counseling or treatment your child got in the last 12 months in your home, during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.

- Q12. In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Never	8	4.3%	0	0.0%	6	6.5%	2	2.3%
● Sometimes	17	9.1%	0	0.0%	5	5.4%	12	14.0%
● Usually	31	16.7%	2	25.0%	16	17.4%	13	15.1%
● Always	130	69.9%	6	75.0%	65	70.7%	59	68.6%
Total	186	100.0%	8	100.0%	92	100.0%	86	100.0%
Not Answered	1		0		0		1	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	86.56%		100.00%		88.04%		83.72%	
Correlation with Satisfaction	0.597		0.425		0.634		0.565	

- Q13. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Never	6	3.2%	0	0.0%	5	5.4%	1	1.2%
● Sometimes	19	10.2%	0	0.0%	8	8.7%	11	12.8%
● Usually	31	16.7%	2	25.0%	17	18.5%	12	14.0%
● Always	130	69.9%	6	75.0%	62	67.4%	62	72.1%
Total	186	100.0%	8	100.0%	92	100.0%	86	100.0%
Not Answered	1		0		0		1	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	86.56%		100.00%		85.87%		86.05%	
Correlation with Satisfaction	0.551		0.425		0.632		0.451	

○ Response scored as: ● Achievement ● Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q14.** In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Never	6	3.2%	0	0.0%	5	5.4%	1	1.2%
Sometimes	14	7.6%	0	0.0%	7	7.6%	7	8.2%
Usually	28	15.1%	1	12.5%	14	15.2%	13	15.3%
Always	137	74.1%	7	87.5%	66	71.7%	64	75.3%
Total	185	100.0%	8	100.0%	92	100.0%	85	100.0%
Not Answered	2		0		0		2	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	89.19%		100.00%		86.96%		90.59%	
Correlation with Satisfaction	0.578		0.076		0.583		0.604	

- Q15.** In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Never	10	5.4%	0	0.0%	6	6.5%	4	4.7%
Sometimes	24	13.0%	1	14.3%	10	10.9%	13	15.1%
Usually	40	21.6%	2	28.6%	24	26.1%	14	16.3%
Always	111	60.0%	4	57.1%	52	56.5%	55	64.0%
Total	185	100.0%	7	100.0%	92	100.0%	86	100.0%
Not Answered	2		1		0		1	
Reporting Category	How Well Clinicians Communicate							
Achievement Score	81.62%		85.71%		82.61%		80.23%	
Correlation with Satisfaction	0.569		0.957		0.486		0.651	

- Q16.** In the last 12 months, did your child take any prescription medicines as part of his or her treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	158	85.9%	8	100.0%	78	85.7%	72	84.7%
No	26	14.1%	0	0.0%	13	14.3%	13	15.3%
Total	184	100.0%	8	100.0%	91	100.0%	85	100.0%
Not Answered	3		0		1		2	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q17. In the last 12 months, were you told what side effects of those medicines to watch for?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	122	78.2%	5	62.5%	62	80.5%	55	77.5%
<input checked="" type="radio"/> No	34	21.8%	3	37.5%	15	19.5%	16	22.5%
Total	156	100.0%	8	100.0%	77	100.0%	71	100.0%
Not Answered	2		0		1		1	
Reporting Category Single Items								
Achievement Score	78.21%		62.50%		80.52%		77.46%	
Correlation with Satisfaction	0.209		0.294		0.325		0.074	

Q18. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Never	7	3.7%	0	0.0%	3	3.3%	4	4.6%
<input checked="" type="radio"/> Sometimes	16	8.6%	1	12.5%	9	9.8%	6	6.9%
<input checked="" type="radio"/> Usually	23	12.3%	2	25.0%	10	10.9%	11	12.6%
<input checked="" type="radio"/> Always	141	75.4%	5	62.5%	70	76.1%	66	75.9%
Total	187	100.0%	8	100.0%	92	100.0%	87	100.0%
Not Answered	0		0		0		0	
Reporting Category How Well Clinicians Communicate								
Achievement Score	87.70%		87.50%		86.96%		88.51%	
Correlation with Satisfaction	0.415		0.900		0.345		0.469	

Q19. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	163	88.1%	7	87.5%	80	88.9%	76	87.4%
<input checked="" type="radio"/> No	22	11.9%	1	12.5%	10	11.1%	11	12.6%
Total	185	100.0%	8	100.0%	90	100.0%	87	100.0%
Not Answered	2		0		2		0	
Reporting Category Single Items								
Achievement Score	88.11%		87.50%		88.89%		87.36%	
Correlation with Satisfaction	0.373		0.683		0.318		0.417	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q20. In the last 12 months, how often did your family get the professional help you wanted for your child?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input type="radio"/> Never	9	4.8%	0	0.0%	5	5.5%	4	4.6%
<input type="radio"/> Sometimes	24	12.9%	1	12.5%	9	9.9%	14	16.1%
<input type="radio"/> Usually	43	23.1%	3	37.5%	20	22.0%	20	23.0%
<input type="radio"/> Always	110	59.1%	4	50.0%	57	62.6%	49	56.3%
Total	186	100.0%	8	100.0%	91	100.0%	87	100.0%
Not Answered	1		0		1		0	
Reporting Category Single Items								
Achievement Score	82.26%		87.50%		84.62%		79.31%	
Correlation with Satisfaction	0.733		0.950		0.733		0.729	

Q21. In the last 12 months, how often did you feel your child had someone to talk to when he or she was troubled?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input type="radio"/> Never	9	4.9%	0	0.0%	5	5.4%	4	4.7%
<input type="radio"/> Sometimes	29	15.7%	0	0.0%	13	14.1%	16	18.8%
<input type="radio"/> Usually	36	19.5%	2	25.0%	16	17.4%	18	21.2%
<input type="radio"/> Always	111	60.0%	6	75.0%	58	63.0%	47	55.3%
Total	185	100.0%	8	100.0%	92	100.0%	85	100.0%
Not Answered	2		0		0		2	
Reporting Category Single Items								
Achievement Score	79.46%		100.00%		80.43%		76.47%	
Correlation with Satisfaction	0.634		0.425		0.651		0.645	

Q22. In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input type="radio"/> Yes	120	64.2%	4	50.0%	55	59.8%	61	70.1%
<input type="radio"/> No	67	35.8%	4	50.0%	37	40.2%	26	29.9%
Total	187	100.0%	8	100.0%	92	100.0%	87	100.0%
Not Answered	0		0		0		0	
Reporting Category Single Items								
Achievement Score	64.17%		50.00%		59.78%		70.11%	
Correlation with Satisfaction	0.341		0.603		0.332		0.337	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q23. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	152	81.3%	7	87.5%	76	82.6%	69	79.3%
No	35	18.7%	1	12.5%	16	17.4%	18	20.7%
Total	187	100.0%	8	100.0%	92	100.0%	87	100.0%
Not Answered	0		0		0		0	
Reporting Category Single Items								
Achievement Score	81.28%		87.50%		82.61%		79.31%	
Correlation with Satisfaction	0.469		0.683		0.324		0.631	

Q24. In the last 12 months, were you given information about your child's rights as a patient?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	164	87.7%	8	100.0%	82	89.1%	74	85.1%
No	23	12.3%	0	0.0%	10	10.9%	13	14.9%
Total	187	100.0%	8	100.0%	92	100.0%	87	100.0%
Not Answered	0		0		0		0	
Reporting Category Single Items								
Achievement Score	87.70%		100.00%		89.13%		85.06%	
Correlation with Satisfaction	0.154		-		0.080		0.243	

Q25. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	147	79.5%	6	75.0%	71	77.2%	70	82.4%
No	38	20.5%	2	25.0%	21	22.8%	15	17.6%
Total	185	100.0%	8	100.0%	92	100.0%	85	100.0%
Not Answered	2		0		0		2	
Reporting Category Single Items								
Achievement Score	79.46%		75.00%		77.17%		82.35%	
Correlation with Satisfaction	0.127		-0.193		0.044		0.278	

Response scored as: ● Achievement ● Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q26.** In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	6	3.3%	0	0.0%	2	2.2%	4	4.7%
<input checked="" type="radio"/> No	177	96.7%	8	100.0%	88	97.8%	81	95.3%
Total	183	100.0%	8	100.0%	90	100.0%	85	100.0%
Not Answered	4		0		2		2	
Reporting Category	Single Items							
Achievement Score	96.72%		100.00%		97.78%		95.29%	
Correlation with Satisfaction	0.091		-		-0.115		0.281	

- Q27.** Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment he or she needs?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	5	2.7%	0	0.0%	2	2.2%	3	3.5%
No	180	97.3%	8	100.0%	89	97.8%	83	96.5%
Total	185	100.0%	8	100.0%	91	100.0%	86	100.0%
Not Answered	2		0		1		1	

- Q28.** In the last 12 months, was the care your child received responsive to those needs?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	3	60.0%	-	-	1	50.0%	2	66.7%
<input checked="" type="radio"/> No	2	40.0%	-	-	1	50.0%	1	33.3%
Total	5	100.0%	-	-	2	100.0%	3	100.0%
Not Answered	0		-		0		0	
Reporting Category	Single Items							
Achievement Score	60.00%		-		50.00%		66.67%	
Correlation with Satisfaction	0.528		-		1.000		0.115	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q29. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all of your child's counseling or treatment in the last 12 months?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Worst counseling or treatment possible	3	1.6%	0	0.0%	3	3.3%	0	0.0%
● 1	1	0.5%	0	0.0%	0	0.0%	1	1.2%
● 2	0	0.0%	0	0.0%	0	0.0%	0	0.0%
● 3	3	1.6%	0	0.0%	2	2.2%	1	1.2%
● 4	2	1.1%	0	0.0%	0	0.0%	2	2.4%
● 5	15	8.2%	1	12.5%	6	6.7%	8	9.5%
● 6	7	3.8%	1	12.5%	4	4.4%	2	2.4%
● 7	21	11.5%	0	0.0%	12	13.3%	9	10.7%
● 8	29	15.9%	2	25.0%	12	13.3%	15	17.9%
● 9	21	11.5%	0	0.0%	9	10.0%	12	14.3%
● Best counseling or treatment possible	80	44.0%	4	50.0%	42	46.7%	34	40.5%
Total	182	100.0%	8	100.0%	90	100.0%	84	100.0%
Not Answered	5		0		2		3	
Reporting Category	Ratings							
Achievement Score	71.43%		75.00%		70.00%		72.62%	

- Q30. In the last 12 months, how much was your child helped by the counseling or treatment he or she got?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Not at all	16	6.8%	3	20.0%	7	6.1%	6	5.7%
● A little	23	9.8%	0	0.0%	10	8.8%	13	12.3%
● Somewhat	76	32.3%	7	46.7%	32	28.1%	37	34.9%
● A lot	120	51.1%	5	33.3%	65	57.0%	50	47.2%
Total	235	100.0%	15	100.0%	114	100.0%	106	100.0%
Not Answered	7		0		1		6	
Reporting Category	Single Items							
Achievement Score	83.40%		80.00%		85.09%		82.08%	
Correlation with Satisfaction	0.652		0.773		0.747		0.559	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q31. In general, how would you rate your child's overall mental health now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Excellent	17	7.2%	3	20.0%	8	7.0%	6	5.6%
Very good	52	21.9%	1	6.7%	23	20.0%	28	26.2%
Good	91	38.4%	6	40.0%	42	36.5%	43	40.2%
Fair	68	28.7%	3	20.0%	39	33.9%	26	24.3%
Poor	9	3.8%	2	13.3%	3	2.6%	4	3.7%
Total	237	100.0%	15	100.0%	115	100.0%	107	100.0%
Not Answered	5		0		0		5	

Q32. Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Much better	66	28.0%	6	40.0%	32	27.8%	28	26.4%
● A little better	91	38.6%	5	33.3%	45	39.1%	41	38.7%
● About the same	63	26.7%	4	26.7%	30	26.1%	29	27.4%
● A little worse	14	5.9%	0	0.0%	8	7.0%	6	5.7%
● Much worse	2	0.8%	0	0.0%	0	0.0%	2	1.9%
Total	236	100.0%	15	100.0%	115	100.0%	106	100.0%
Not Answered	6		0		0		6	
Reporting Category	Perceived Improvement							
Achievement Score	66.53%		73.33%		66.96%		65.09%	
Correlation with Satisfaction	0.368		-0.020		0.492		0.260	

Q33. Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Much better	62	26.1%	3	20.0%	34	29.6%	25	23.1%
● A little better	99	41.6%	7	46.7%	41	35.7%	51	47.2%
● About the same	63	26.5%	4	26.7%	35	30.4%	24	22.2%
● A little worse	10	4.2%	1	6.7%	4	3.5%	5	4.6%
● Much worse	4	1.7%	0	0.0%	1	0.9%	3	2.8%
Total	238	100.0%	15	100.0%	115	100.0%	108	100.0%
Not Answered	4		0		0		4	
Reporting Category	Perceived Improvement							
Achievement Score	67.65%		66.67%		65.22%		70.37%	
Correlation with Satisfaction	0.328		0.290		0.383		0.260	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q34. Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Much better	79	33.3%	5	33.3%	37	32.5%	37	34.3%
● A little better	89	37.6%	7	46.7%	39	34.2%	43	39.8%
● About the same	62	26.2%	3	20.0%	34	29.8%	25	23.1%
● A little worse	5	2.1%	0	0.0%	4	3.5%	1	0.9%
● Much worse	2	0.8%	0	0.0%	0	0.0%	2	1.9%
Total	237	100.0%	15	100.0%	114	100.0%	108	100.0%
Not Answered	5		0		1		4	
Reporting Category	Perceived Improvement							
Achievement Score	70.89%		80.00%		66.67%		74.07%	
Correlation with Satisfaction	0.290		0.118		0.449		0.114	

Q35. Compared to 12 months ago, how would you rate your child's problems or symptoms now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
● Much better	70	29.8%	5	33.3%	34	29.8%	31	29.2%
● A little better	97	41.3%	5	33.3%	46	40.4%	46	43.4%
● About the same	53	22.6%	4	26.7%	27	23.7%	22	20.8%
● A little worse	10	4.3%	0	0.0%	6	5.3%	4	3.8%
● Much worse	5	2.1%	1	6.7%	1	0.9%	3	2.8%
Total	235	100.0%	15	100.0%	114	100.0%	106	100.0%
Not Answered	7		0		1		6	
Reporting Category	Perceived Improvement							
Achievement Score	71.06%		66.67%		70.18%		72.64%	
Correlation with Satisfaction	0.436		0.488		0.484		0.387	

The next questions ask about your experience with the company or organization that handles your benefits for your child's counseling or treatment.

Q36. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	37	16.1%	3	20.0%	17	15.0%	17	16.7%
No	193	83.9%	12	80.0%	96	85.0%	85	83.3%
Total	230	100.0%	15	100.0%	113	100.0%	102	100.0%
Not Answered	12		0		2		10	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q37. At the time benefits were used up, did you think your child still needed counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	30	81.1%	3	100.0%	13	76.5%	14	82.4%
No	7	18.9%	0	0.0%	4	23.5%	3	17.6%
Total	37	100.0%	3	100.0%	17	100.0%	17	100.0%
Not Answered	0		0		0		0	

Q38. Were you told about other ways to get counseling, treatment, or medicine for your child?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	14	46.7%	1	33.3%	6	46.2%	7	50.0%
<input type="radio"/> No	16	53.3%	2	66.7%	7	53.8%	7	50.0%
Total	30	100.0%	3	100.0%	13	100.0%	14	100.0%
Not Answered	0		0		0		0	
Reporting Category	Single Items							
Achievement Score	46.67%		33.33%		46.15%		50.00%	
Correlation with Satisfaction	0.385		1.000		0.330		0.395	

Q39. In the last 12 months, did you need approval for any of your child's counseling or treatment?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	46	19.6%	4	26.7%	23	20.0%	19	18.1%
No	189	80.4%	11	73.3%	92	80.0%	86	81.9%
Total	235	100.0%	15	100.0%	115	100.0%	105	100.0%
Not Answered	7		0		0		7	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q40. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> A big problem	9	20.9%	1	25.0%	5	23.8%	3	16.7%
<input checked="" type="radio"/> A small problem	14	32.6%	1	25.0%	6	28.6%	7	38.9%
<input checked="" type="radio"/> Not a problem	20	46.5%	2	50.0%	10	47.6%	8	44.4%
Total	43	100.0%	4	100.0%	21	100.0%	18	100.0%
Not Answered	3		0		2		1	
Reporting Category	Getting Treatment and Information							
Achievement Score	46.51%		50.00%		47.62%		44.44%	
Correlation with Satisfaction	0.320		-1.000		0.364		0.551	

- Q41. In the last 12 months, did you call customer service to get information or help about counseling or treatment for your child?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	22	9.4%	3	21.4%	10	8.8%	9	8.4%
No	213	90.6%	11	78.6%	104	91.2%	98	91.6%
Total	235	100.0%	14	100.0%	114	100.0%	107	100.0%
Not Answered	7		1		1		5	

- Q42. In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
<input checked="" type="radio"/> A big problem	7	31.8%	0	0.0%	4	40.0%	3	33.3%
<input checked="" type="radio"/> A small problem	4	18.2%	1	33.3%	1	10.0%	2	22.2%
<input checked="" type="radio"/> Not a problem	11	50.0%	2	66.7%	5	50.0%	4	44.4%
Total	22	100.0%	3	100.0%	10	100.0%	9	100.0%
Not Answered	0		0		0		0	
Reporting Category	Getting Treatment and Information							
Achievement Score	50.00%		66.67%		50.00%		44.44%	
Correlation with Satisfaction	0.174		-		0.114		0.297	

Response scored as: Achievement Room for Improvement

Reasons for Counseling or Treatment

- Q43. In the last 12 months, was any of your child's counseling or treatment for problems related to ADHD or other behavior problems?**

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	198	83.2%	9	60.0%	96	84.2%	93	85.3%
No	40	16.8%	6	40.0%	18	15.8%	16	14.7%
Total	238	100.0%	15	100.0%	114	100.0%	109	100.0%
Not Answered	4		0		1		3	

- Q44. In the last 12 months, was any of your child's counseling or treatment for family problems or mental or emotional illness?**

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	148	62.2%	8	53.3%	74	64.3%	66	61.1%
No	90	37.8%	7	46.7%	41	35.7%	42	38.9%
Total	238	100.0%	15	100.0%	115	100.0%	108	100.0%
Not Answered	4		0		0		4	

- Q45. In the last 12 months, was any of your child's counseling or treatment for autism or other developmental problems?**

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	64	27.2%	7	46.7%	27	23.9%	30	28.0%
No	171	72.8%	8	53.3%	86	76.1%	77	72.0%
Total	235	100.0%	15	100.0%	113	100.0%	107	100.0%
Not Answered	7		0		2		5	

- Q46. In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?**

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	6	2.5%	0	0.0%	3	2.6%	3	2.7%
No	233	97.5%	14	100.0%	112	97.4%	107	97.3%
Total	239	100.0%	14	100.0%	115	100.0%	110	100.0%
Not Answered	3		1		0		2	

About You and Your Child

Q47. In general, how would you rate your child's overall health now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Excellent	35	14.6%	4	28.6%	13	11.3%	18	16.4%
Very good	82	34.3%	3	21.4%	39	33.9%	40	36.4%
Good	82	34.3%	1	7.1%	43	37.4%	38	34.5%
Fair	35	14.6%	5	35.7%	19	16.5%	11	10.0%
Poor	5	2.1%	1	7.1%	1	0.9%	3	2.7%
Total	239	100.0%	14	100.0%	115	100.0%	110	100.0%
Not Answered	3		1		0		2	

Q48. What is your child's age now?

(Note: Data collapsed into age ranges for report presentation.)

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Less than 1 year old	NA	-	0	0.0%	0	0.0%	NA	-
1 to 2 years old	NA	-	0	0.0%	NA	-	0	0.0%
3 to 4	NA	-	0	0.0%	0	0.0%	NA	-
5 to 6	11	4.6%	NA	-	NA	-	NA	-
7 to 9	52	21.8%	NA	-	26	22.6%	23	21.3%
10 to 12	51	21.4%	NA	-	25	21.7%	24	22.2%
13 to 15	68	28.6%	NA	-	31	27.0%	33	30.6%
16 to 19 years old	53	22.3%	NA	-	30	26.1%	21	19.4%
Total	238	100.0%	15	100.0%	115	100.0%	108	100.0%
Not Answered	4		0		0		4	

Q49. Is your child male or female?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Male	129	54.2%	11	73.3%	55	48.2%	63	57.8%
Female	109	45.8%	4	26.7%	59	51.8%	46	42.2%
Total	238	100.0%	15	100.0%	114	100.0%	109	100.0%
Not Answered	4		0		1		3	

NA: Fewer than 11 responses

About You and Your Child (continued)

Q50. Is your child of Hispanic or Latino origin or descent?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes, Hispanic or Latino	NA	-	NA	-	NA	-	NA	-
No, not Hispanic or Latino	232	97.5%	13	86.7%	111	98.2%	108	98.2%
Total	238	100.0%	15	100.0%	113	100.0%	110	100.0%
Not Answered	4		0		2		2	

Q51. What is your child's race? Please mark one or more. (Note: Percents may add to > 100%)

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
White	131	54.6%	NA	-	63	54.8%	62	56.4%
Black or African-American	104	43.3%	NA	-	47	40.9%	48	43.6%
Asian	NA	-	0	0.0%	NA	-	0	0.0%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%
American Indian or Alaska Native	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other	11	4.6%	NA	-	NA	-	NA	-
Total	240	100.0%	15	100.0%	115	100.0%	110	100.0%
Not Answered	2		0		0		2	

Q52. What is your age now?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
18 to 24	NA	-	0	0.0%	NA	-	0	0.0%
25 to 34	54	23.4%	NA	-	26	23.2%	24	22.6%
35 to 44	78	33.8%	NA	-	35	31.3%	38	35.8%
45 to 54	34	14.7%	NA	-	17	15.2%	16	15.1%
55 to 64	39	16.9%	NA	-	19	17.0%	18	17.0%
65 to 74	21	9.1%	NA	-	11	9.8%	NA	-
75 or older	NA	-	0	0.0%	NA	-	NA	-
Total	231	100.0%	13	100.0%	112	100.0%	106	100.0%
Not Answered	11		2		3		6	

NA: Fewer than 11 responses

About You and Your Child (continued)

Q53. Are you male or female?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Male	32	13.3%	NA	-	13	11.4%	14	12.6%
Female	208	86.7%	NA	-	101	88.6%	97	87.4%
Total	240	100.0%	15	100.0%	114	100.0%	111	100.0%
Not Answered	2		0		1		1	

Q54. What is the highest grade or level of school that you have completed?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
8th grade or less	13	5.5%	0	0.0%	NA	-	NA	-
Some high school, but did not graduate	20	8.4%	0	0.0%	13	11.5%	NA	-
High school graduate or GED	96	40.5%	NA	-	38	33.6%	50	45.9%
Some college or 2-year degree	86	36.3%	NA	-	45	39.8%	35	32.1%
4-year college degree	13	5.5%	NA	-	NA	-	NA	-
More than a 4-year college degree	NA	-	0	0.0%	NA	-	NA	-
Total	237	100.0%	15	100.0%	113	100.0%	109	100.0%
Not Answered	5		0		2		3	

Q55. How are you related to the policyholder?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
I am the policyholder	92	40.0%	7	50.0%	47	43.1%	38	35.5%
Spouse or partner of policyholder	15	6.5%	0	0.0%	7	6.4%	8	7.5%
Child of policyholder	19	8.3%	2	14.3%	6	5.5%	11	10.3%
Other family member	94	40.9%	4	28.6%	43	39.4%	47	43.9%
Friend	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Someone else	10	4.3%	1	7.1%	6	5.5%	3	2.8%
Total	230	100.0%	14	100.0%	109	100.0%	107	100.0%
Not Answered	12		1		6		5	

NA: Fewer than 11 responses

About You and Your Child (continued)

Q56. How are you related to the child?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Mother or father	170	75.6%	11	84.6%	76	70.4%	83	79.8%
Grandparent	39	17.3%	1	7.7%	25	23.1%	13	12.5%
Aunt or uncle	1	0.4%	0	0.0%	0	0.0%	1	1.0%
Older sibling	2	0.9%	0	0.0%	1	0.9%	1	1.0%
Other relative	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Legal guardian	13	5.8%	1	7.7%	6	5.6%	6	5.8%
Total	225	100.0%	13	100.0%	108	100.0%	104	100.0%
Not Answered	17		2		7		8	

Q57. Did someone help you complete this survey?

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Yes	11	4.6%	0	0.0%	8	7.0%	3	2.7%
No	228	95.4%	15	100.0%	106	93.0%	107	97.3%
Total	239	100.0%	15	100.0%	114	100.0%	110	100.0%
Not Answered	3		0		1		2	

Q58. How did that person help you? Check all that apply. (Note: Percents may add to > 100%)

	MSCAN Overall		Molina Healthcare		UnitedHealthcare		Magnolia Health	
	N	%	N	%	N	%	N	%
Read the questions to me	5	45.5%	-	-	3	37.5%	2	66.7%
Wrote down the answers I gave	5	45.5%	-	-	3	37.5%	2	66.7%
Answered the questions for me	0	0.0%	-	-	0	0.0%	0	0.0%
Translated the questions into my language	3	27.3%	-	-	2	25.0%	1	33.3%
Helped in some other way	2	18.2%	-	-	2	25.0%	0	0.0%
Total	11	100.0%	-	-	8	100.0%	3	100.0%
Not Answered	0		-		0		0	



[Mississippi Coordinated Access Network (MSCAN)/Mississippi Children's Health Insurance Program (MSCHIP)]


All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-877-455-9243.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes ➔ *If Yes, Go to Question 1*
 No

↓ START HERE ↓

PERSONAL OR FAMILY COUNSELING

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Children can get counseling, treatment or medicine for many different reasons, such as:

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior problems
- Family problems (like when parents and children have trouble getting along)
- For mental or emotional illness
- For autism or other developmental conditions
- Needing help with drug or alcohol use

1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?

- Yes ➔ *If Yes, go to question 2*
- No ➔ *If No, go to question 47 on page 6*

**YOUR CHILD'S COUNSELING AND
TREATMENT
IN THE LAST 12 MONTHS**

The next questions ask about your child's counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for your child?
- Yes
 No → *If No, go to question 4*
3. In the last 12 months, how often did you get the professional counseling your child needed on the phone?
- Never
 Sometimes
 Usually
 Always
4. In the last 12 months, did your child need counseling or treatment right away?
- Yes
 No → *If No, go to question 6*
5. In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?
- Never
 Sometimes
 Usually
 Always
6. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?
- Yes
 No → *If No, go to question 8*
7. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?
- Never
 Sometimes
 Usually
 Always
8. In the last 12 months, how many times did your child go to an emergency room or crisis center to get counseling or treatment?
- None
 1
 2
 3 or more
9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment or medicine in your home or at an office, clinic, or other treatment program?
- None → *If None, go to question 30 on page 4*
 1 to 10
 11 to 20
 21 or more
10. In the last 12 months how many times did your child get counseling, treatment or medicine in your home?
- None
 1 to 10
 11 to 20
 21 or more
11. In the last 12 months, how often were you seen within 15 minutes of his or her appointment?
- Never
 Sometimes
 Usually
 Always



The next questions are about all the counseling or treatment your child got in the last 12 months in your home, during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.

12. In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?
- Never
 Sometimes
 Usually
 Always
13. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?
- Never
 Sometimes
 Usually
 Always
14. In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?
- Never
 Sometimes
 Usually
 Always
15. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?
- Never
 Sometimes
 Usually
 Always
16. In the last 12 months, did your child take any prescription medicines as part of his or her treatment?
- Yes
 No → *If No, go to question 18*

17. In the last 12 months, were you told what side effects of those medicines to watch for?
- Yes
 No
18. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?
- Never
 Sometimes
 Usually
 Always
19. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?
- Yes
 No
20. In the last 12 months, how often did your family get the professional help you wanted for your child?
- Never
 Sometimes
 Usually
 Always
21. In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?
- Never
 Sometimes
 Usually
 Always
22. In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?
- Yes
 No

23. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?

- Yes
- No

24. In the last 12 months, were you given information about your child's rights as a patient?

- Yes
- No

25. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?

- Yes
- No

26. In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?

- Yes
- No

27. Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment he or she needs?

- Yes
- No → *If No, go to question 29*

28. In the last 12 months, was the care your child received responsive to those needs?

- Yes
- No

29. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all of your child's counseling or treatment in the last 12 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Counseling or | | | | | Counseling or | | | | | |
| Treatment | | | | | Treatment | | | | | |
| Possible | | | | | Possible | | | | | |

30. In the last 12 months, how much was your child helped by the counseling or treatment he or she got?

- Not at all
- A little
- Somewhat
- A lot

31. In general, how would you rate your child's overall mental health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

32. Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

33. Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?

- Much better
- A little better
- About the same
- A little worse
- Much worse



34. Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

35. Compared to 12 months ago, how would you rate your child's problems or symptoms now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

The next questions ask about your experience with the company or organization that handles your benefits for your child's counseling or treatment.

36. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?

- Yes
- No → *If No, go to question 39*

37. At the time benefits were used up, did you think your child still needed counseling or treatment?

- Yes
- No → *If No, go to question 39*

38. Were you told about other ways to get counseling, treatment, or medicine for your child?

- Yes
- No

39. In the last 12 months, did you need approval for any of your child's counseling or treatment?

- Yes
- No → *If No, go to question 41*

40. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

- A big problem
- A small problem
- Not a problem

41. In the last 12 months, did you call customer service to get information or help about counseling or treatment for your child?

- Yes
- No → *If No, go to question 43*

42. In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service?

- A big problem
- A small problem
- Not a problem

REASONS FOR COUNSELING OR TREATMENT

43. In the last 12 months, was any of your child's counseling or treatment for problems related to ADHD or other behavior problems?

- Yes
- No

44. In the last 12 months, was any of your child's counseling or treatment for family problems or mental or emotional illness?

- Yes
- No

45. In the last 12 months, was any of your child's counseling or treatment for autism or other developmental problems?

- Yes
- No



46. In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?

- Yes
- No

ABOUT YOU AND YOUR CHILD

47. In general, how would you rate your child's overall health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

48. What is your child's age now?

- Less than 1 year old

YEARS OLD (write in)

49. Is your child male or female?

- Male
- Female

50. Is your child of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

51. What is your child's race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

52. What is your age now?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

53. Are you male or female?

- Male
- Female

54. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

55. How are you related to the policyholder?

- I am the policyholder
- Spouse or partner of policyholder
- Child of policyholder
- Other family member
- Friend
- Someone else

56. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older sibling
- Other relative
- Legal guardian

57. Did someone help you complete this survey?

- Yes → If Yes, go to question 58
- No → Thank you. Please return the completed survey in the postage-paid envelope.



58. How did that person help you? Check all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

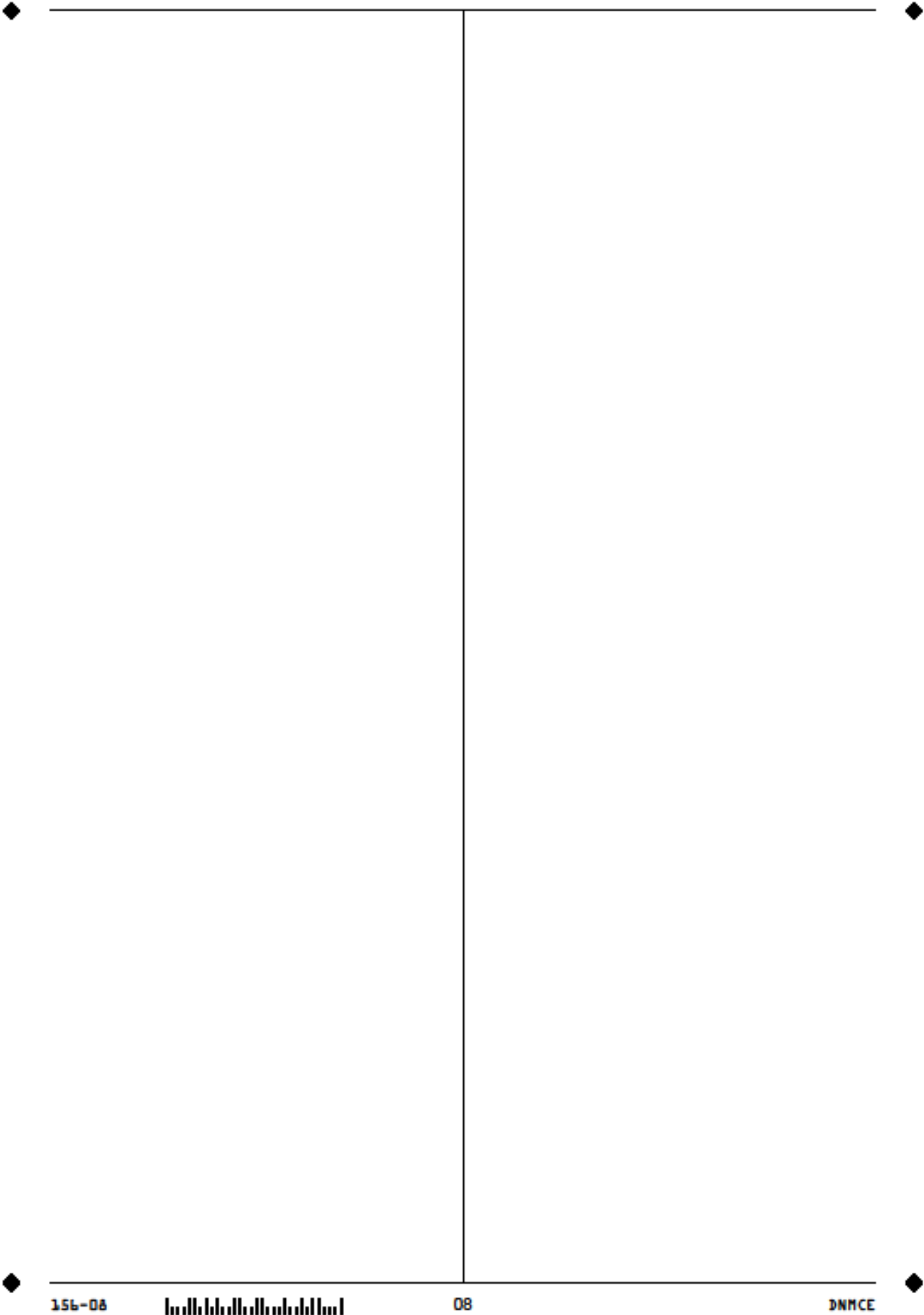
THANK YOU

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

DataStat,
3975 Research Park Drive,
Ann Arbor, MI 48108





156-08



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DNMCE



Attachment 4: Mississippi CHIP CAHPS® ECHO 3.0 CHIP Report



MISSISSIPPI DIVISION OF
MEDICAID

Mississippi CHIP

CAHPS® ECHO 3.0 CHIP Report

March 2023



3975 Research Park Drive
Ann Arbor, MI 48106

Using This Report	1
Executive Summary	3
Sample Disposition	5
Trend Analysis	6
Key Strengths and Opportunities for Improvement	7
Methodology	8
Survey Milestones	
Sampling Frame	
Selection of Cases for Analysis	
Questionnaire	
Definition of Achievement Scores	
Composites	
Correlation to Satisfaction	
Comparisons: Current Year and Trending	
Statistical Testing	
Priority Matrices	11
Composites	12
Composite Items	13
Getting Treatment Quickly	14
How Well Clinicians Communicate	15
Getting Treatment and Information from the Plan	16
Perceived Improvement	17
Overall Ratings	18
Rating of counseling or treatment	19
Composites	20
Getting Treatment Quickly	21
How Well Clinicians Communicate	25
Getting Treatment and Information from the Plan	31
Perceived Improvement	34
Single Items	
Usually or always seen within 15 minutes of appointment time	39
Told about side effects of medication	40
Goals of counseling or treatment discussed completely	41
Usually or always got professional help wanted for child	42
Child usually or always had someone to talk to when troubled	43
Told about different kinds of treatment available	44
Given as much information as wanted to manage condition	45
Given information about rights as a patient	46
Felt that they could refuse a specific type of treatment	47
Confident about privacy of treatment information	48
Care responsive to cultural needs	49
A lot or somewhat helped by treatment	50
Told about other ways to get treatment after benefits were used up	51
Responses by Question	52
Appendix A: Sample Questionnaire	

Using This Report

Results from the CAHPS® ECHO 3.0 Survey for CHIP enrollees provide a comprehensive tool for assessing consumers' experiences with their behavioral health care. DataStat, Inc., conducted the survey on behalf of the Mississippi Child Health Insurance Program (Mississippi CHIP).

The instrument selected for the survey was the Child Experience of Care and Health Outcomes (ECHO) Survey 3.0, the CAHPS® behavioral health survey for use in assessing the performance of health plans. The survey instrument used for the Mississippi CHIP survey project consisted of fifty-eight core questions.

The majority of questions addressed domains of member experience such as getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, perceived improvement, and overall satisfaction with counseling and treatment.

This report is designed to allow Mississippi CHIP and the health plans to identify key opportunities for improving members' experiences. Member responses to survey questions are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed as the proportion of responses qualifying as achievements. In general, somewhat positive responses are included with positive responses as achievements. For example, a member response of "Usually" or "Always" to the question "... when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?" is considered an achievement, and the achievement score for this question is equal to the proportion of respondents who answered the question with "Usually" or "Always". Because achievement scores for survey questions are computed as the proportion of members who indicate a positive experience, the lower the achievement score, the greater the need for the health plan to improve.

Achievement scores are computed and reported for all pertinent survey items. In addition, composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, and perceived improvement.

The CAHPS® ECHO survey results are presented here in a format that is optimized for use in practical decision-making. Specifically, these reports can:

1. Assist health plans in identifying strengths and weaknesses in their quality of care and services.
2. Provide health plans with a way to assess where resources can best be allocated to improve weaknesses.
3. Show health plans the effects of their efforts to improve over time.

In the *Composites* section of the report, composite scores and the achievement scores for their component questionnaire items are presented in the form of bar charts to facilitate comparison of scores across health plans or time.

Correlations with counseling or treatment satisfaction are computed for each composite score and each achievement score of the composite's individual questionnaire items. In the *Priority Matrices* section of the report, these correlations are plotted against the achievement scores to help isolate specific areas where improvement efforts might have the greatest chance of increasing counseling or treatment satisfaction among members.

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Statistical significance tests were run comparing Mississippi CHIP overall scores with each health plan score. Comparisons are presented in the *Executive Summary* and *Graphs* sections of the report. Trend comparisons are presented in the *Trend Analysis* and the *Responses by Question* sections of the report.

Conclusions based on the information presented in this report should be tempered by a few caveats. First, for some survey items, relatively small numbers of responses could be collected due to skip patterns inherent in the instrument. Conclusions based on analysis of fewer than 30 observations should be viewed with caution. Second, in some of the data presentations included in this report, correlation coefficients are computed to explore the relationship between different measures. High correlations, however, do not necessarily indicate causation.

Executive Summary

This report offers the findings from the Experience of Care and Behavioral Health Outcomes (ECHO) Survey developed by AHRQ. The purpose of the survey is to learn about the experiences of adult and child members after receiving counseling or treatment from a provider. It addresses key topics such as access to counseling and treatment, provider communication, plan information, and overall rating of counseling and treatment received. The results of this survey are used to give feedback to the plan to help improve the quality of care.

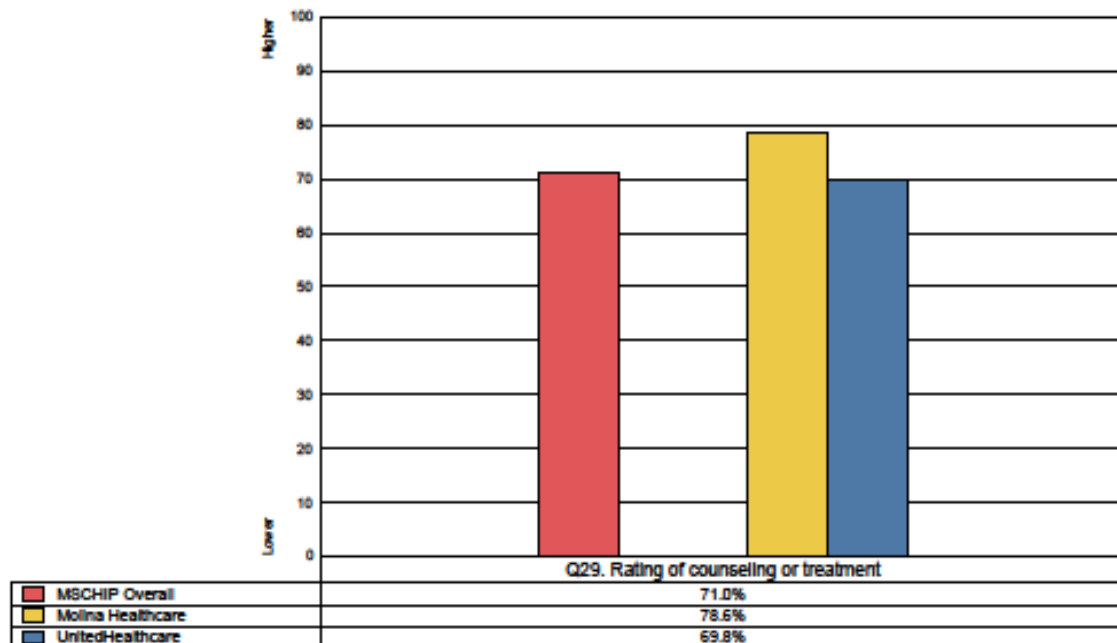
The following pages summarize the findings of a child survey conducted for Mississippi CHIP. Attempts were made to survey 1,500 enrollee households by mail during the period from October 28, 2022 through February 24, 2023, using a standardized survey procedure and questionnaire.

SUMMARY OF OVERALL RATING QUESTION

Response options for the counseling or treatment rating question range from 0 (worst) to 10 (best). In the table below, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as a proportion of members whose response was an achievement.

The Mississippi CHIP overall rating is presented along with each plan's rating. Statistical testing is performed between the Mississippi CHIP overall score and each plan score. A significantly higher or lower score is indicated by an arrow above the bar.

Overall Rating Question



↕ Statistically significantly higher/lower than MSCHIP Overall

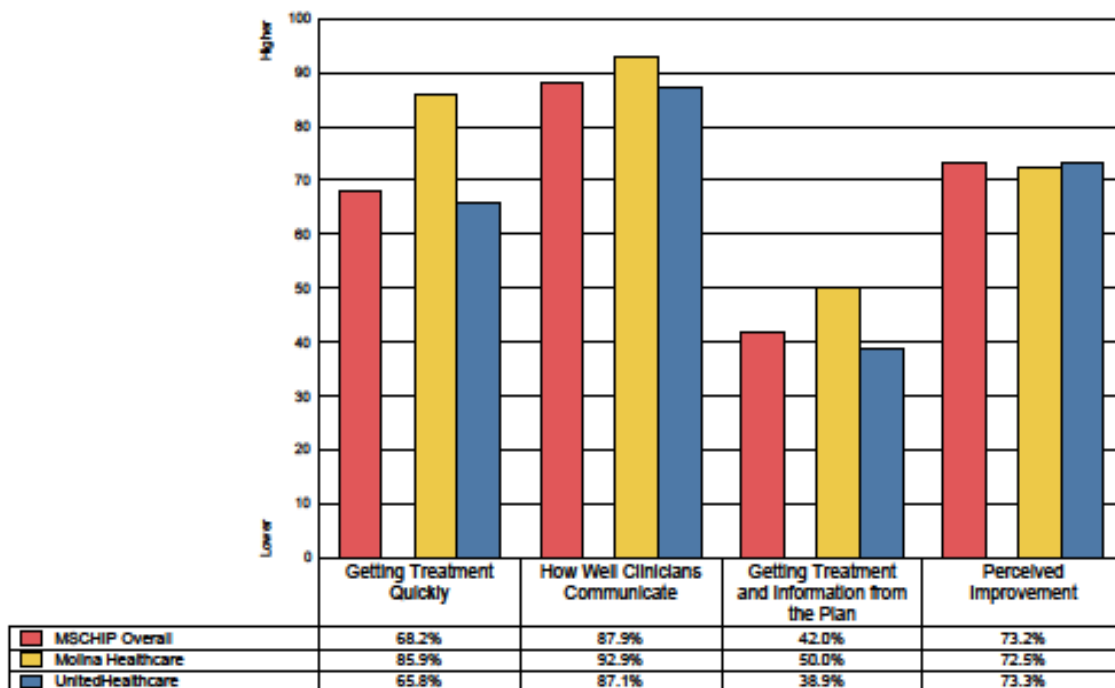
SUMMARY OF COMPOSITES

For each of four domains of member experience, Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, and Perceived Improvement, a composite score is calculated. The composite scores are intended to give a summary assessment of how Mississippi CHIP performed across the domain.

Mississippi CHIP overall composite scores are presented along with the composite scores for each plan. Statistical testing is performed between the Mississippi CHIP overall score and each plan score. A significantly higher or lower score is indicated by an arrow above the bar. For details on how statistical testing was conducted, please see the *Methodology* section of the report.

In the table below, proportions of positive responses are reported as achievement scores. For the Getting Treatment Quickly and How Well Clinicians Communicate composites, responses of "Usually" or "Always" are considered achievements. For the Getting Treatment and Information from the Plan composite, responses of "Not a problem" are considered achievements. For the Perceived Improvement composite, responses of "Much better" or "A little better" are considered achievements.

Composites



Sample Disposition

	MSCHIP Overall	Molina Healthcare	UnitedHealthcare
First mailing - sent	1500	750	750
First mailing - usable and eligible survey returned	54	9	45
Second mailing - sent	1360	692	668
Second mailing - usable and eligible survey returned	49	5	44
Third mailing - sent	1253	661	592
Third mailing - usable and eligible survey returned	24	7	17
Total - usable and eligible surveys	127	21	106
Ineligible: According to population criteria ¹	77	57	20
Ineligible: Language barrier	0	0	0
Ineligible: Deceased	0	0	0
Ineligible: Mentally or physically unable to complete survey	0	0	0
Bad / no address ²	105	35	70
Refusal	0	0	0
Nonresponse ³	1191	637	554
Response Rate	8.5%	3.0%	14.5%

¹Population criteria: The designated respondent must be enrolled in the health plan and meet the age requirements of the survey methodology.

²No valid contact information provided in sample.

³Unavailable by mail: Includes bad / no contact information

Note: $Response\ Rate = \frac{Total\ Usable\ and\ Eligible\ Surveys}{Total\ Cases - Total\ Ineligible\ Cases}$

Trend Analysis - 2022 vs. 2021

Mississippi CHIP

The table below provides a snapshot of the items with the greatest point change, positive or negative, since 2021. All performance-related items in the questionnaire that were trendable were listed in descending order of point change, and testing was conducted to determine which trends were statistically significant. Shown below are the ten items at the top of the list and the ten items at the bottom, with their 2021 and 2022 scores and results of significance testing.

In the table presented below, differences over time may be readily apparent. However, where these differences are not statistically significant they should be evaluated accordingly.

Question	MSCHIP 2022 Score	MSCHIP 2021 Score	Point Change	Composite/ Question Group	
Q38. Told about other ways to get treatment after benefits were used up	44.4%	11.1%	+ 33.3	Single Items	
Q22. Told about different kinds of treatment available	70.0%	59.0%	+ 11.0	Single Items	
Q5. Usually or always got urgent treatment as soon as needed	72.3%	65.6%	+ 6.8	Getting Treatment Quickly	
Q24. Given information about rights as a patient	86.1%	83.0%	+ 3.1	Single Items	
Q25. Felt that they could refuse a specific type of treatment	89.0%	86.1%	+ 2.9	Single Items	
Q30. A lot or somewhat helped by treatment	81.0%	78.5%	+ 2.5	Single Items	
Q7. Usually or always got appointment as soon as wanted	73.2%	71.2%	+ 2.0	Getting Treatment Quickly	
Q18. Usually or always involved as much as you wanted in treatment	88.1%	87.2%	+ 0.9	How Well Clinicians Communicate	
Q14. Clinicians usually or always showed respect	94.1%	95.5%	- 1.5	How Well Clinicians Communicate	
Q29. Rating of counseling or treatment	71.0%	73.5%	- 2.5	Ratings	
Q23. Given as much information as wanted to manage condition	71.0%	76.5%	- 5.5	Single Items	
Q12. Clinicians usually or always listened carefully	86.1%	92.3%	- 6.2	How Well Clinicians Communicate	
Q33. Much better or a little better able to deal with social situations compared to 1 year ago	68.8%	75.0%	- 6.2	Perceived Improvement	
Q11. Usually or always seen within 15 minutes of appointment time	67.3%	73.7%	- 6.4	Single Items	
Q19. Goals of counseling or treatment discussed completely	86.0%	92.9%	- 6.9	Single Items	
Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago	74.2%	82.7%	- 8.5	Perceived Improvement	
Q15. Clinicians usually or always spent enough time	82.0%	91.0%	- 9.0 ▼	How Well Clinicians Communicate	
Q42. Getting help from customer service was not a problem	54.5%	63.6%	- 9.1	Getting Treatment and Information	
Q40. Delays in treatment while waiting for plan approval were not a problem	28.6%	41.7%	- 13.1	Getting Treatment and Information	
Q28. Care responsive to cultural needs	71.4%	100.0%	- 28.6	Single Items	

▲ ▼ Statistically significantly higher/lower than 2021 score.

Key Strengths and Opportunities for Improvement

The following tables display the ten questions most highly correlated with Mississippi CHIP member satisfaction with counseling and treatment (Q29), their corresponding achievement scores and correlations. Achievement scores are considered "high" when the score is 85% or higher. For the details of the correlation analysis, please see the *Methodology* section of the report.

Among the ten items, the five questions with the highest achievement scores are presented first as Key Strengths. These are areas that appear to matter the most to members, and where the health plan is doing well. The five questions with the lowest achievement scores are presented second, as Opportunities for Improvement. These are areas that appear to matter the most to members, but where the health plan is not doing as well and could focus quality improvement efforts.

Key Strengths

Question	MSCHIP Achievement Score	Correlation w/ satisfaction
Q18. Usually or always involved as much as you wanted in treatment	88.1	0.54
Q19. Goals of counseling or treatment discussed completely	86.0	0.60
Q20. Usually or always got professional help wanted for child	84.2	0.63
Q30. A lot or somewhat helped by treatment	81.0	0.76
Q21. Child usually or always had someone to talk to when troubled	78.0	0.67

Opportunities for Improvement

Question	MSCHIP Achievement Score	Correlation w/ satisfaction
Q33. Much better or a little better able to deal with social situations compared to 1 year ago	68.8	0.56
Q23. Given as much information as wanted to manage condition	71.0	0.68
Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago	74.2	0.61
Q34. Much better or a little better able to accomplish things compared to 1 year ago	74.4	0.57
Q32. Much better or a little better able to deal with daily problems compared to 1 year ago	74.6	0.59

Methodology

The survey drew as potential respondents parents or guardians of CHIP enrollees aged 18 or younger who received mental health, substance abuse, or intellectual and developmental disability services through the health plan within the last year. Respondents were surveyed in English, with the option to request Spanish or Vietnamese materials at the second and third survey mailings.

The survey was administered over a 17-week period using a mail-only protocol. The five-wave protocol consisted of an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing and reminder postcard to non-respondents, and finally a third survey mailing to any remaining non-respondents.

Survey Milestones

1st mailing of survey packets:	October 28, 2022
1st mailing of reminder postcards:	November 4, 2022
2nd mailing of survey packets:	December 2, 2022
2nd mailing of reminder postcards:	December 9, 2022
3rd mailing of survey packets:	January 13, 2023
Mail field closed:	February 24, 2023

Sampling Frame

A total random sample of 1,500 cases was drawn of CHIP enrollees from the participating plans. This consisted of a random sample of 750 enrollees from each plan. To be eligible, child enrollees had to be 18 years or younger and have received services through the health plan within the last year prior to September 2022.

Selection of Cases for Analysis

Surveys were considered complete if a respondent answered at least one question and their responses did not indicate that they were ineligible for the survey. Complete usable and eligible interviews were obtained from 127 parent/caretakers of Mississippi CHIP enrollees, and the Mississippi CHIP usable and eligible response rate was 8.9%.

Questionnaire

The instrument selected for the survey was the CAHPS® ECHO 3.0 Child core survey for use in assessing the performance of health plans. The survey instrument used for the Mississippi CHIP ECHO survey project consisted of fifty-eight core questions. The scored questions included fourteen composite items, thirteen single items, and one rating question, which addressed domains of member experience such as getting treatment quickly, how well clinicians communicate, getting treatment and information from the plan, perceived improvement, and satisfaction with counseling or treatment.

Definition of Achievement Scores

Member responses to survey questions are summarized as achievement scores. Responses that indicate a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. In general, somewhat positive responses are included with positive responses as achievements. For example, member responses of "Usually" or "Always" for items with the response options "Never", "Sometimes", "Usually", and "Always" are considered achievements, and responses of "8", "9", or "10" to rating questions on a scale of "0" to "10" are also considered achievements. Because achievement scores for survey questions are computed as the proportion of enrollees who indicate a positive experience, the lower the achievement score, the greater the need for the health plan to improve. See the *Responses by Question* section for assignment of achievement responses for each question.

Composites

Four composite scores summarize responses in key areas: Getting Treatment Quickly, How Well Clinicians Communicate, Getting Treatment and Information from the Plan, and Perceived Improvement. Following is a list of the questions that comprise each composite, with a short description of the responses considered an achievement for each question:

Getting Treatment Quickly

- Q3. Usually or always got help by telephone
- Q5. Usually or always got urgent treatment as soon as needed
- Q7. Usually or always got appointment as soon as wanted

How Well Clinicians Communicate

- Q12. Clinicians usually or always listened carefully
- Q13. Clinicians usually or always explained things
- Q14. Clinicians usually or always showed respect
- Q15. Clinicians usually or always spent enough time
- Q18. Usually or always involved as much as you wanted in treatment

Getting Treatment and Information from the Plan

- Q40. Delays in treatment while waiting for plan approval were not a problem
- Q42. Getting help from customer service was not a problem

Perceived Improvement

- Q32. Much better or a little better able to deal with daily problems compared to 1 year ago
- Q33. Much better or a little better able to deal with social situations compared to 1 year ago
- Q34. Much better or a little better able to accomplish things compared to 1 year ago
- Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago

The composite scores presented in this report are calculated using a member-level scoring algorithm. First, an average of achievements is calculated for each member that appropriately answered at least one question in the composite. A composite achievement score is then calculated by taking the mean of those individual member averages.

The "N" presented with the composite score is the number of members who appropriately answered at least one question in that composite.

Correlation to Satisfaction

To understand the relationship between performance in particular areas of member experience and overall satisfaction with counseling or treatment, correlations are computed between responses to specific performance-related items and Q29, which is the rating question in the survey instrument measuring overall satisfaction with counseling or treatment. The particular correlation computed is Pearson's Correlation Coefficient, which takes on values between -1 and 1. In the context of this report, coefficients greater than or equal to .4 are more highly correlated with satisfaction (medium to high); coefficients less than .4 represent lower correlations with satisfaction (medium to low).

Comparisons: Current Year and Trending

Throughout the report, Mississippi CHIP overall 2022 results are compared to each health plan's results, with significance testing. The 2022 Mississippi CHIP overall results represent the combined scores of the participating plans. Trend data between Mississippi CHIP overall 2022 and Mississippi CHIP overall 2021 results with significance testing is presented in the *Trend Analysis and Responses by Question* sections.

For some survey items, relatively small numbers of responses were collected due to skip patterns inherent in the instrument. Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Statistical Testing

Statistically significant differences between scores were determined using binomial and t-tests. If the test was valid, a significance level of .05 or less was considered statistically significant and "*" or "†" was placed at the end/top of the appropriate bar. Tests were considered valid when the number of cases used to compute each score was 30 or greater, and there was non-zero variation in the tested groups.

PRIORITY MATRICES

Priority matrices help focus improvement activities by graphically juxtaposing two kinds of information: the magnitude of health plan achievement scores and their Pearson correlation with overall counseling or treatment satisfaction. Overall satisfaction with counseling or treatment is based on Q29, which asks respondents to rate their experience with their counseling or treatment, using a 0-10 scale, from "Worst counseling or treatment possible" to "Best counseling or treatment possible". Achievement scores are plotted against their correlation with overall counseling or treatment satisfaction.

With respect to achievement scores, higher scores are obviously better. With respect to correlations however, their magnitude is best considered not in terms of better or worse, but rather in terms of importance. In the context of quality improvement activities, the most important composites are those which are most highly correlated with overall counseling and treatment satisfaction. For example, if one composite is more highly correlated with overall counseling and treatment satisfaction than the others, improving service in that particular area is more likely to improve ratings of overall counseling and treatment satisfaction over time. Conversely, if an item is weakly correlated with overall counseling and treatment satisfaction, altering services in that domain won't significantly alter ratings of counseling and treatment.

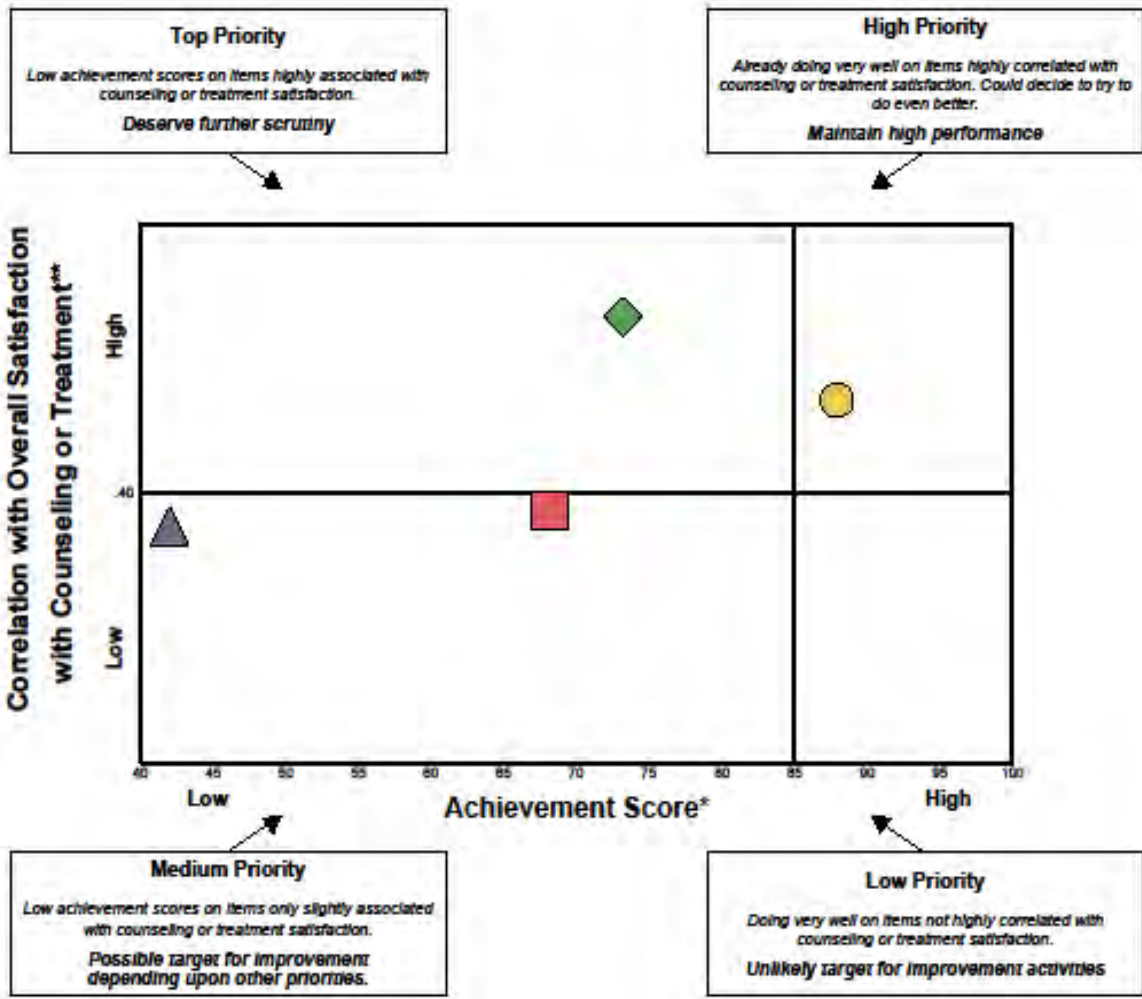
For the purposes of the priority matrix, an achievement score is considered "high" when the score is 85% or higher. Correlation coefficients greater than or equal to .4 are considered "highly correlated" with counseling and treatment satisfaction; coefficients less than .4 are considered lower correlations with counseling and treatment satisfaction. The plot of scores against correlations thus falls into a four-quadrant matrix, where the four quadrants are determined by an 85% score horizontal axis and a .4 correlation vertical axis.

Association with Overall Satisfaction**	High	Top Priority <i>Low achievement scores on items highly associated with counseling or treatment satisfaction.</i> <i>Deserve further scrutiny</i>	High Priority <i>Already doing very well on items highly correlated with counseling or treatment satisfaction. Could decide to try to do even better.</i> <i>Maintain high performance</i>
	Low	Medium Priority <i>Low achievement scores on items only slightly associated with counseling or treatment satisfaction.</i> <i>Possible target for improvement depending upon other priorities.</i>	Low Priority <i>Doing very well on items not highly correlated with counseling or treatment satisfaction.</i> <i>Unlikely target for improvement activities</i>
		Low	High
		Achievement Score*	

* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix Composites

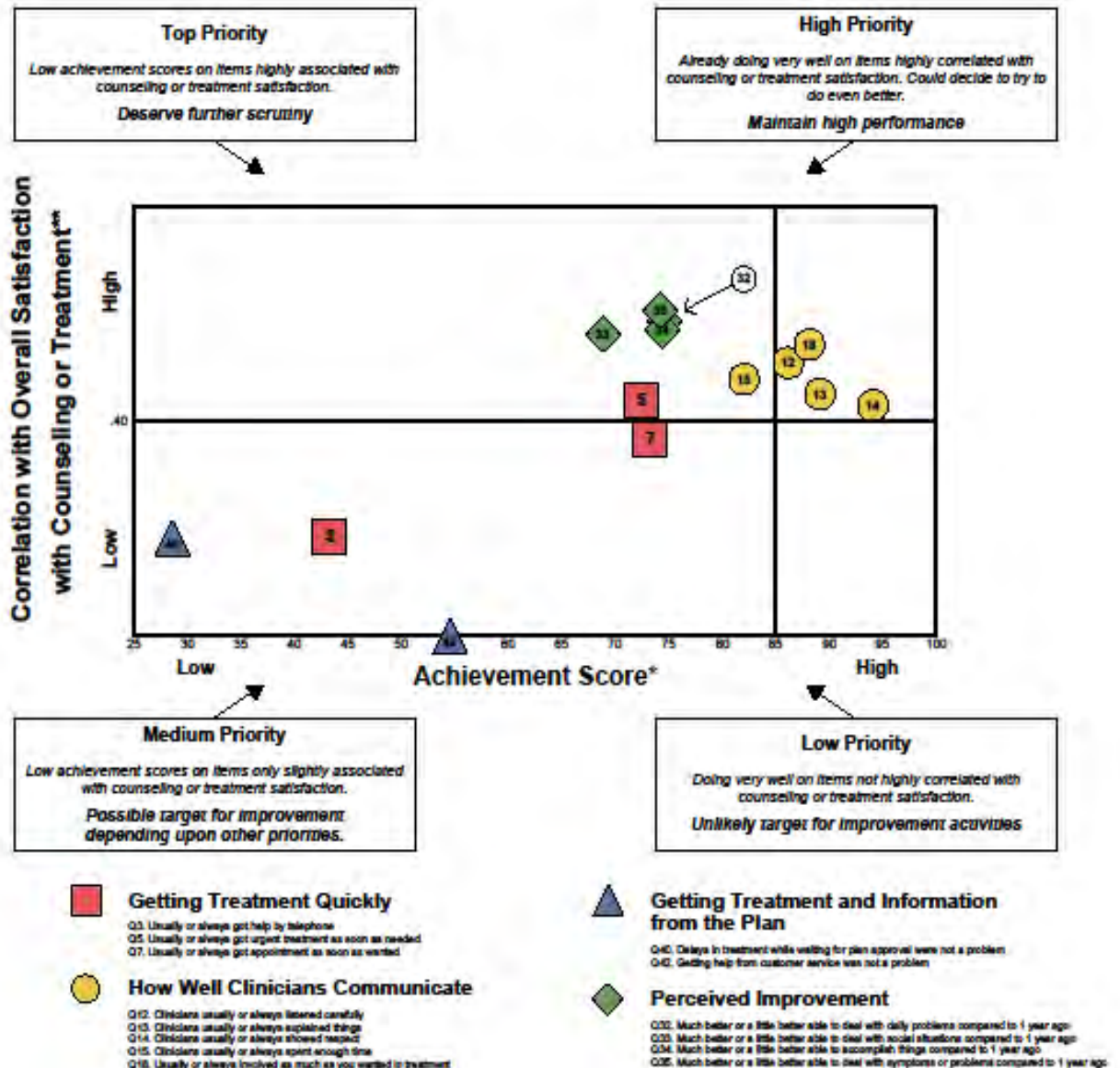


- Getting Treatment Quickly
- ▲ Getting Treatment and Information from the Plan
- How Well Clinicians Communicate
- ◆ Perceived Improvement

* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix Composite Items

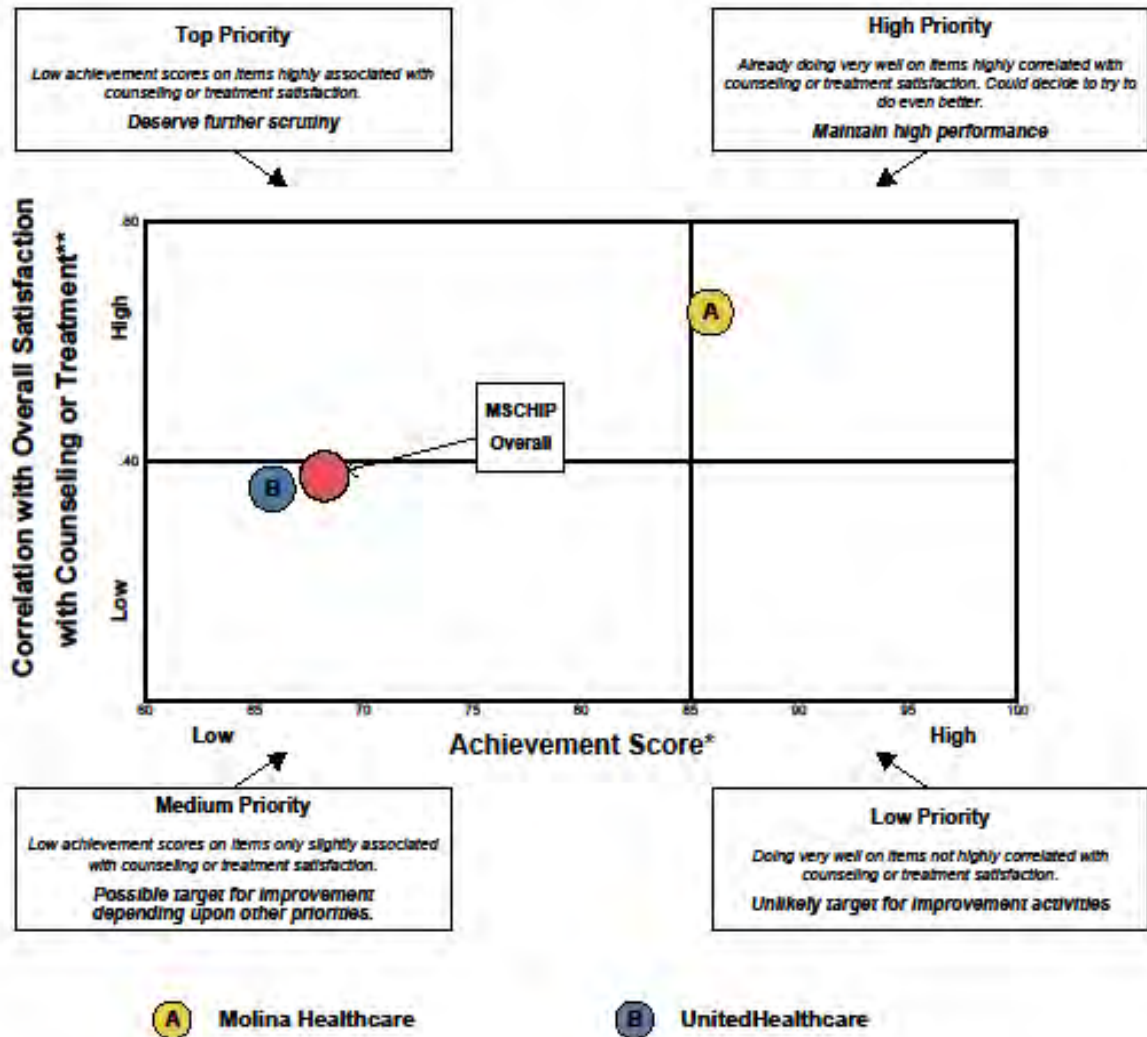


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Getting Treatment Quickly

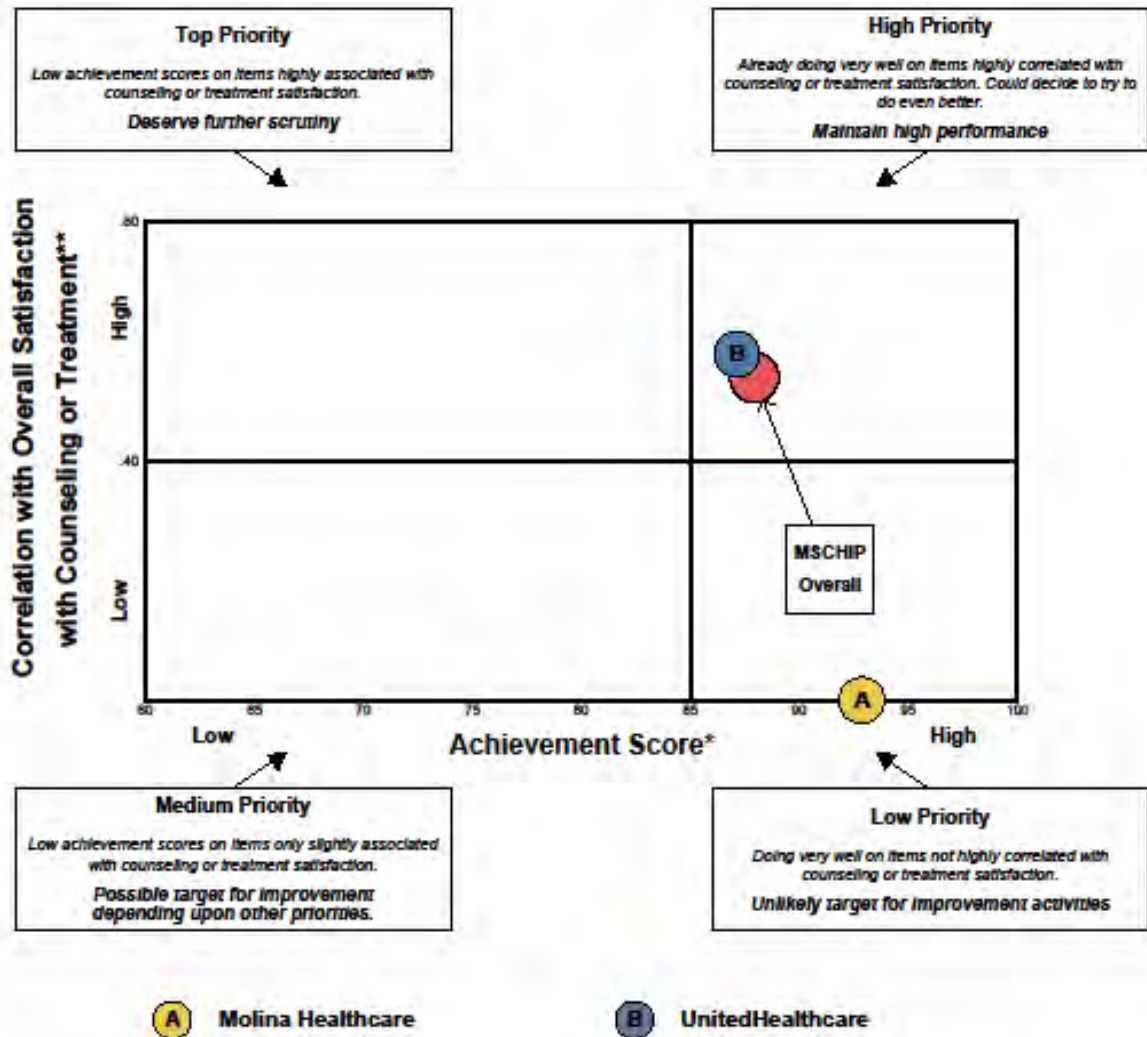


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

How Well Clinicians Communicate

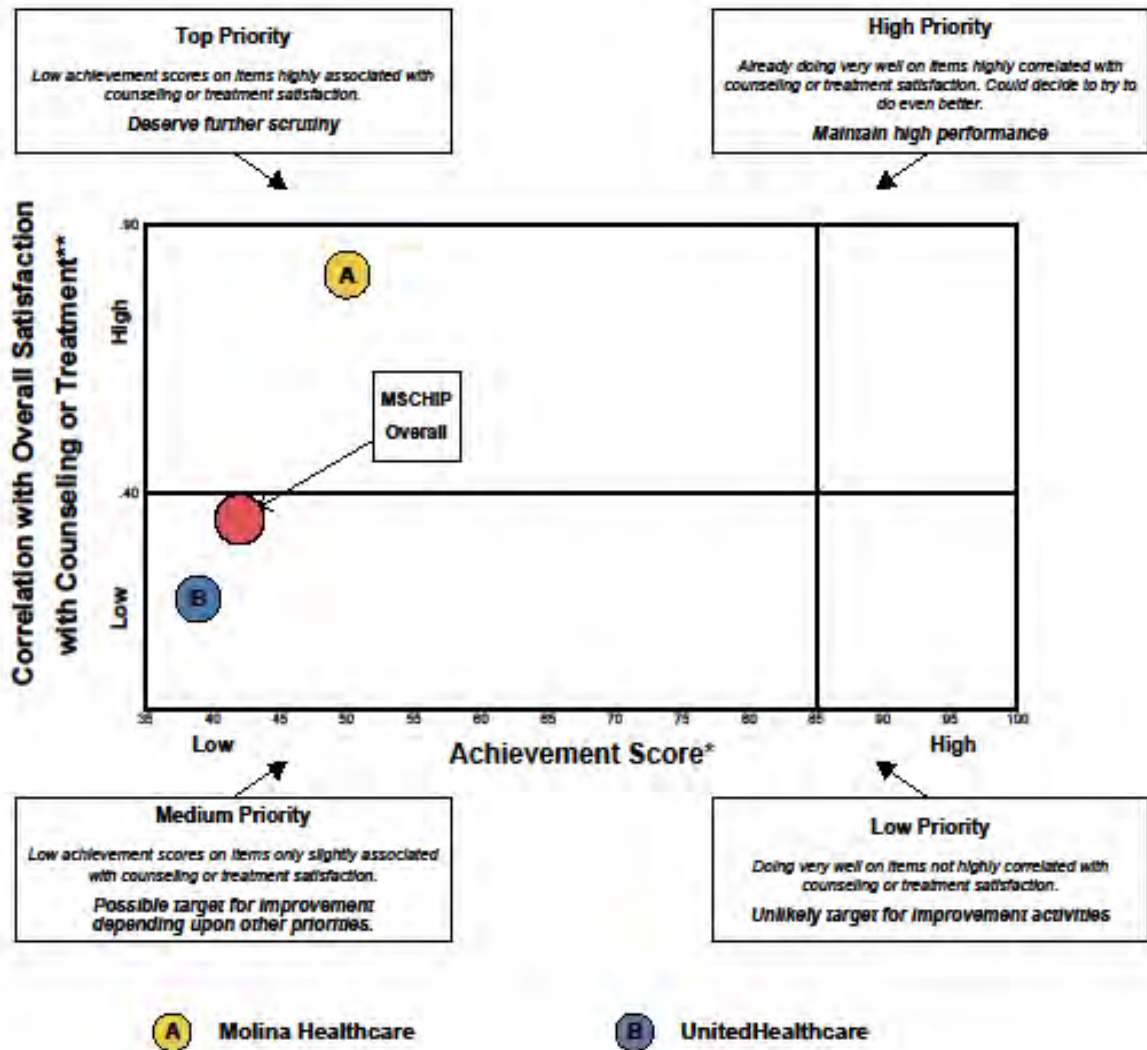


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Getting Treatment and Information from the Plan

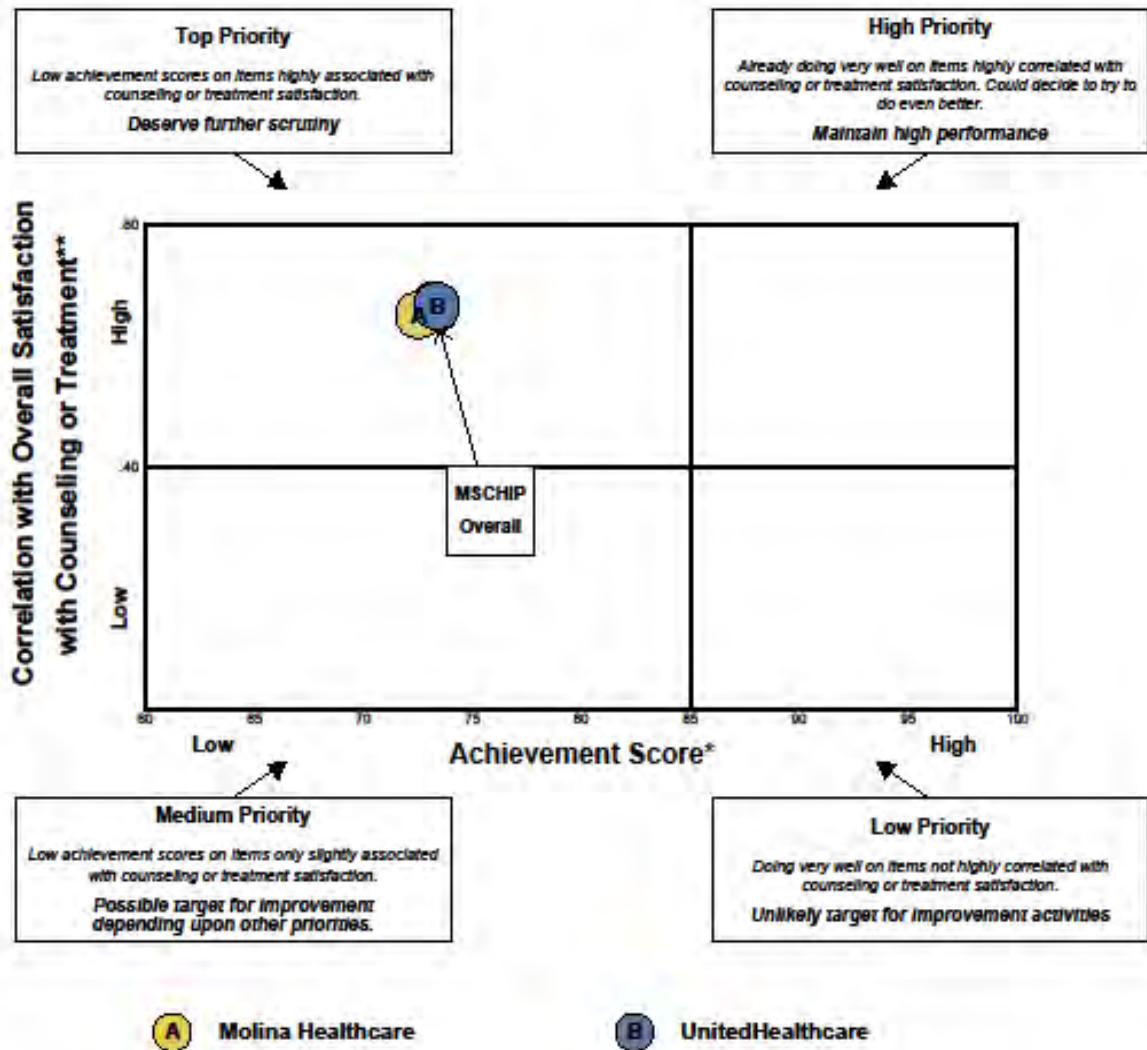


* An achievement score is ranked "high" when score is 85 or higher.

** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Priority Matrix - Composites

Perceived Improvement



* An achievement score is ranked "high" when score is 85 or higher.

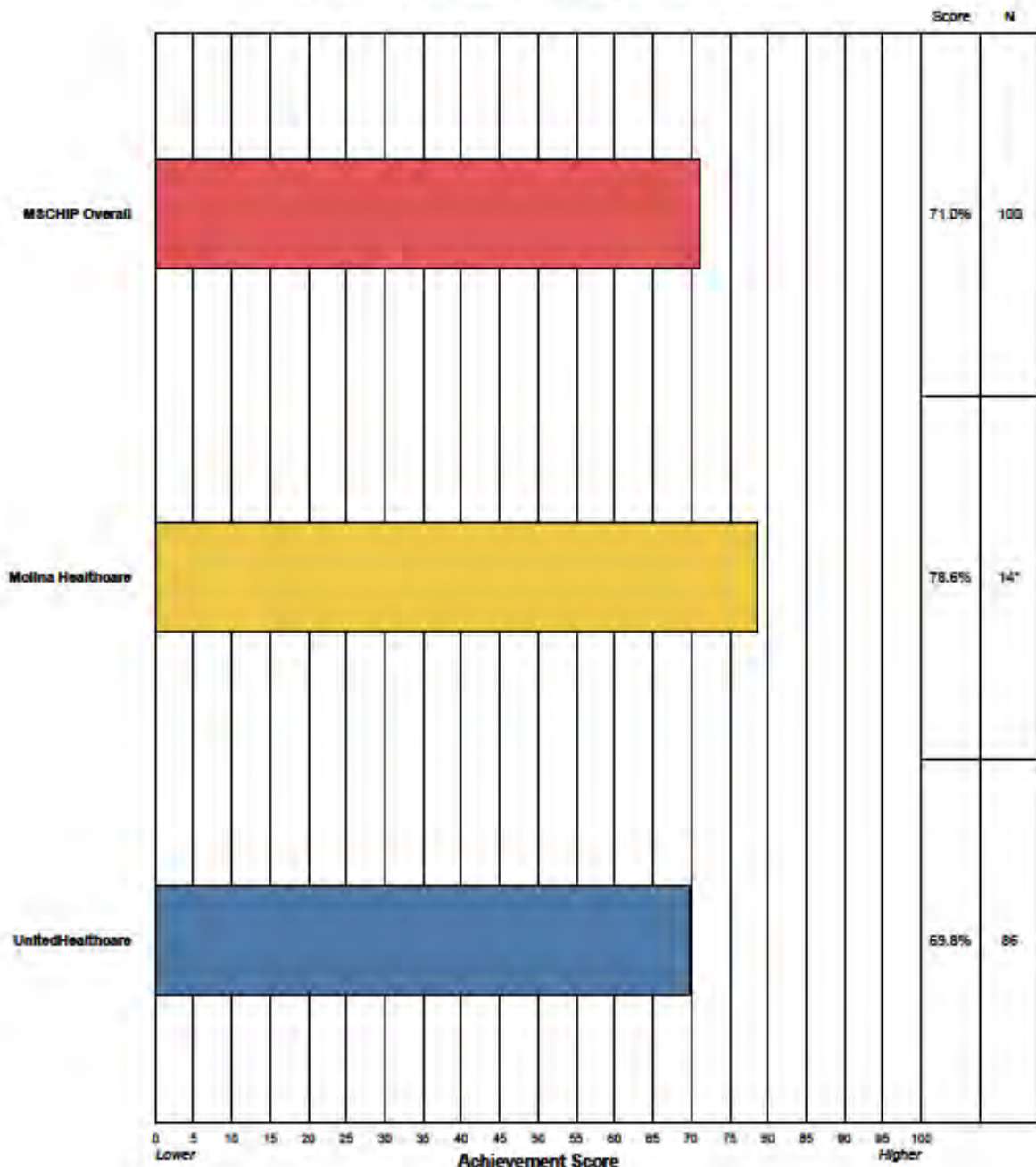
** An association with Overall Satisfaction is ranked "high" when correlation is .4 or higher.

Overall Ratings

The CAHPS® ECHO 3.0 Child survey uses a 0-10 rating for assessing overall experience with counseling and treatment. In the table below, proportions of respondents assigning ratings of 8, 9, or 10 are reported as achievement scores.

The Mississippi CHIP overall score is compared to each plan's score. Statistical testing is run between the plan score data and the Mississippi CHIP overall score, with an arrow beside the bar if applicable.

Overall Ratings Q29. Rating of counseling or treatment



NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

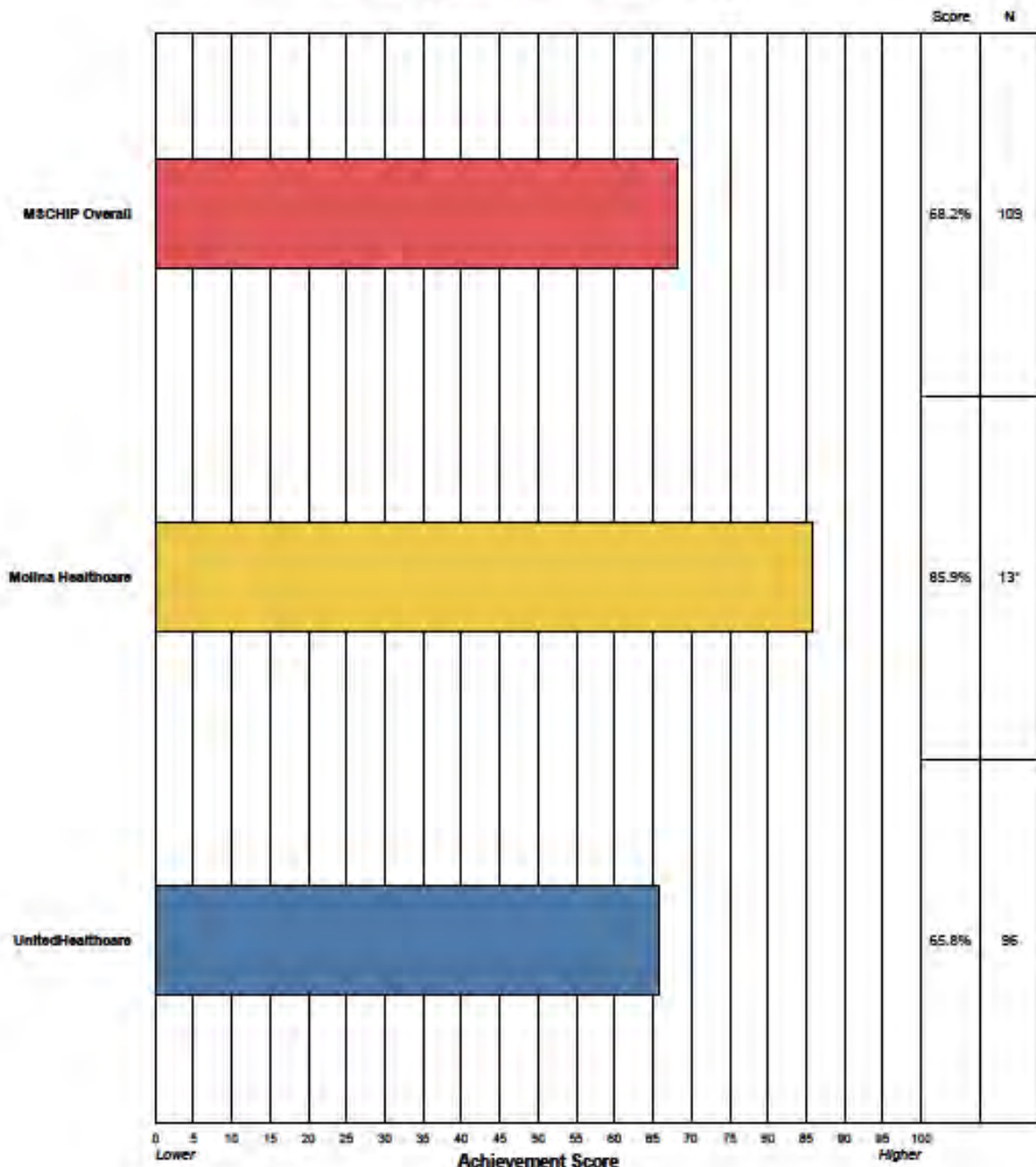
Composites

Each achievement-related question from the survey is grouped with other questions that relate to the same broad domain of performance. For example, the domain "Getting Treatment Quickly" includes questions about how often respondents were able to get needed help, treatment, and appointments quickly.

The achievement scores presented on the following pages reflect responses of "Usually" or "Always" to the questions comprising the Getting Treatment Quickly and the How Well Clinicians Communicate composites; "Not a problem" to the Getting Treatment and Information from the Plan composite; "Much better" or "A little better" to the Perceived Improvement composite.

The Mississippi CHIP overall score is compared to each plan's score. Statistical testing is run between the plan score data and the Mississippi CHIP overall data, with an arrow beside the bar if applicable. For full detail of response options for each question and which responses qualify as achievements, please refer to the *Responses by Question* section.

Composites Getting Treatment Quickly

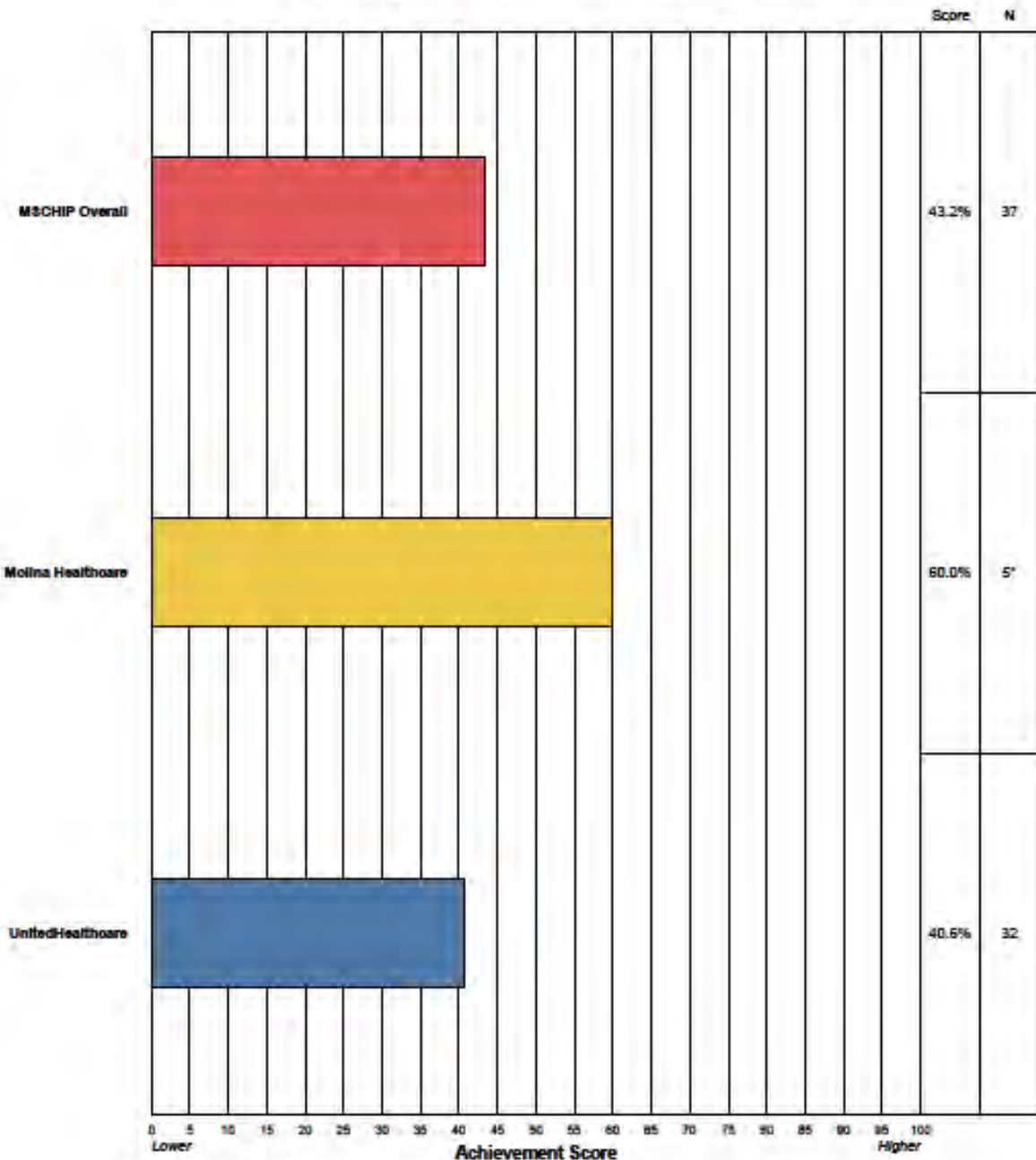


NTD: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

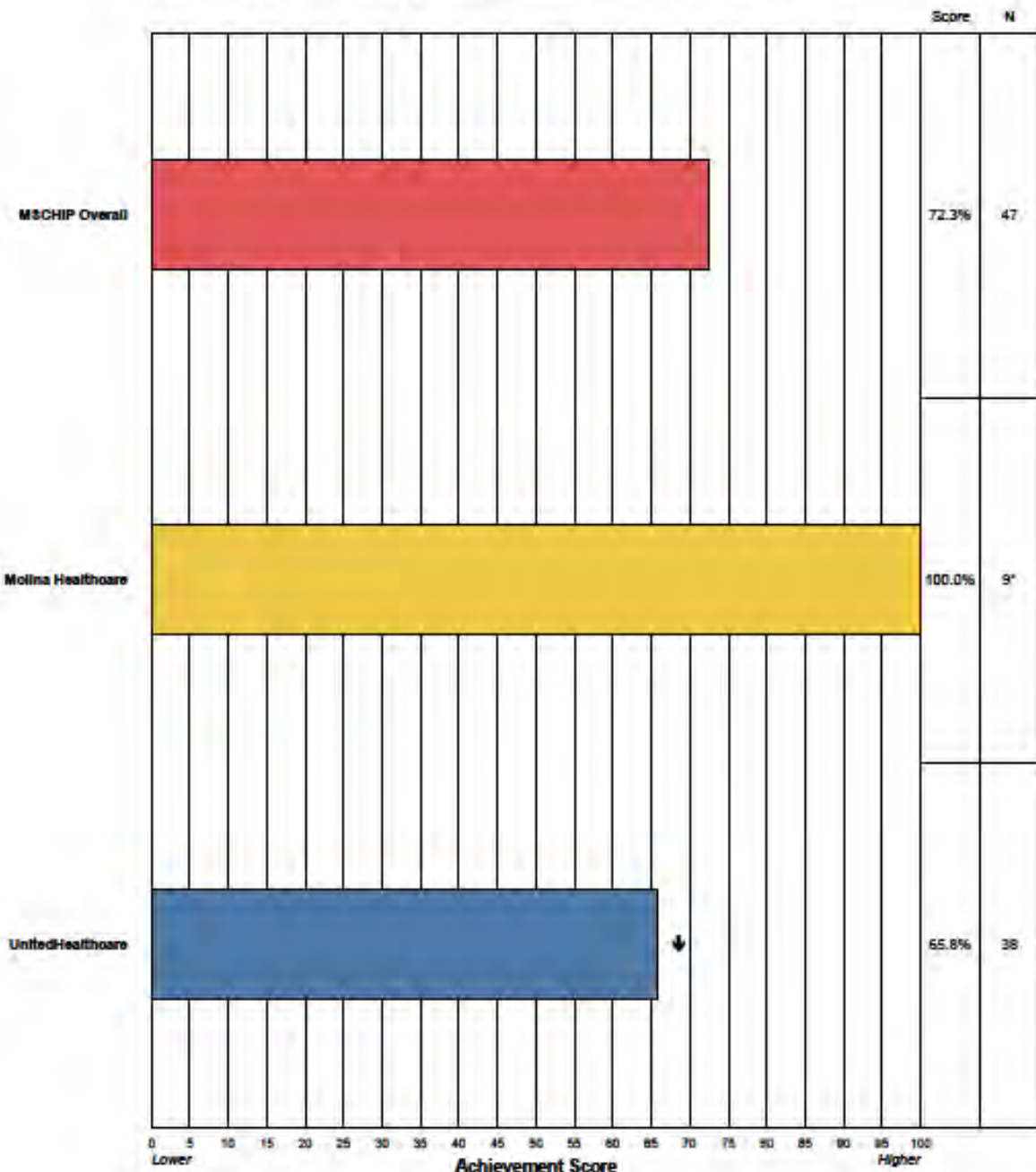
Getting Treatment Quickly Q3. Usually or always got help by telephone



NTD: No trend data available.
 * Score statistically significantly higher/lower than 2022 MSCHIP Overall.
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment Quickly

Q5. Usually or always got urgent treatment as soon as needed



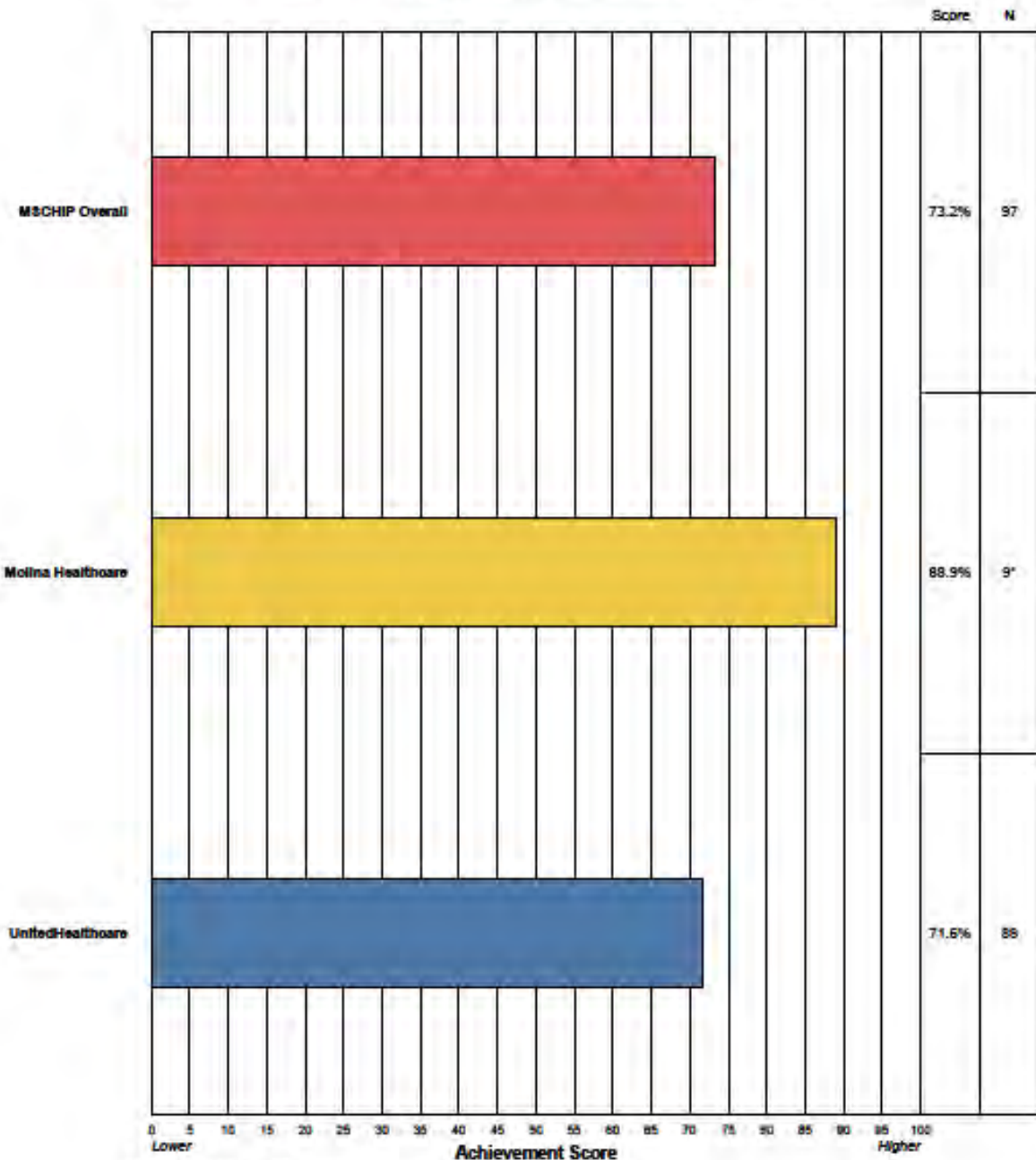
NTD: No trend data available.

↓ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment Quickly

Q7. Usually or always got appointment as soon as wanted

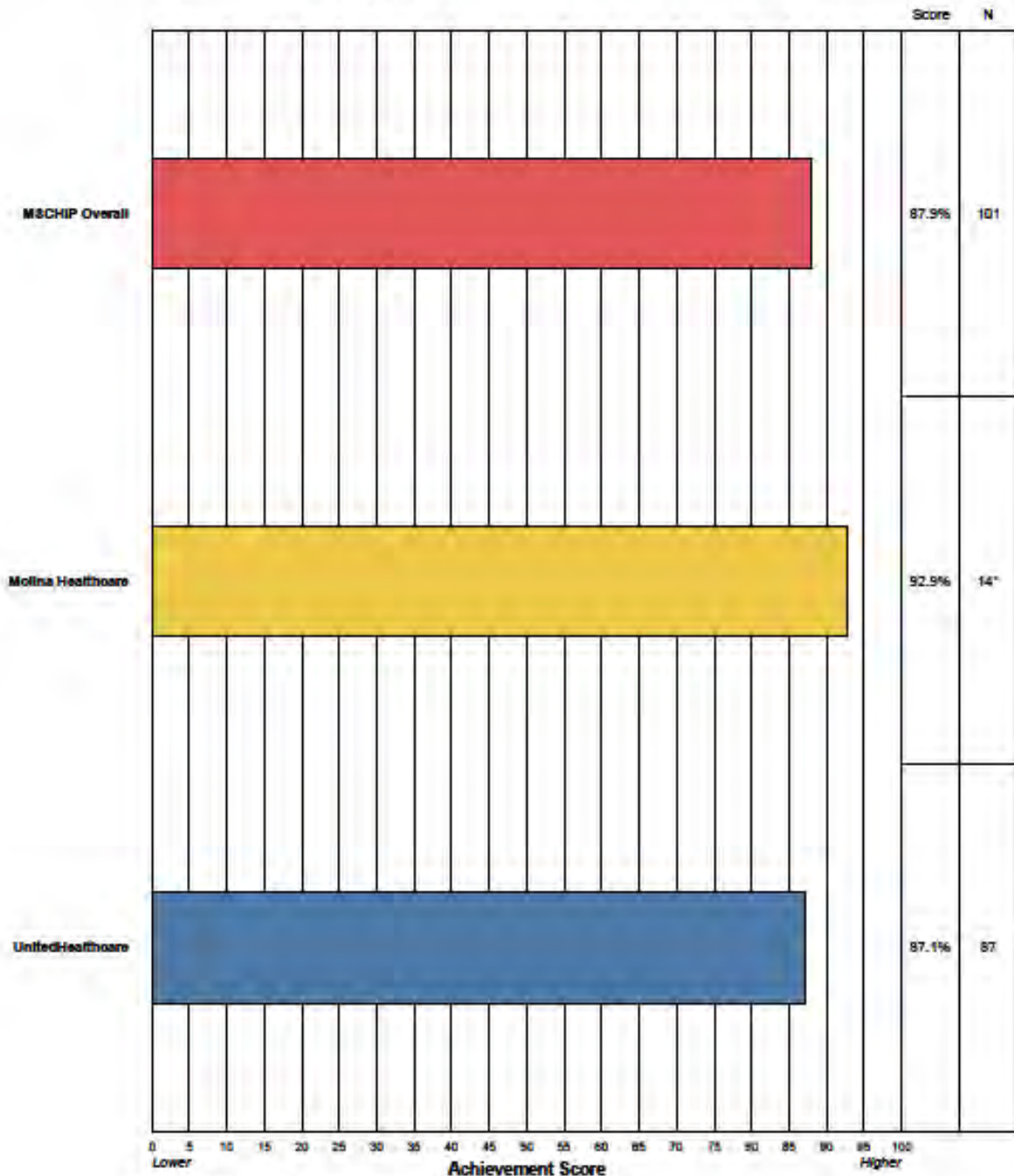


NTD: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate



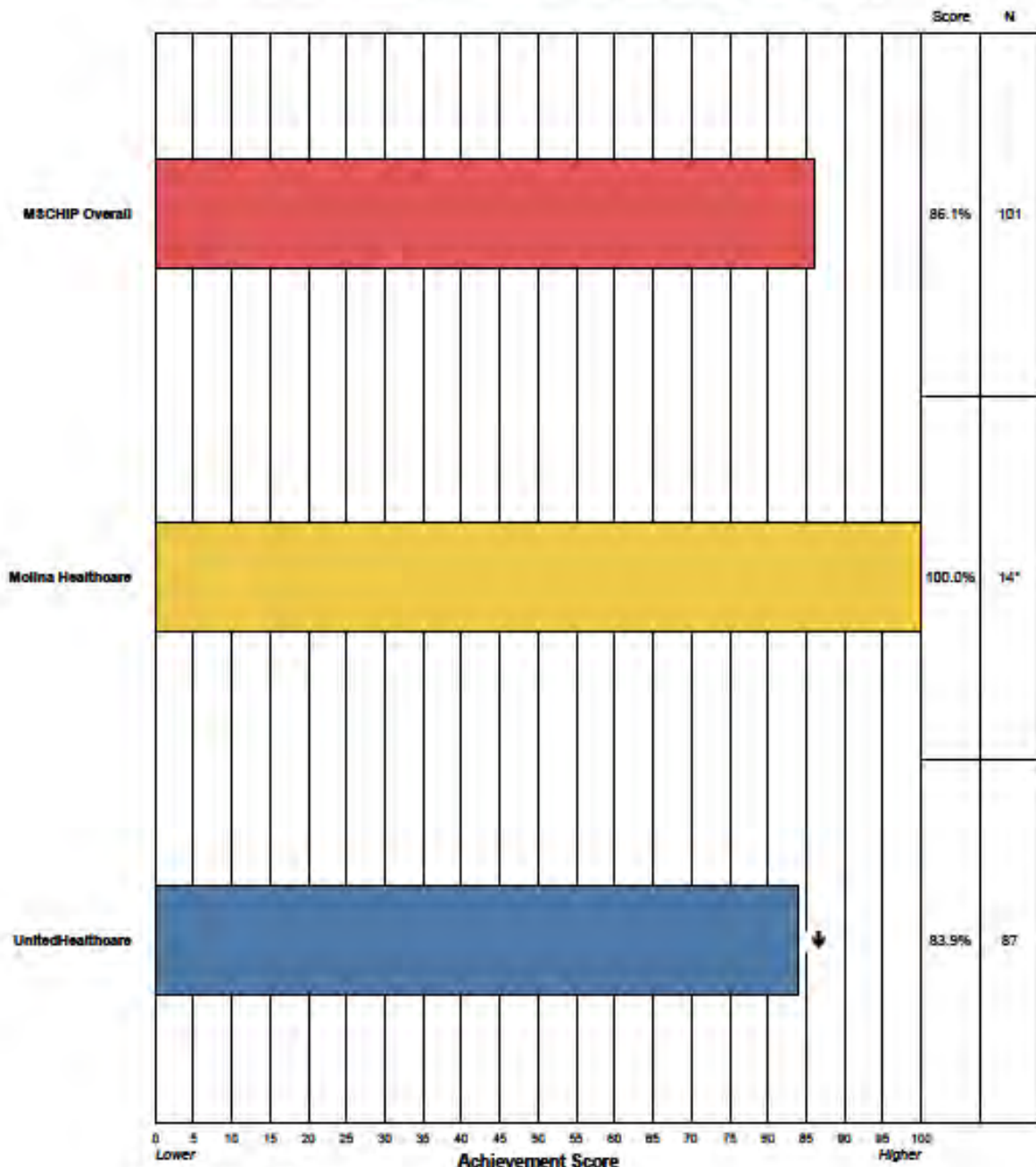
NTD: No trend data available.

* Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

Q12. Clinicians usually or always listened carefully



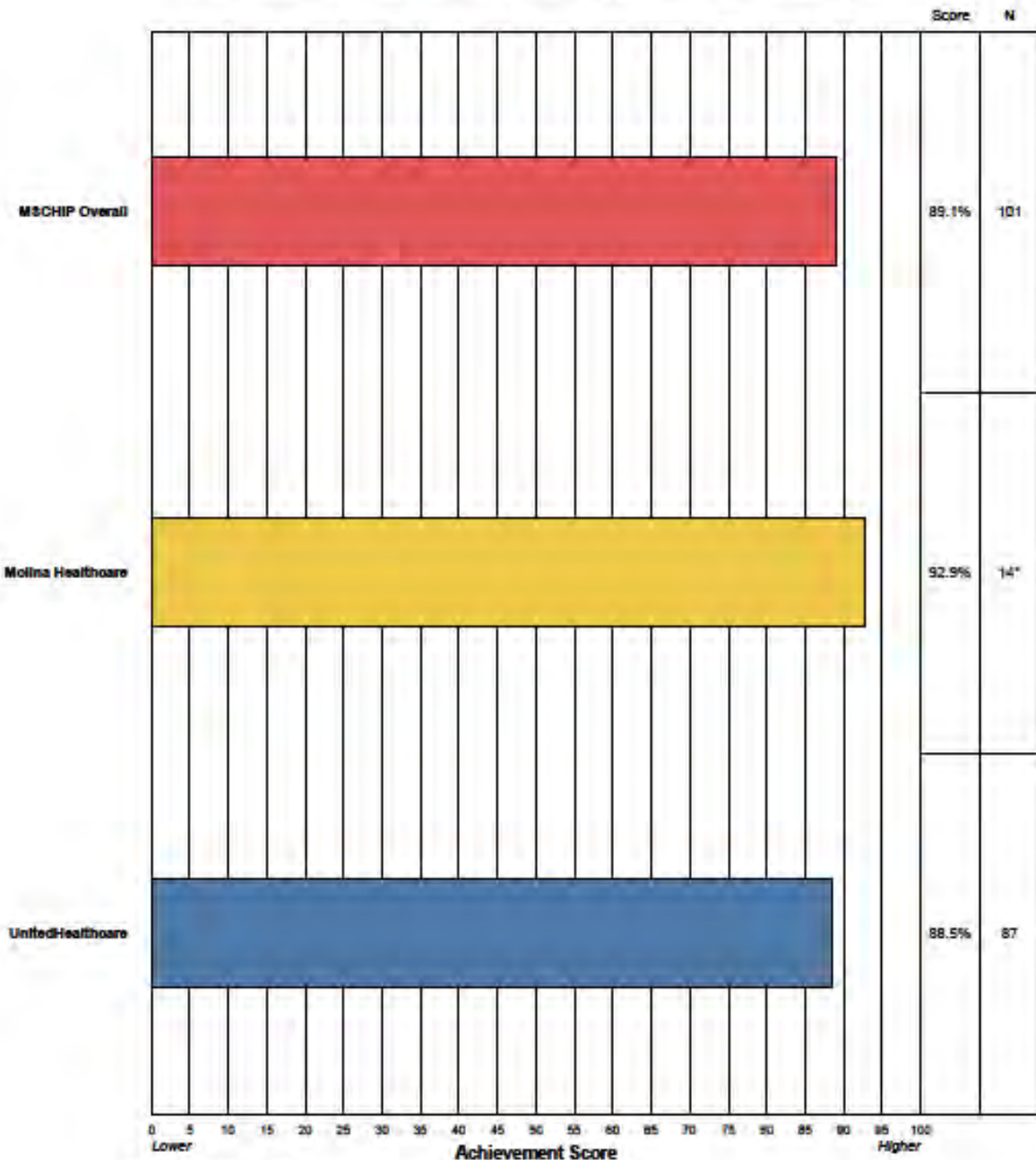
NTD: No trend data available.

↓ ↑ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

Q13. Clinicians usually or always explained things



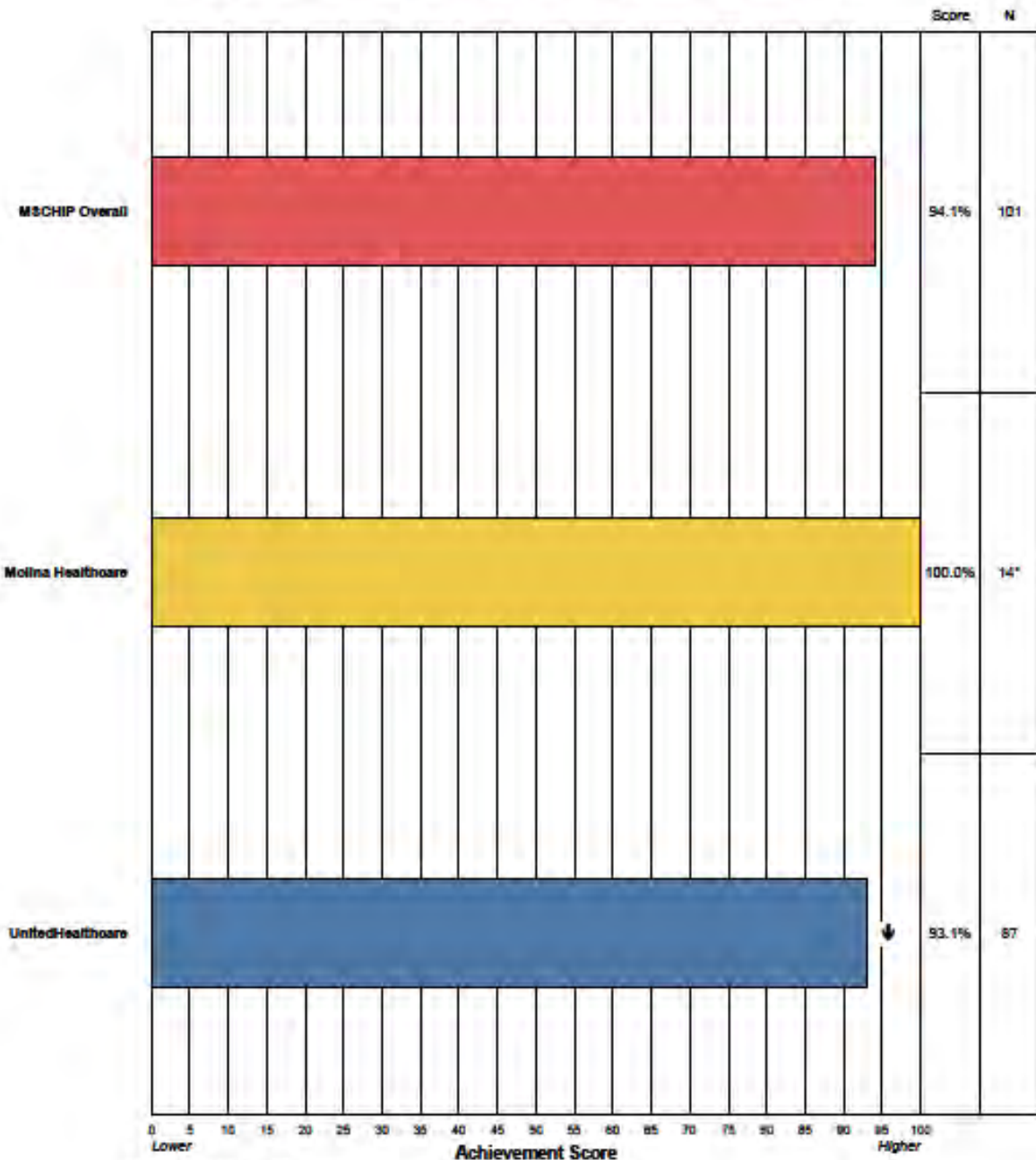
NTDX: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

Q14. Clinicians usually or always showed respect



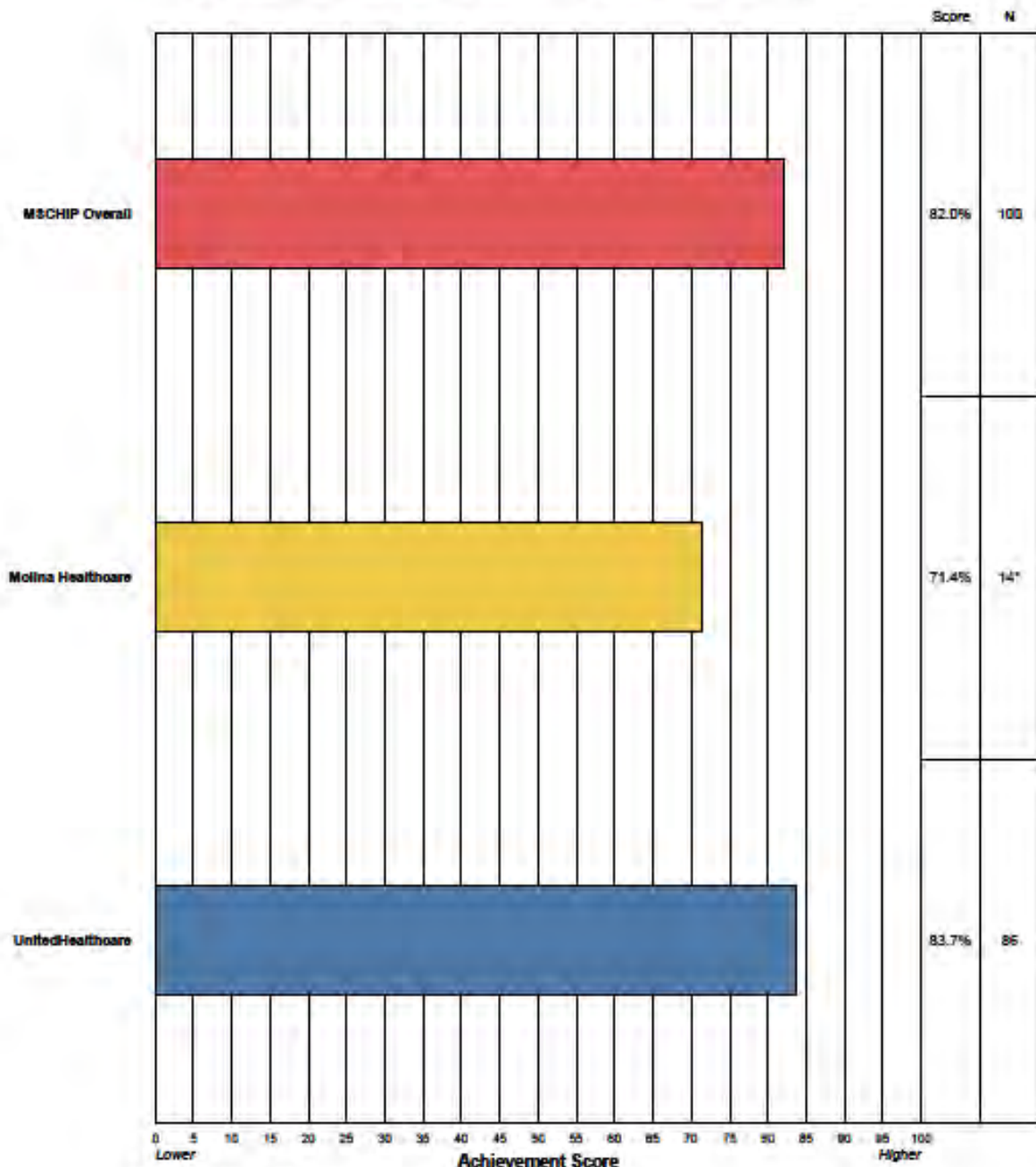
NTD: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

Q15. Clinicians usually or always spent enough time



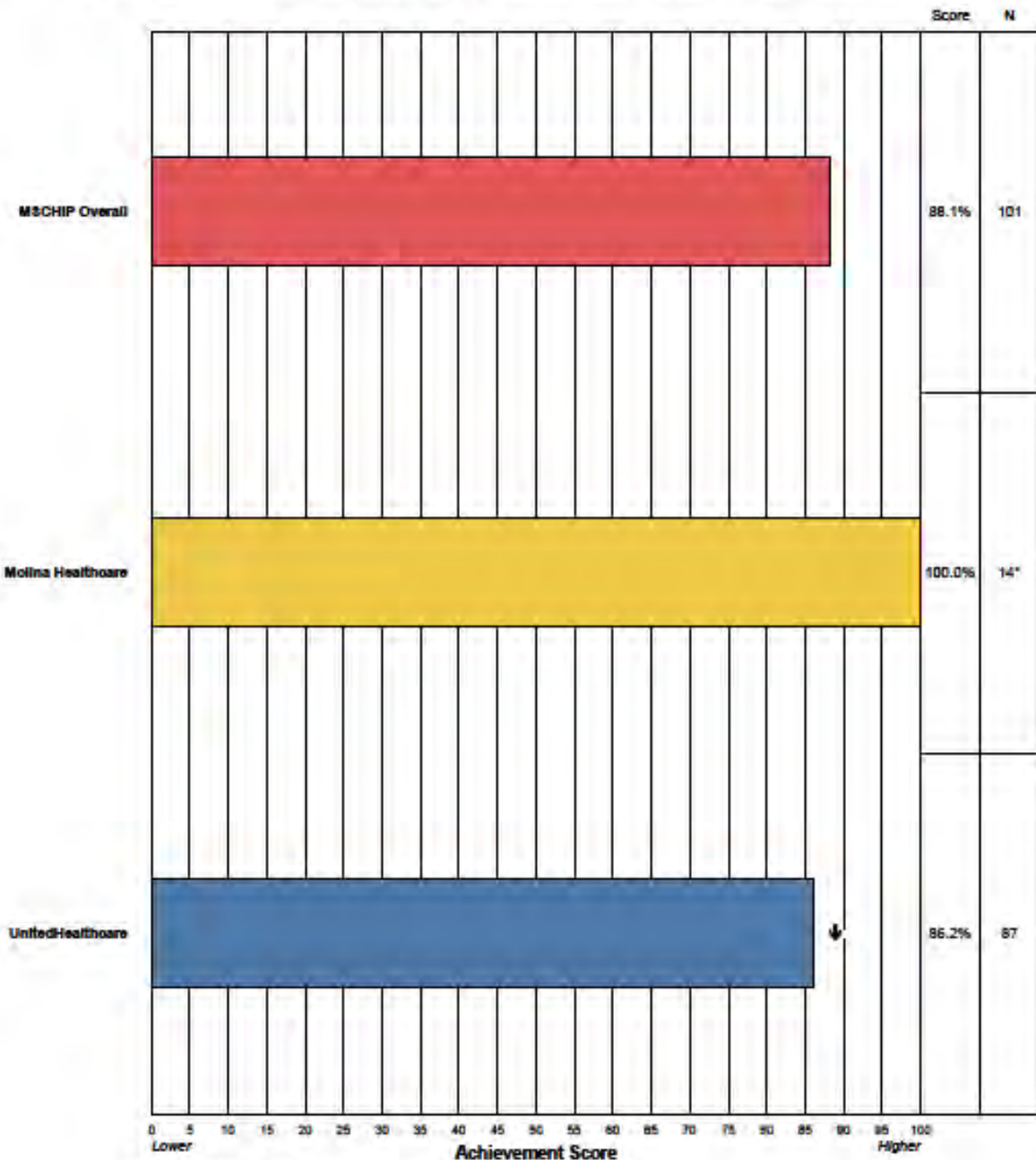
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

How Well Clinicians Communicate

Q18. Usually or always involved as much as you wanted in treatment

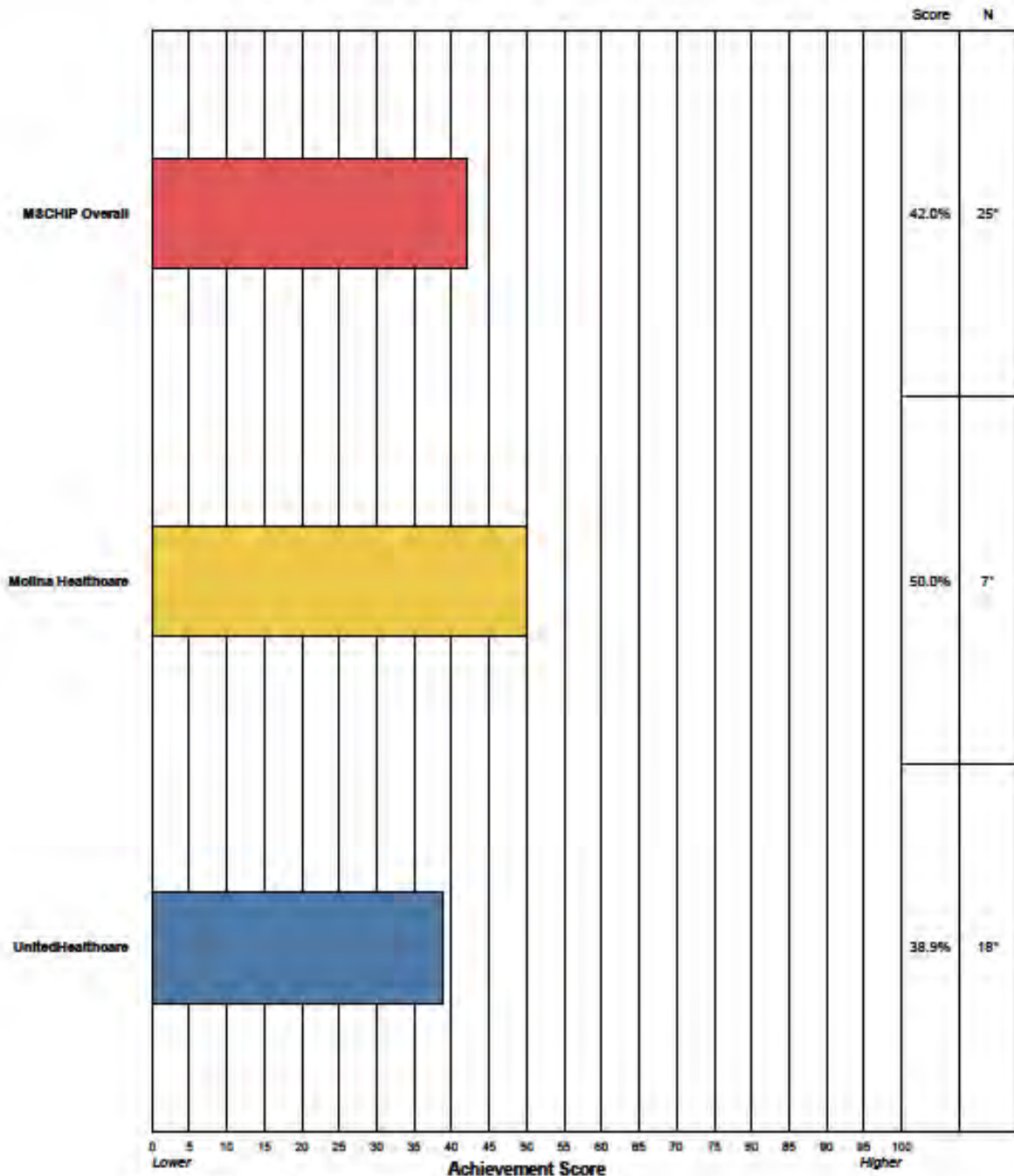


NTDX: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment and Information from the Plan



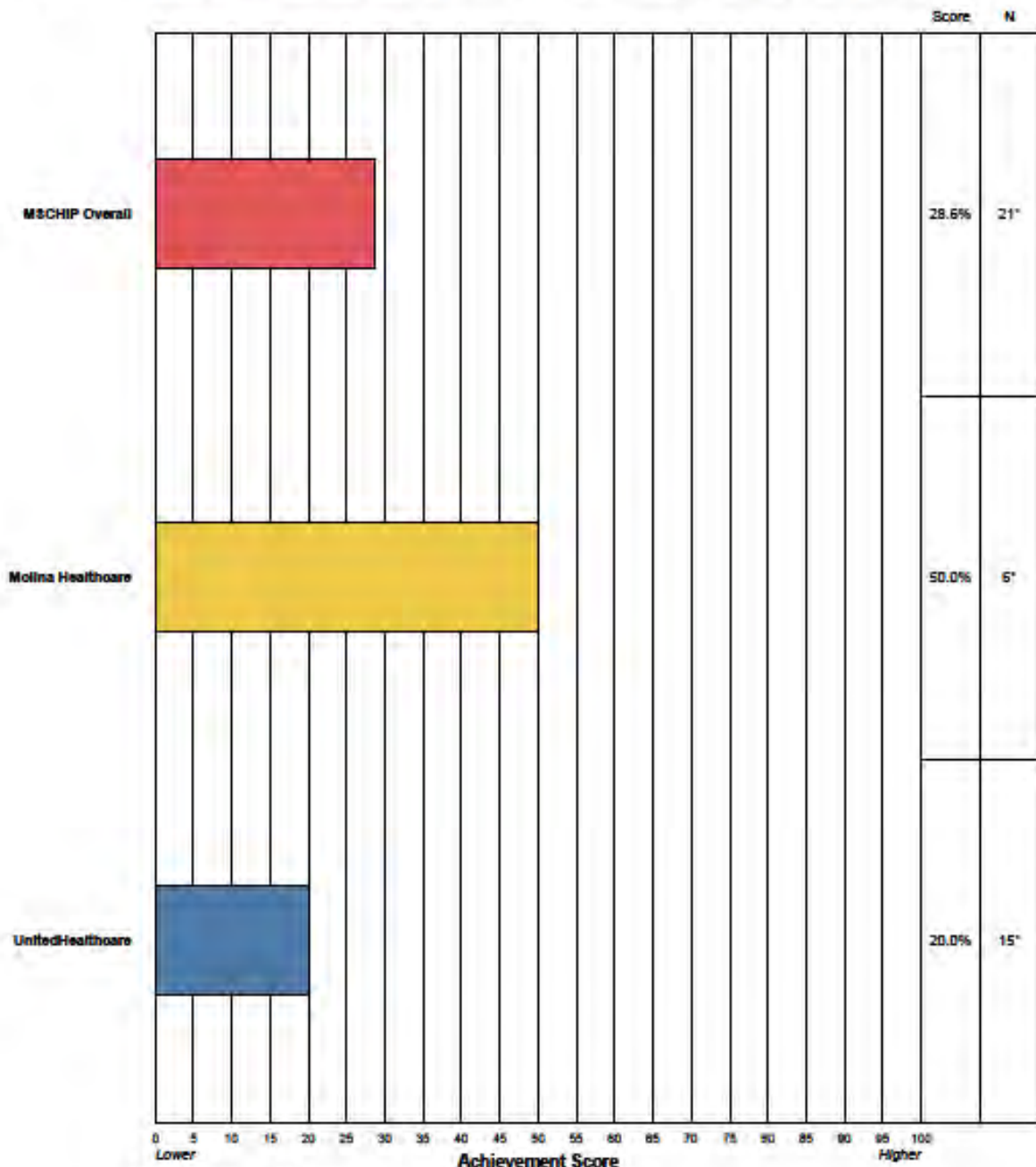
NTD: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment and Information from the Plan

Q40. Delays in treatment while waiting for plan approval were not a problem

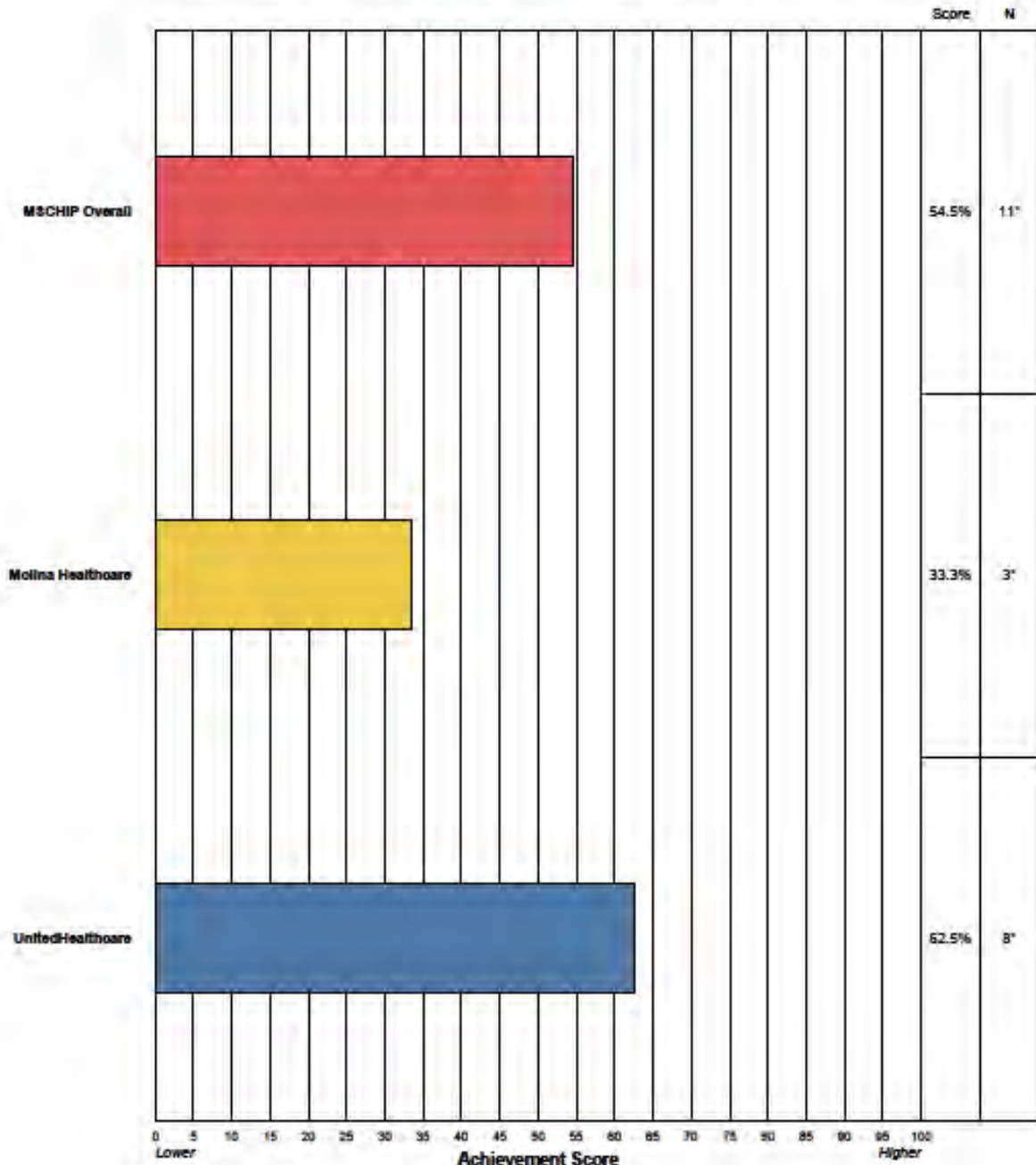


NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Getting Treatment and Information from the Plan Q42. Getting help from customer service was not a problem

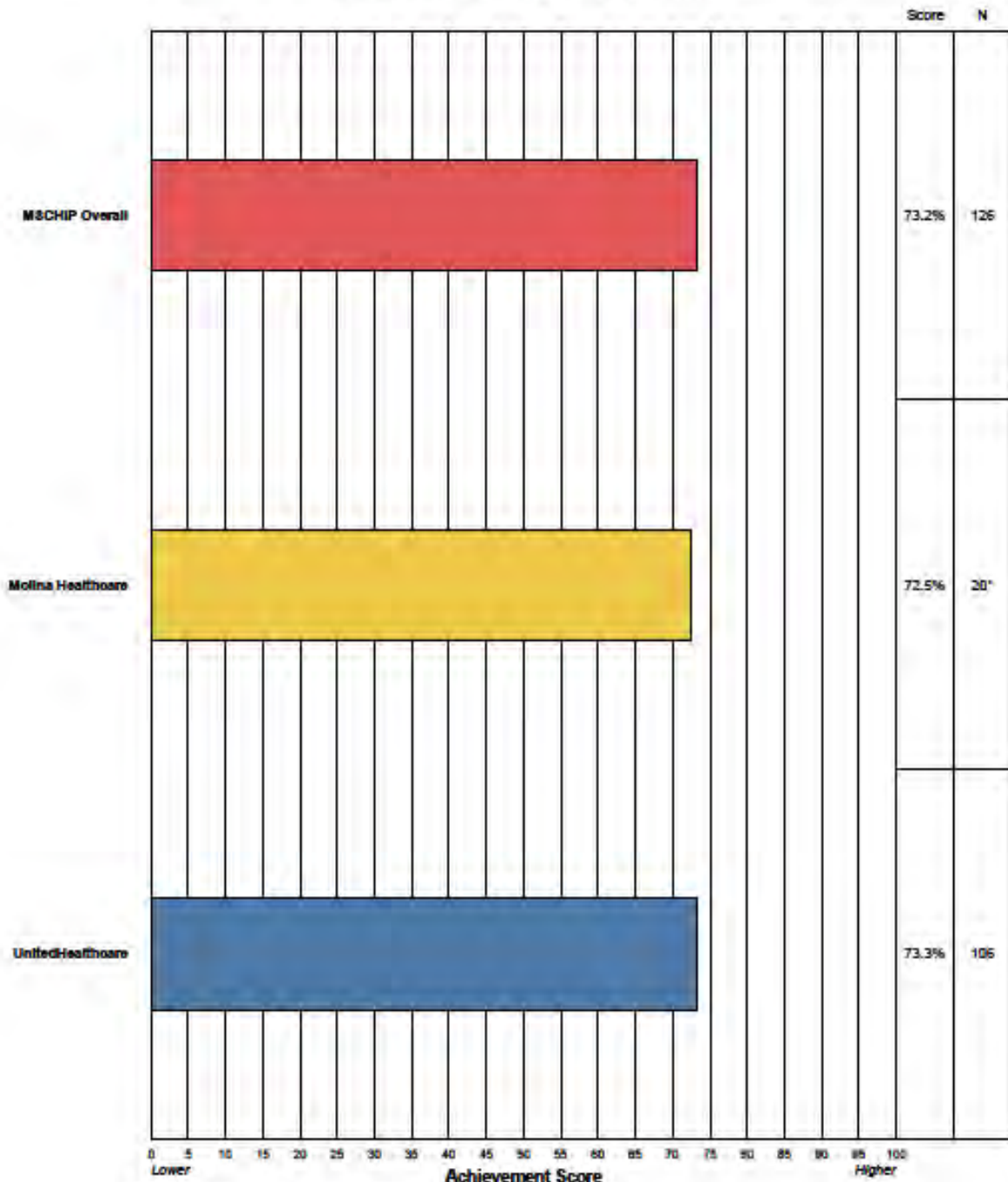


NTD: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement



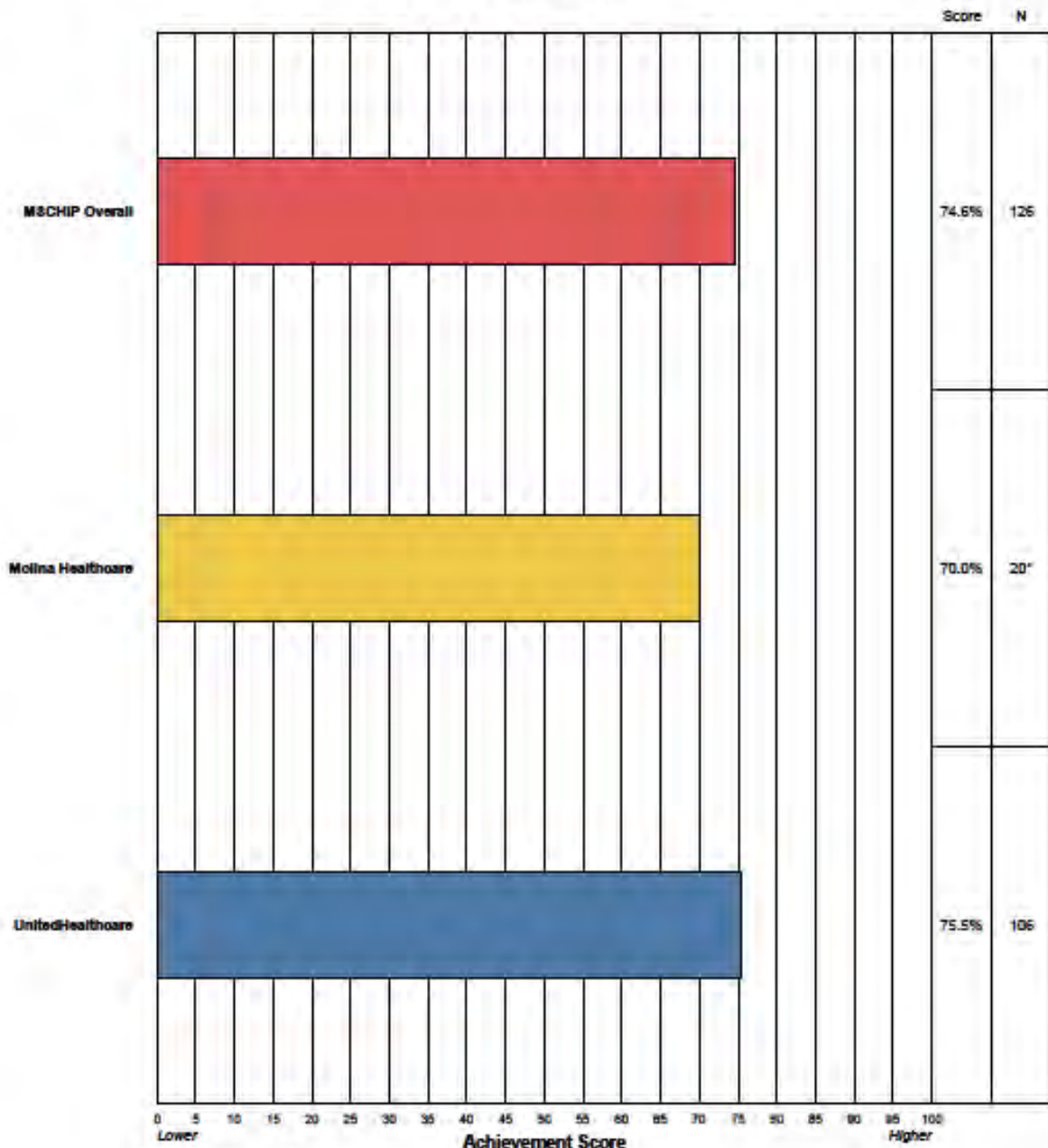
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

Q32. Much better or a little better able to deal with daily problems compared to 1 year ago



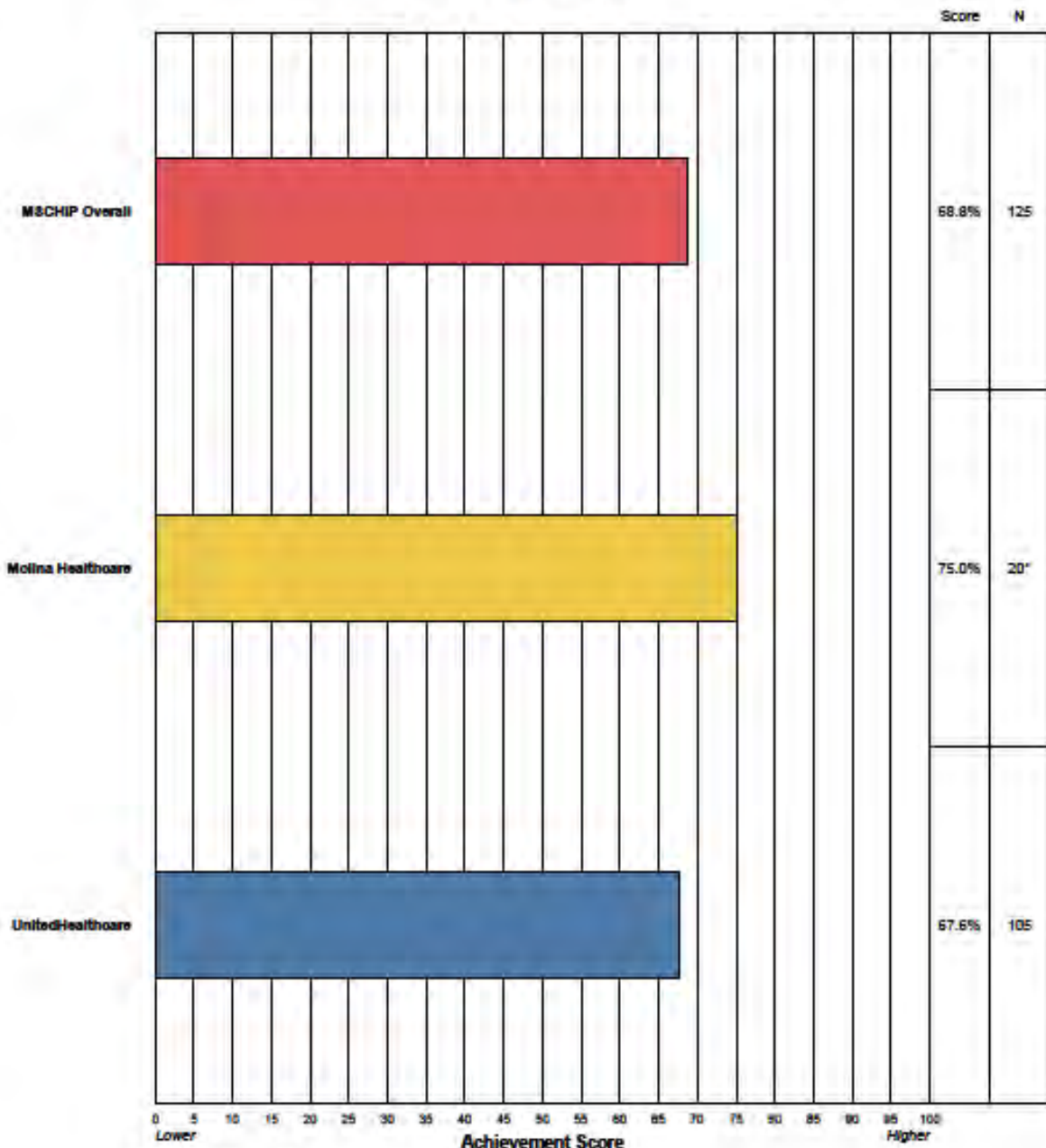
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

Q33. Much better or a little better able to deal with social situations compared to 1 year ago



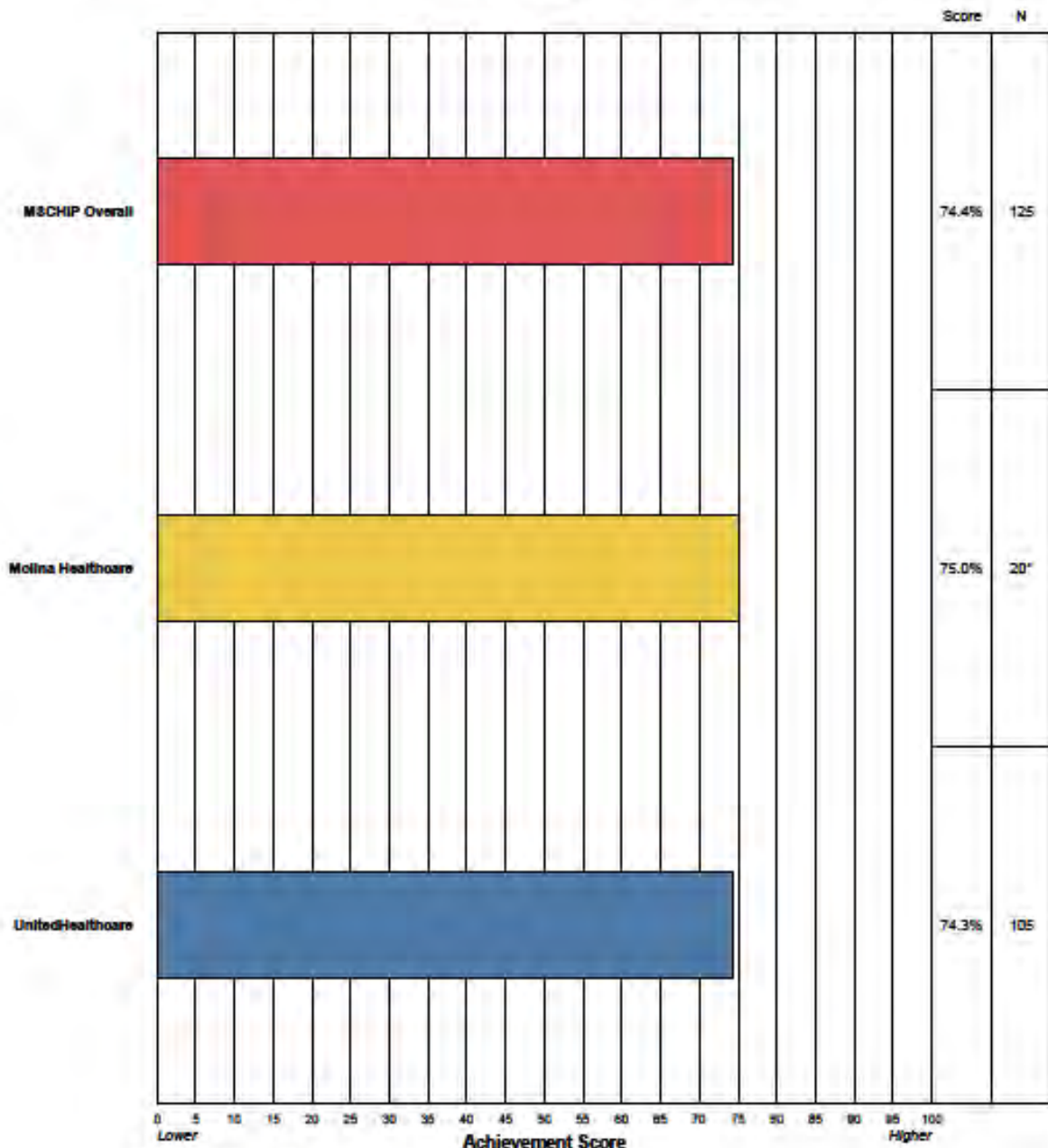
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

Q34. Much better or a little better able to accomplish things compared to 1 year ago



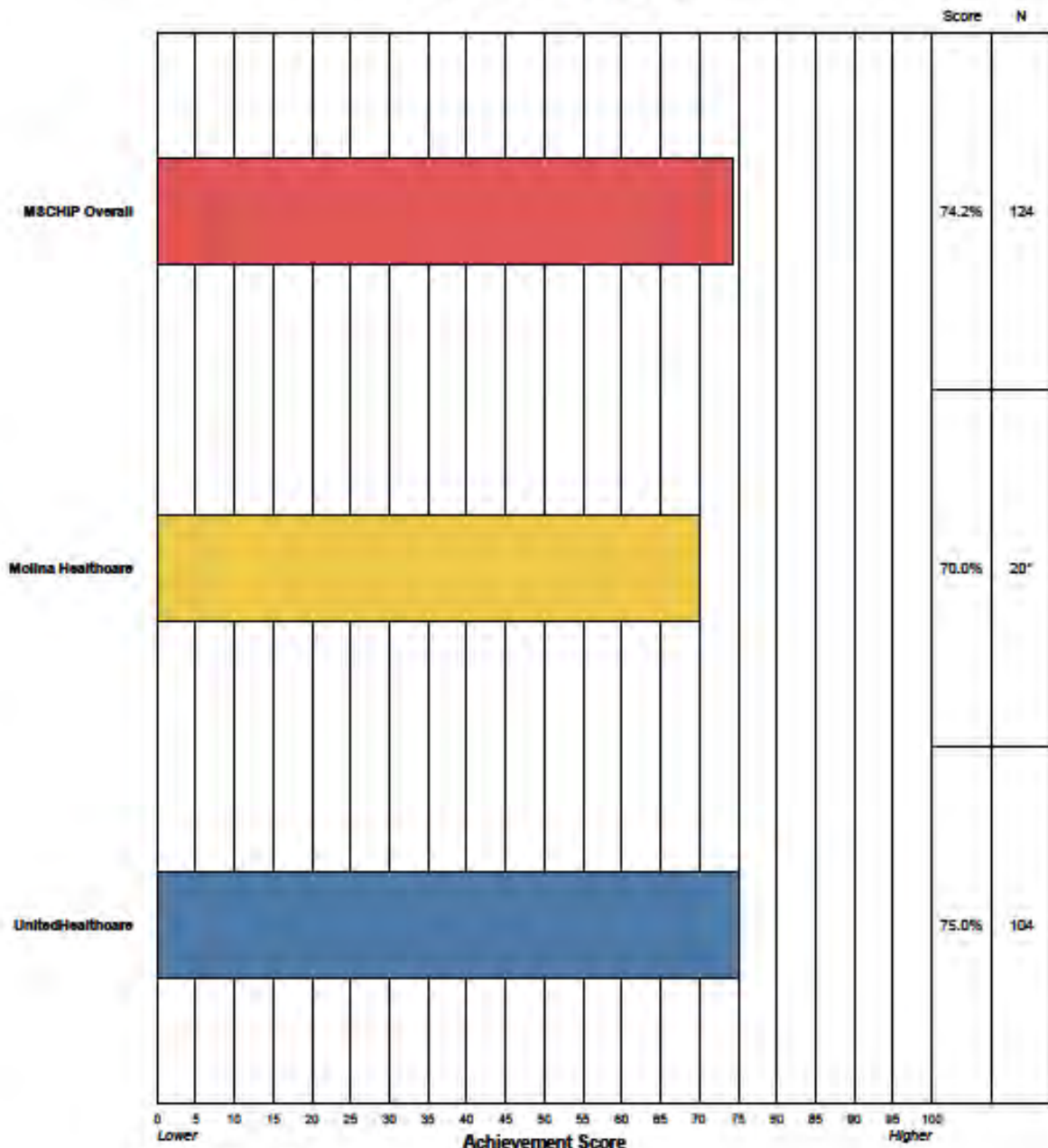
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Perceived Improvement

Q35. Much better or a little better able to deal with symptoms or problems compared to 1 year ago



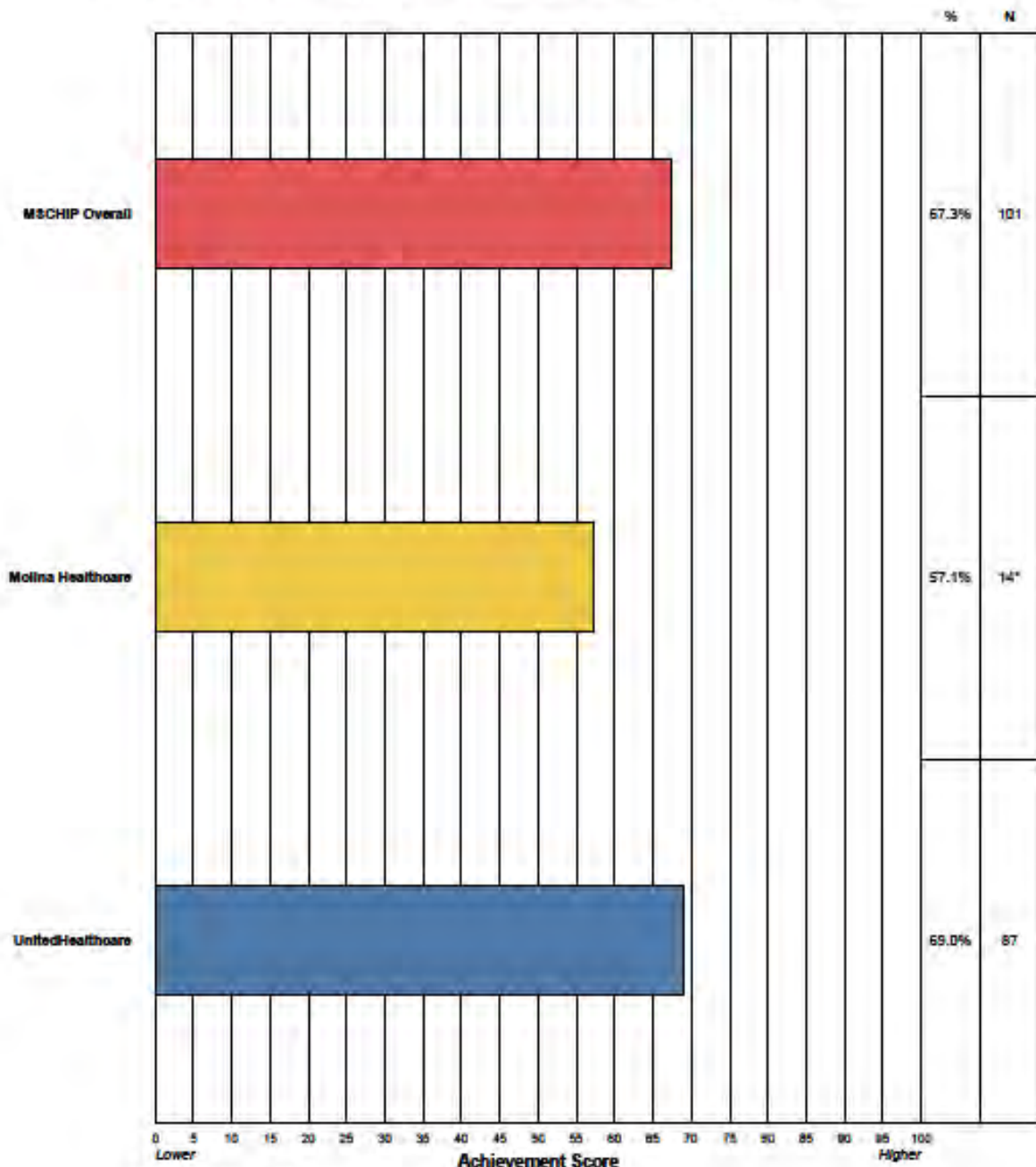
NTD: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q11. Usually or always seen within 15 minutes of appointment time



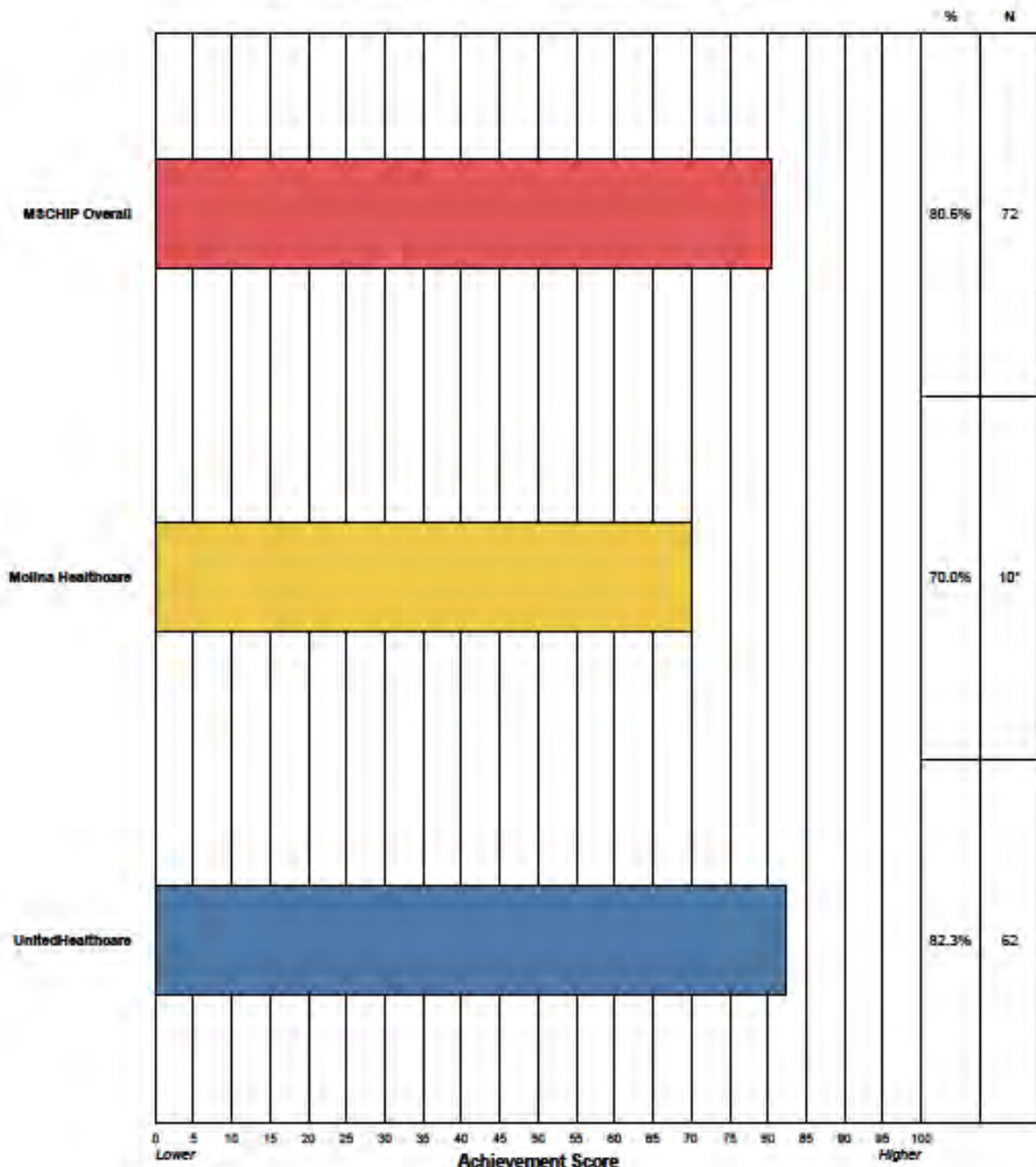
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q17. Told about side effects of medication



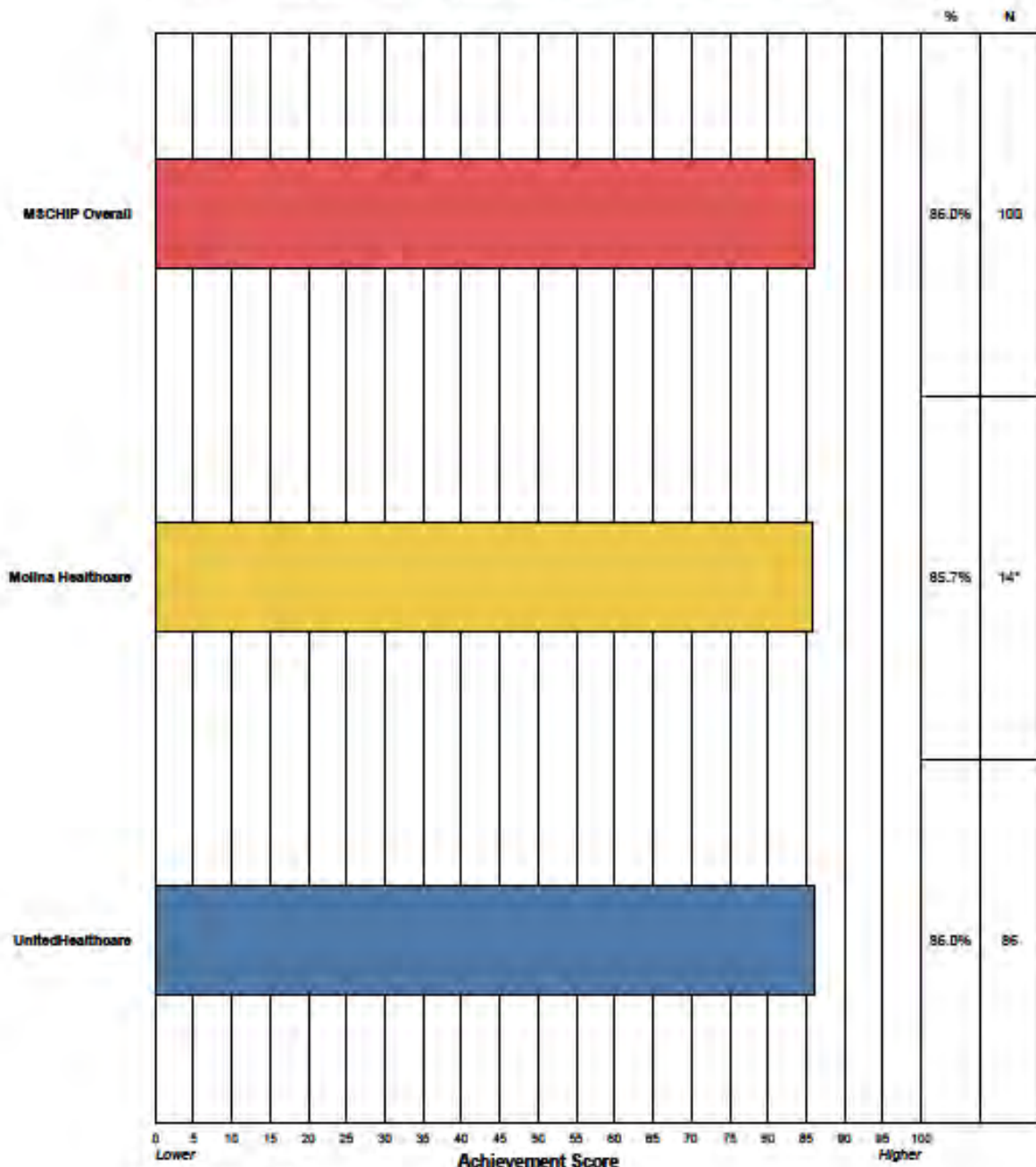
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q19. Goals of counseling or treatment discussed completely



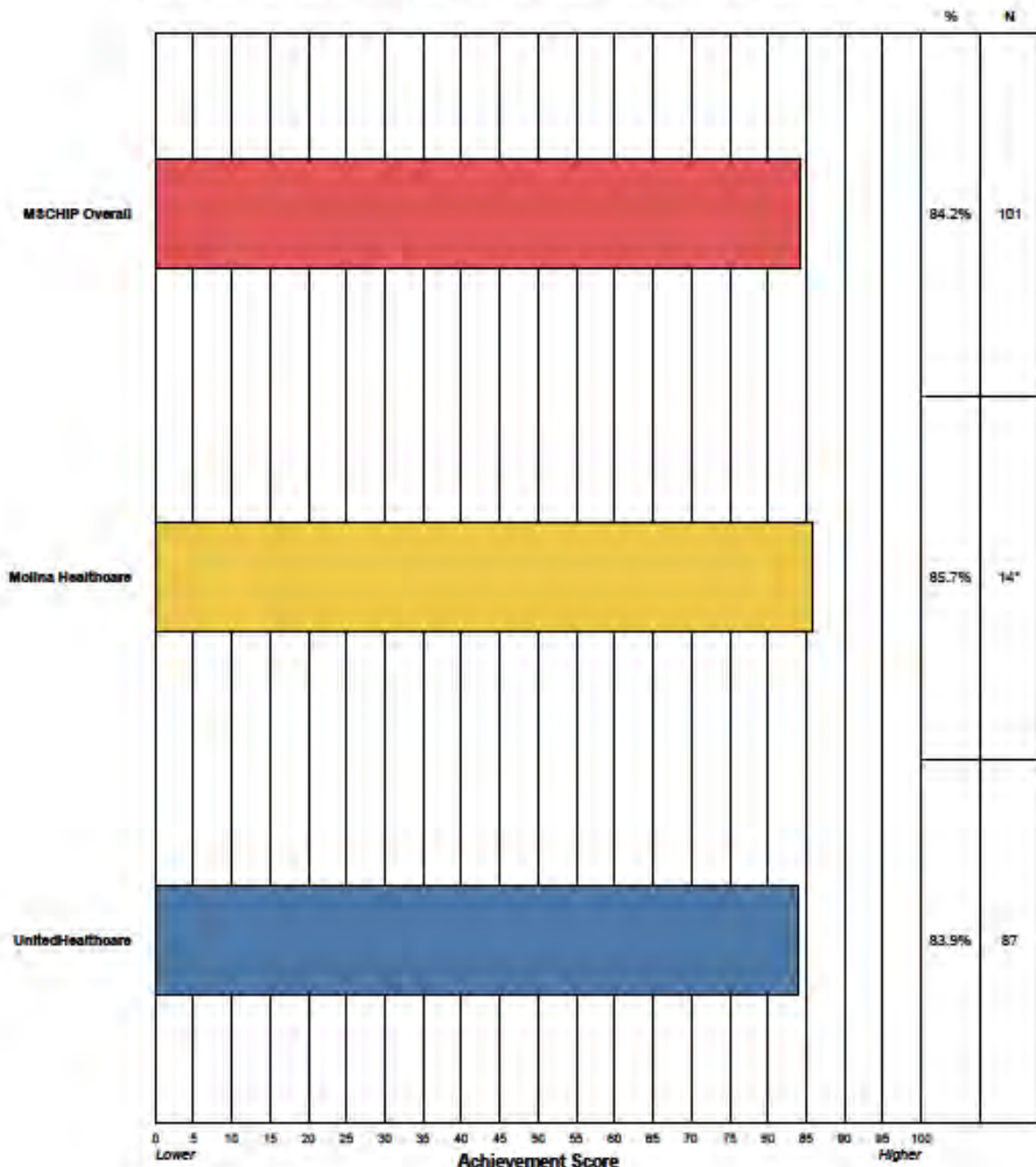
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q20. Usually or always got professional help wanted for child



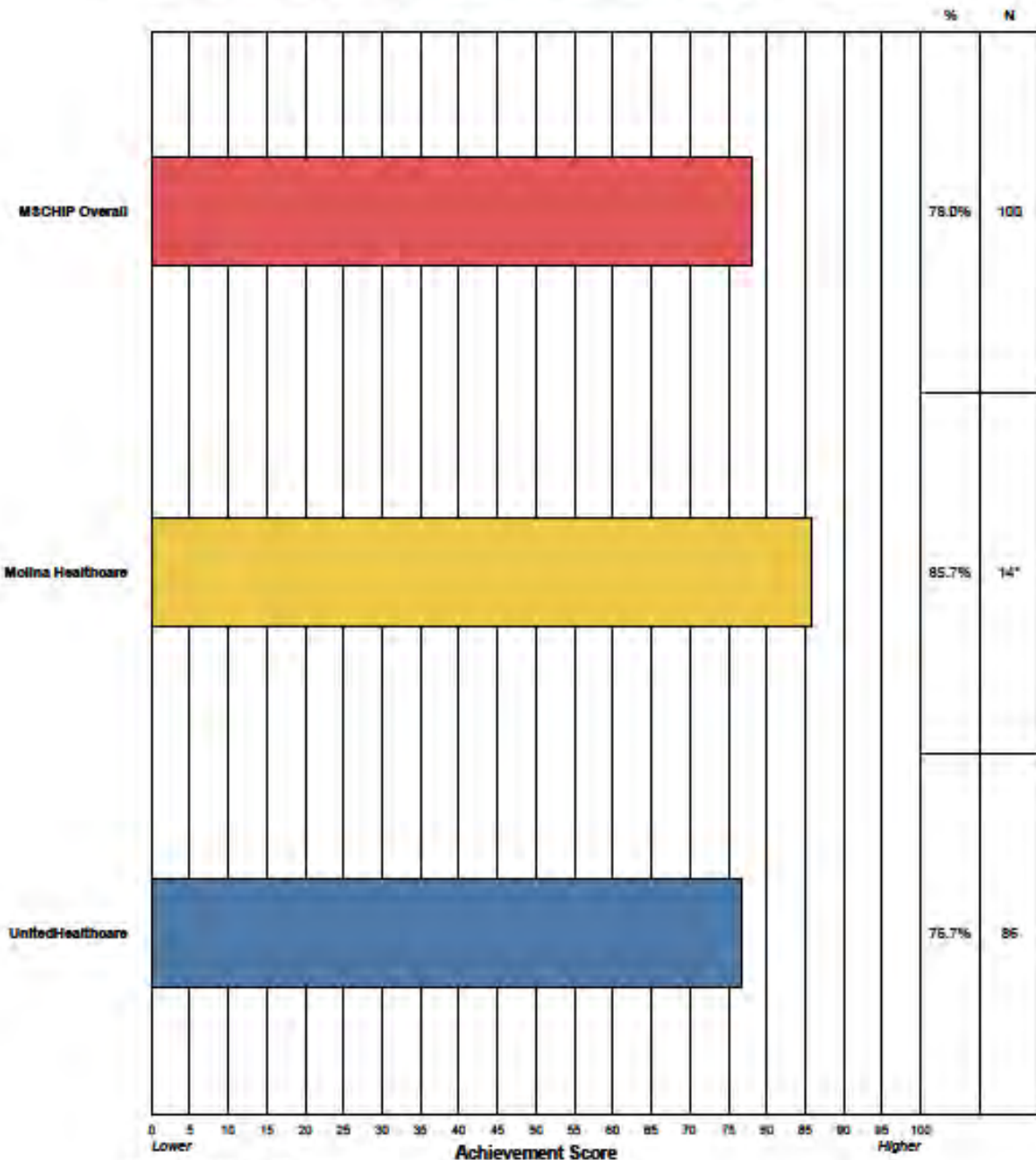
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q21. Child usually or always had someone to talk to when troubled



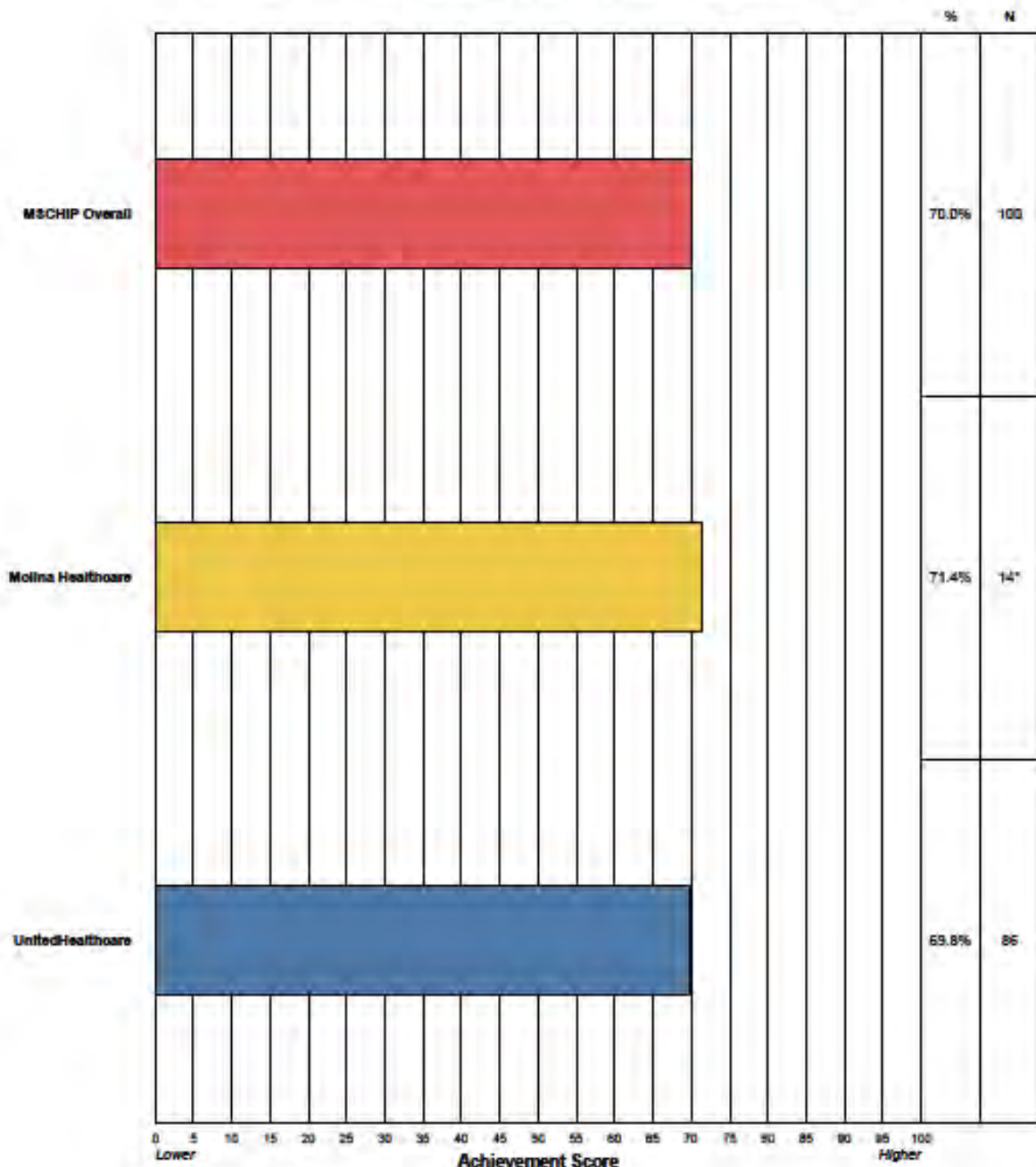
NTD: No trend data available.

◆ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q22. Told about different kinds of treatment available



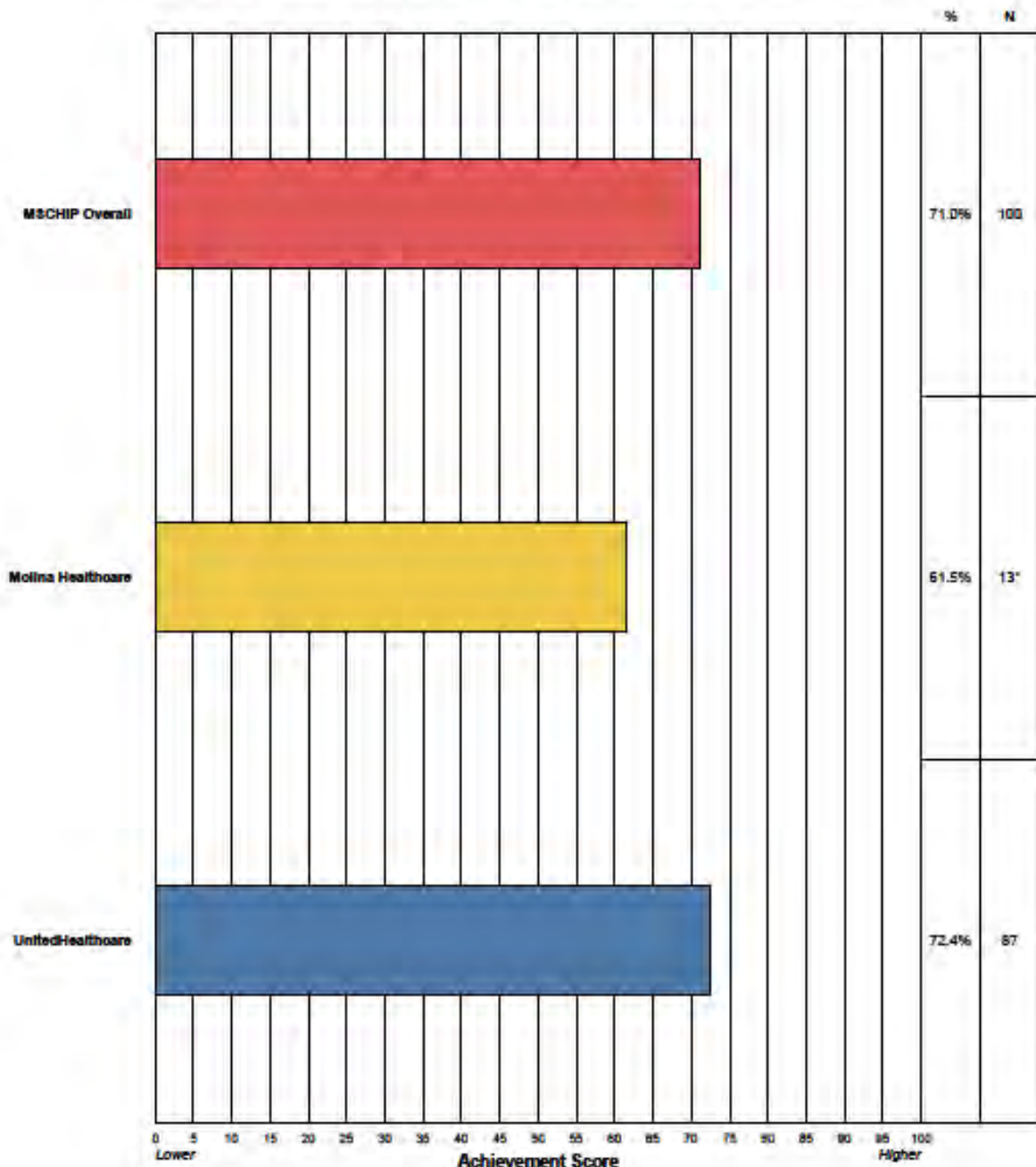
NTD: No trend data available.

⚡ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q23. Given as much information as wanted to manage condition



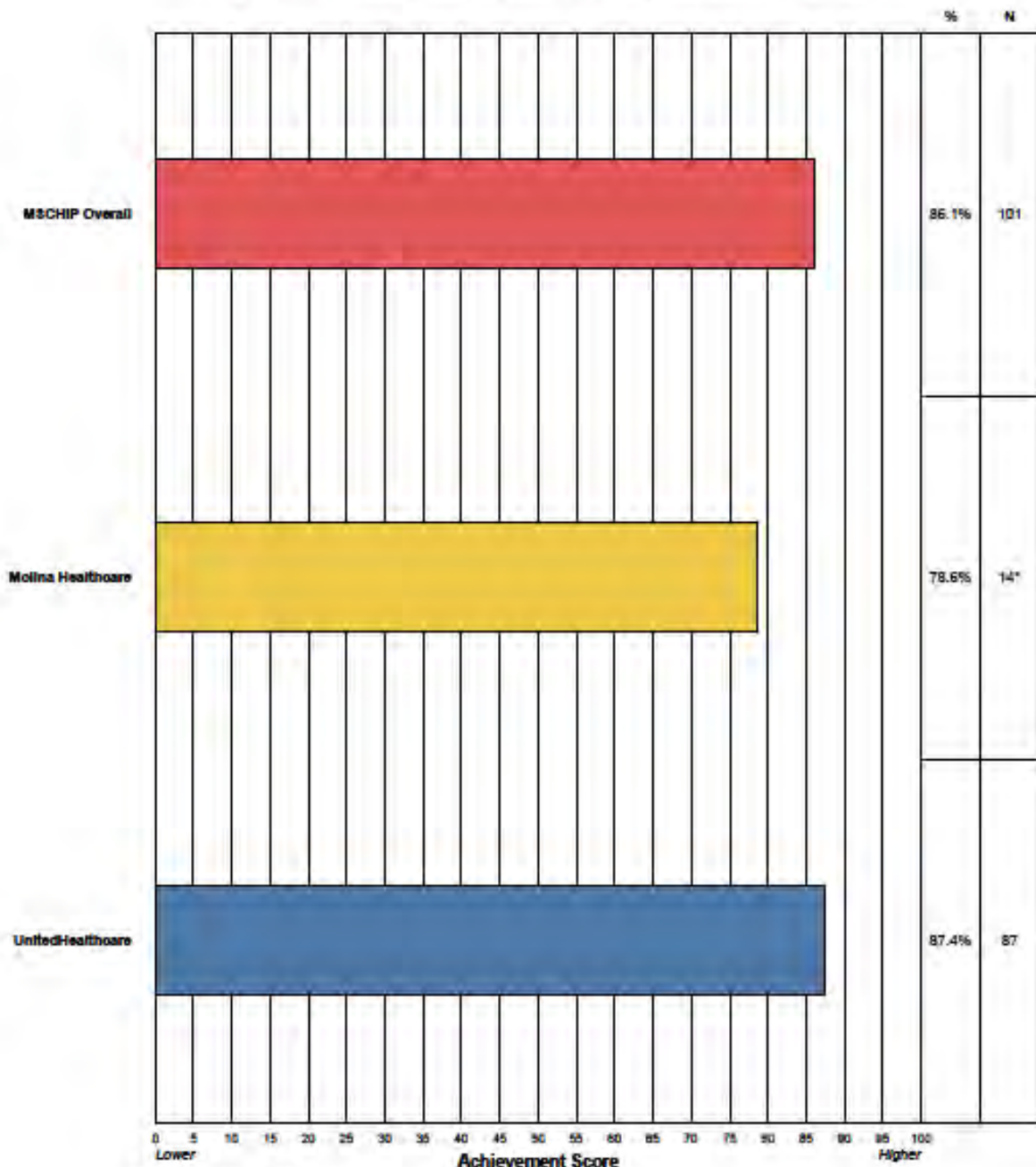
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q24. Given information about rights as a patient



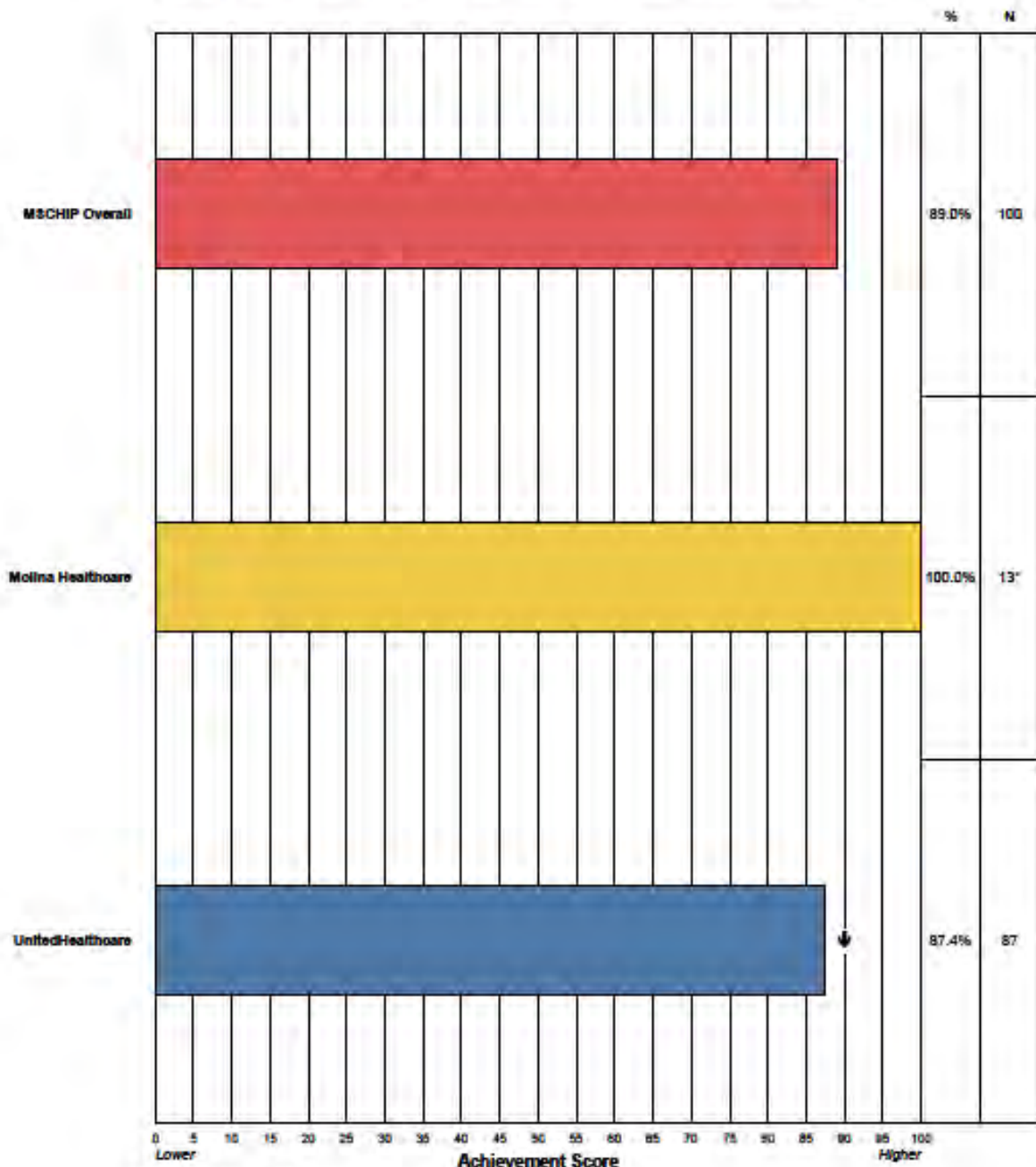
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

*Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q25. Felt that they could refuse a specific type of treatment



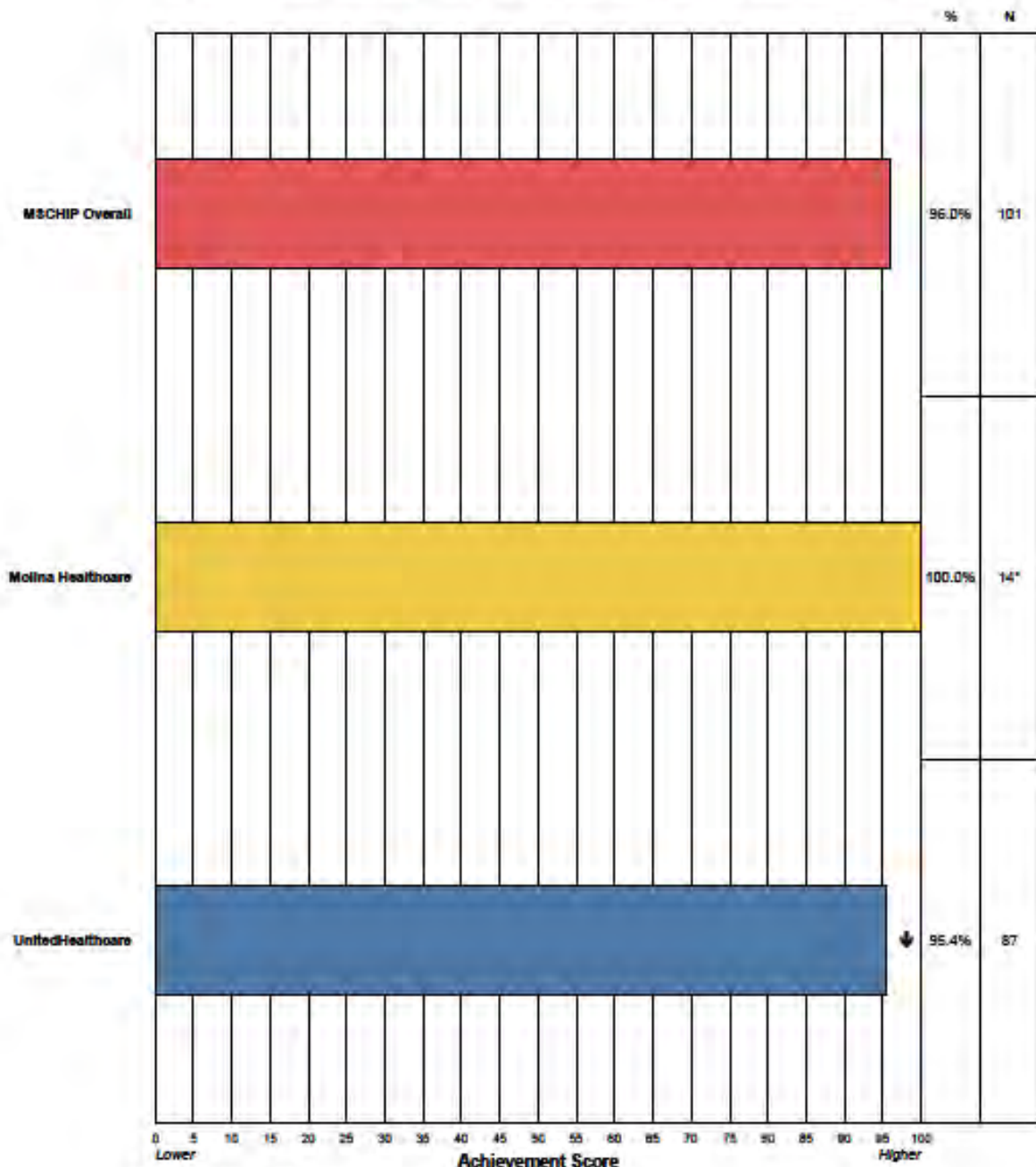
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q26. Confident about privacy of treatment information



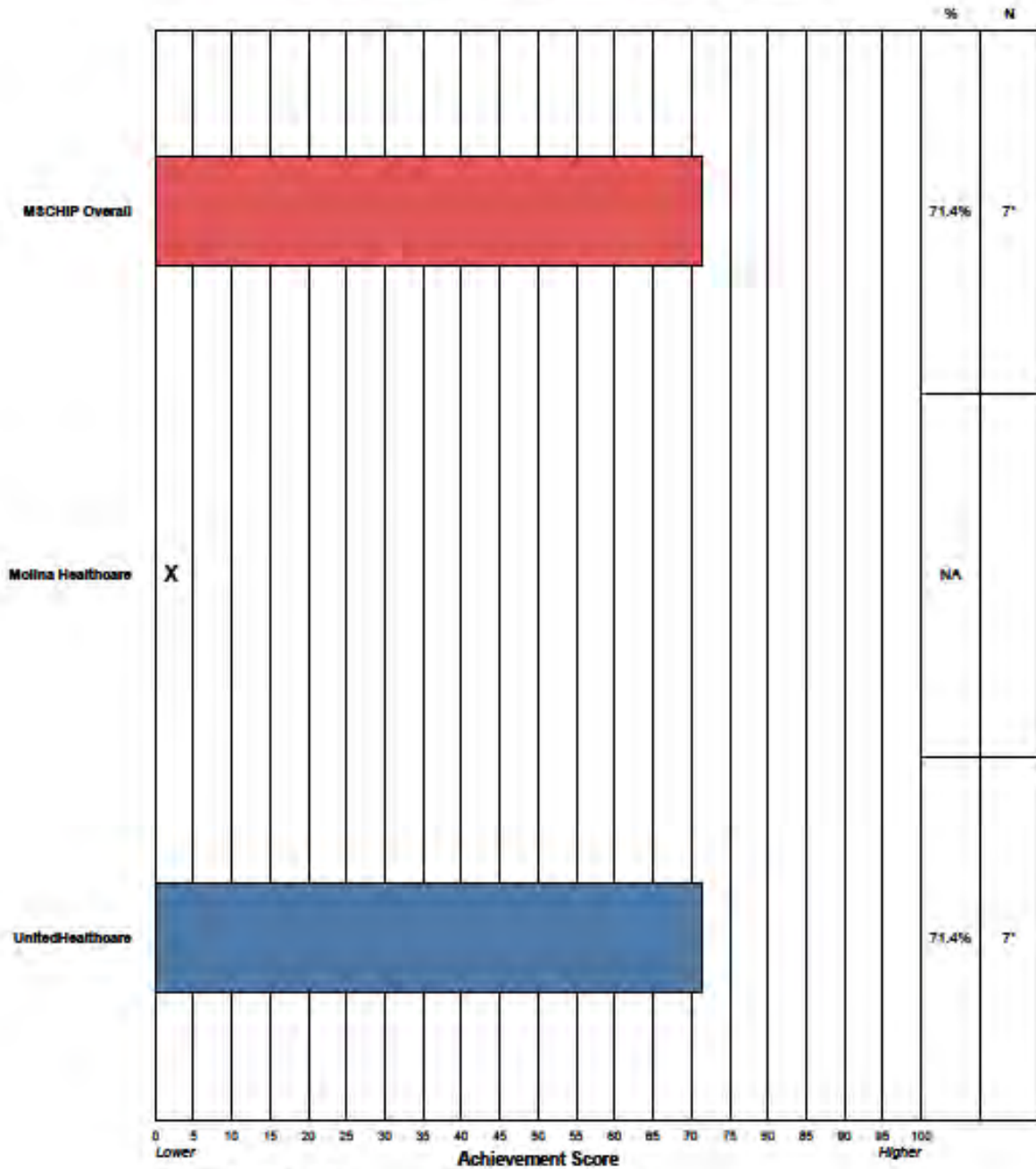
NTD: No trend data available.

↓ ↑ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

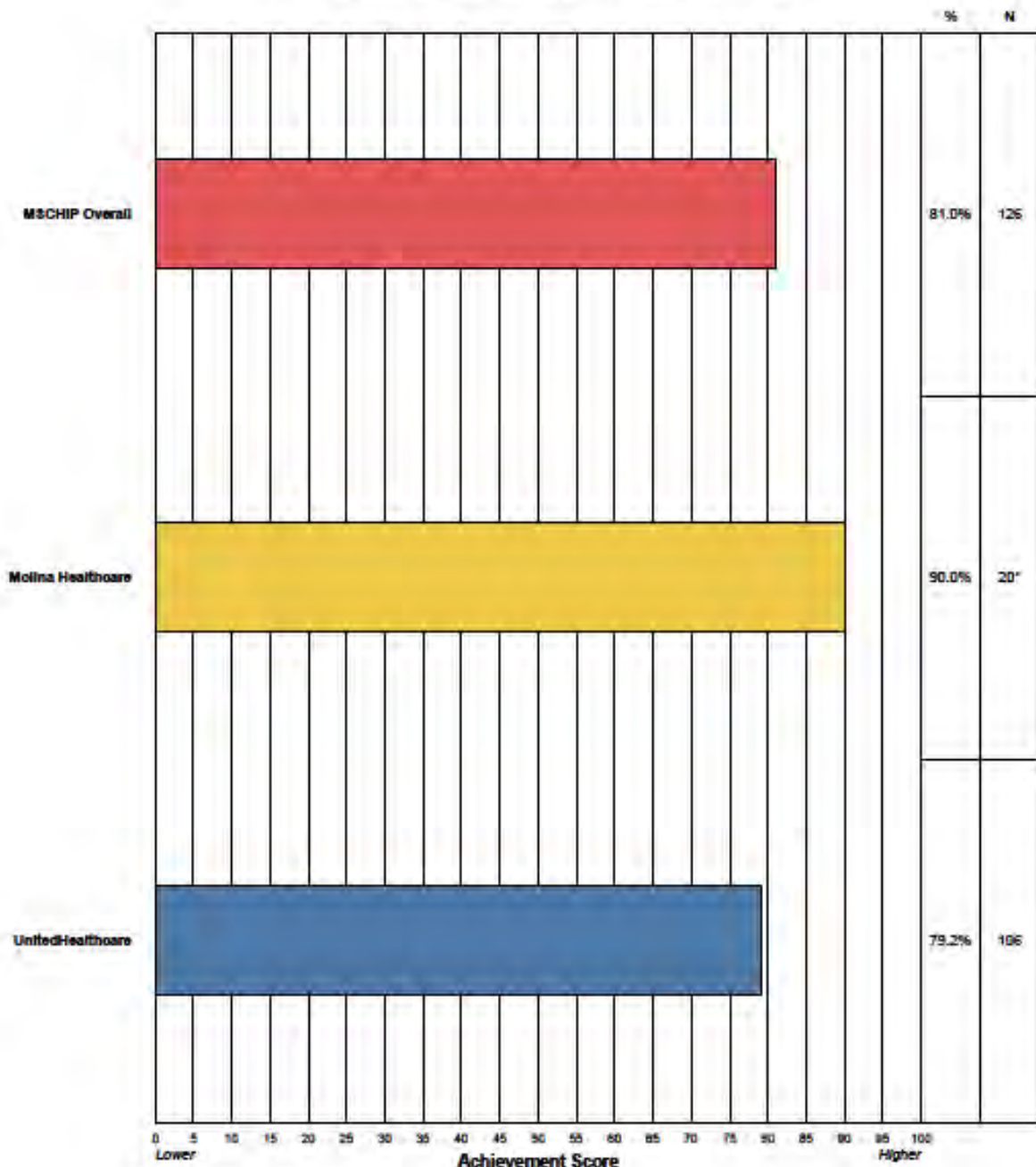
Q28. Care responsive to cultural needs



X: Comparative data not available
 N/A: No trend data available
 * Score statistically significantly higher/lower than 2022 MSCHIP Overall
 * Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q30. A lot or somewhat helped by treatment



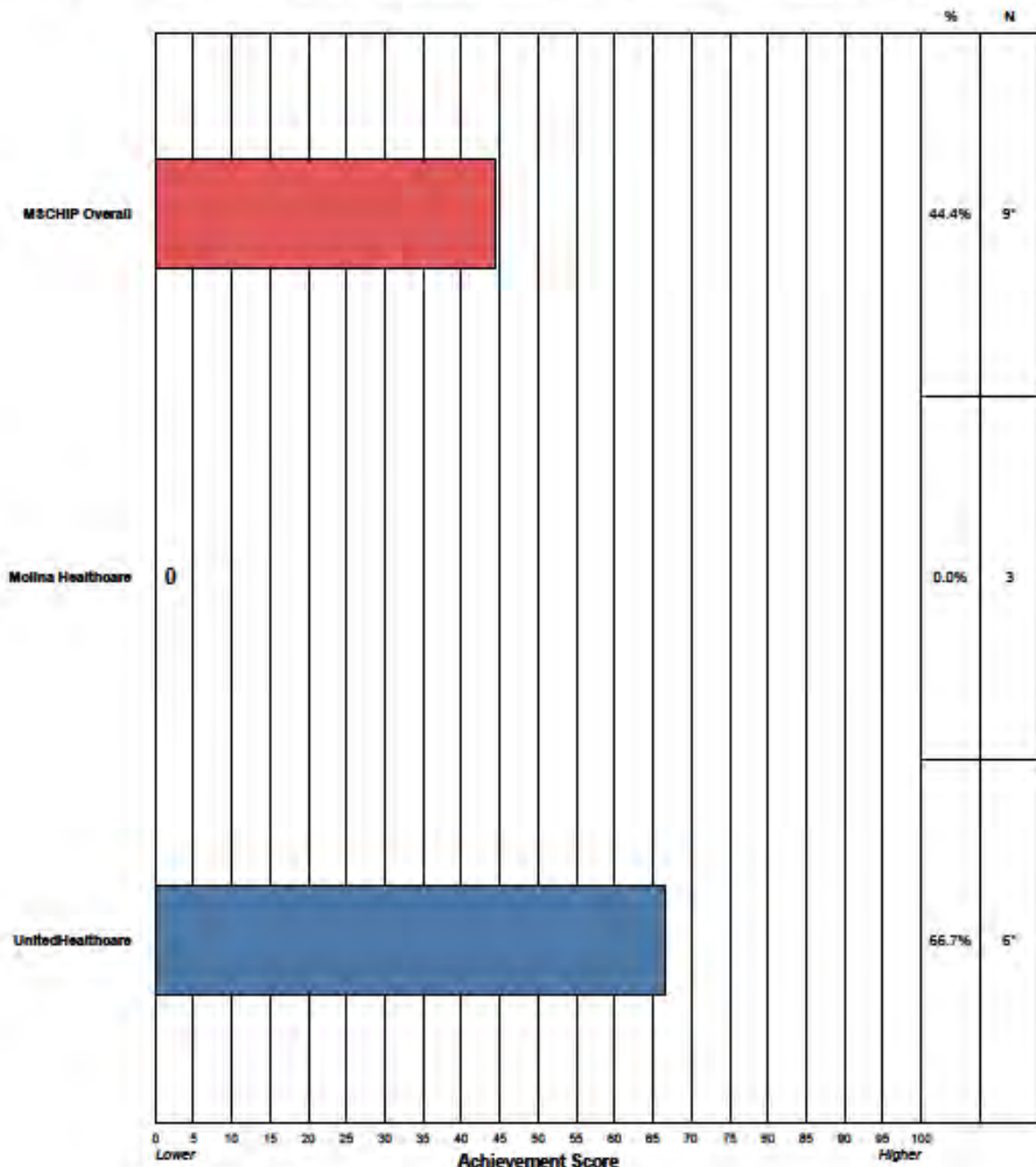
NTD: No trend data available.

⬆️ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Single Items

Q38. Told about other ways to get treatment after benefits were used up



NTD: No trend data available.

↑ ↓ Score statistically significantly higher/lower than 2022 MSCHIP Overall

* Conclusions based on analysis of fewer than 30 observations should be viewed with caution.

Responses by Question

Personal or Family Counseling

Children can get counseling, treatment or medicine for many different reasons, such as:

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior or emotional problems
- Family problems (like when parents and children have trouble getting along)
- For mental or emotional illness
- For autism or other developmental conditions
- Needing help with drug or alcohol use

Q1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	114	100.0%	17	100.0%	97	100.0%
No	0	0.0%	0	0.0%	0	0.0%
Total	114	100.0%	17	100.0%	97	100.0%
Not Answered	13		4		9	

Your Child's Counseling and Treatment in the Last 12 Months

The next questions ask about your child's counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

Q2. In the last 12 months, did you call someone to get professional counseling on the phone for your child?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	37	29.4%	5	25.0%	32	30.2%
No	89	70.6%	15	75.0%	74	69.8%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q3. In the last 12 months, how often did you get the professional counseling your child needed on the phone?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Never	5	13.5%	1	20.0%	4	12.5%
● Sometimes	16	43.2%	1	20.0%	15	46.9%
● Usually	9	24.3%	1	20.0%	8	25.0%
● Always	7	18.9%	2	40.0%	5	15.6%
Total	37	100.0%	5	100.0%	32	100.0%
Not Answered	0		0		0	
Reporting Category	Getting Treatment Quickly					
Achievement Score	43.24%		60.00%		40.63%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-4.2		+21.5		-8.6	
Correlation with Satisfaction	0.185		-0.210		0.199	

Q4. In the last 12 months, did your child need counseling or treatment right away?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	47	37.9%	9	45.0%	38	36.5%
No	77	62.1%	11	55.0%	66	63.5%
Total	124	100.0%	20	100.0%	104	100.0%
Not Answered	3		1		2	

Q5. In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Never	2	4.3%	0	0.0%	2	5.3%
● Sometimes	11	23.4%	0	0.0%	11	28.9%
● Usually	17	36.2%	5	55.6%	12	31.6%
● Always	17	36.2%	4	44.4%	13	34.2%
Total	47	100.0%	9	100.0%	38	100.0%
Not Answered	0		0		0	
Reporting Category	Getting Treatment Quickly					
Achievement Score	72.34%		100.00%		65.79%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	+6.8		+54.5		-4.2	
Correlation with Satisfaction	0.440		0.167		0.416	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q6. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	97	78.2%	9	47.4%	88	83.8%
No	27	21.8%	10	52.6%	17	16.2%
Total	124	100.0%	19	100.0%	105	100.0%
Not Answered	3		2		1	

- Q7. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Never	2	2.1%	1	11.1%	1	1.1%
Sometimes	24	24.7%	0	0.0%	24	27.3%
Usually	29	29.9%	7	77.8%	22	25.0%
Always	42	43.3%	1	11.1%	41	46.6%
Total	97	100.0%	9	100.0%	88	100.0%
Not Answered	0		0		0	
Reporting Category	Getting Treatment Quickly					
Achievement Score	73.20%		88.89%		71.59%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	+2.0		+19.3		+0.0	
Correlation with Satisfaction	0.365		0.866		0.348	

- Q8. In the last 12 months, how many times did your child go to an emergency room or crisis center to get counseling or treatment?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
None	109	86.5%	18	90.0%	91	85.8%
1 time	9	7.1%	2	10.0%	7	6.6%
2 times	3	2.4%	0	0.0%	3	2.8%
3 or more times	5	4.0%	0	0.0%	5	4.7%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q9.** In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment, or medicine in your home or at an office, clinic, or other treatment program?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
None	23	18.5%	6	30.0%	17	16.3%
1 to 10 times	64	51.6%	8	40.0%	56	53.8%
11 to 20 times	24	19.4%	3	15.0%	21	20.2%
21 or more times	13	10.5%	3	15.0%	10	9.6%
Total	124	100.0%	20	100.0%	104	100.0%
Not Answered	3		1		2	

- Q10.** In the last 12 months how many times did your child get counseling, treatment, or medicine in your home?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
None	56	55.4%	6	42.9%	50	57.5%
1 to 10 times	24	23.8%	3	21.4%	21	24.1%
11 to 20 times	13	12.9%	3	21.4%	10	11.5%
21 or more times	8	7.9%	2	14.3%	6	6.9%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	

- Q11.** In the last 12 months, how often were you seen within 15 minutes of his or her appointment?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input type="radio"/> Never	7	6.9%	0	0.0%	7	8.0%
<input type="radio"/> Sometimes	26	25.7%	6	42.9%	20	23.0%
<input type="radio"/> Usually	23	22.8%	1	7.1%	22	25.3%
<input type="radio"/> Always	45	44.6%	7	50.0%	38	43.7%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	
Reporting Category	Single Items					
Achievement Score	67.33%		57.14%		68.97%	
2022 vs. 2021: +/- Chg (*+ Stat. sig.)	-6.4		-8.5		-6.8	
Correlation with Satisfaction	0.247		0.660		0.198	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

The next questions are about all the counseling or treatment your child got in the last 12 months in your home, during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.

- Q12.** In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Never	3	3.0%	0	0.0%	3	3.4%
Sometimes	11	10.9%	0	0.0%	11	12.6%
Usually	19	18.8%	5	35.7%	14	16.1%
Always	68	67.3%	9	64.3%	59	67.8%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	
Reporting Category	How Well Clinicians Communicate					
Achievement Score	86.14%		100.00%		83.91%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	-6.2		+15.6		-10.4*	
Correlation with Satisfaction	0.508		0.540		0.506	

- Q13.** In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Never	3	3.0%	0	0.0%	3	3.4%
Sometimes	8	7.9%	1	7.1%	7	8.0%
Usually	18	17.8%	2	14.3%	16	18.4%
Always	72	71.3%	11	78.6%	61	70.1%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	
Reporting Category	How Well Clinicians Communicate					
Achievement Score	89.11%		92.86%		88.51%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	-5.1		+8.5		-8.3*	
Correlation with Satisfaction	0.450		0.157		0.475	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q14. In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Never	1	1.0%	0	0.0%	1	1.1%
● Sometimes	5	5.0%	0	0.0%	5	5.7%
● Usually	16	15.8%	3	21.4%	13	14.9%
● Always	79	78.2%	11	78.6%	68	78.2%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	
Reporting Category	How Well Clinicians Communicate					
Achievement Score	94.06%		100.00%		93.10%	
2022 vs. 2021: +/- Chg (± Stat. sig.)	-1.5		+9.4		-3.7	
Correlation with Satisfaction	0.428		0.285		0.439	

Q15. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Never	8	8.0%	2	14.3%	6	7.0%
● Sometimes	10	10.0%	2	14.3%	8	9.3%
● Usually	20	20.0%	3	21.4%	17	19.8%
● Always	62	62.0%	7	50.0%	55	64.0%
Total	100	100.0%	14	100.0%	86	100.0%
Not Answered	1		0		1	
Reporting Category	How Well Clinicians Communicate					
Achievement Score	82.00%		71.43%		83.72%	
2022 vs. 2021: +/- Chg (± Stat. sig.)	-9.0±		-16.1		-8.2	
Correlation with Satisfaction	0.477		0.230		0.532	

Q16. In the last 12 months, did your child take any prescription medicines as part of his or her treatment?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	72	72.7%	10	71.4%	62	72.9%
No	27	27.3%	4	28.6%	23	27.1%
Total	99	100.0%	14	100.0%	85	100.0%
Not Answered	2		0		2	

○ Response scored as: ● Achievement ● Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q17. In the last 12 months, were you told what side effects of those medicines to watch for?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	58	80.6%	7	70.0%	51	82.3%
<input type="radio"/> No	14	19.4%	3	30.0%	11	17.7%
Total	72	100.0%	10	100.0%	62	100.0%
Not Answered	0		0		0	
Reporting Category	Single Items					
Achievement Score	80.56%		70.00%		82.26%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-5.2		-3.1		-7.3	
Correlation with Satisfaction	0.347		0.839		0.270	

Q18. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input type="radio"/> Never	3	3.0%	0	0.0%	3	3.4%
<input type="radio"/> Sometimes	9	8.9%	0	0.0%	9	10.3%
<input checked="" type="radio"/> Usually	13	12.9%	2	14.3%	11	12.6%
<input checked="" type="radio"/> Always	76	75.2%	12	85.7%	64	73.6%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	
Reporting Category	How Well Clinicians Communicate					
Achievement Score	88.12%		100.00%		86.21%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	+0.9		+15.6		-1.7	
Correlation with Satisfaction	0.542		0.187		0.565	

Q19. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	86	86.0%	12	85.7%	74	86.0%
<input type="radio"/> No	14	14.0%	2	14.3%	12	14.0%
Total	100	100.0%	14	100.0%	86	100.0%
Not Answered	1		0		1	
Reporting Category	Single Items					
Achievement Score	86.00%		85.71%		86.05%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-6.9		-8.0		-6.7	
Correlation with Satisfaction	0.598		0.622		0.598	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q20. In the last 12 months, how often did your family get the professional help you wanted for your child?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input type="radio"/> Never	5	5.0%	0	0.0%	5	5.7%
<input type="radio"/> Sometimes	11	10.9%	2	14.3%	9	10.3%
<input checked="" type="radio"/> Usually	23	22.8%	3	21.4%	20	23.0%
<input checked="" type="radio"/> Always	62	61.4%	9	64.3%	53	60.9%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	
Reporting Category	Single Items					
Achievement Score	84.16%		85.71%		83.91%	
2022 vs. 2021: +/- Chg (* = Stat. sig.)	-3.5		+5.1		-5.5	
Correlation with Satisfaction	0.629		0.442		0.648	

Q21. In the last 12 months, how often did you feel your child had someone to talk to when he or she was troubled?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input type="radio"/> Never	5	5.0%	0	0.0%	5	5.8%
<input type="radio"/> Sometimes	17	17.0%	2	14.3%	15	17.4%
<input checked="" type="radio"/> Usually	20	20.0%	2	14.3%	18	20.9%
<input checked="" type="radio"/> Always	58	58.0%	10	71.4%	48	55.8%
Total	100	100.0%	14	100.0%	86	100.0%
Not Answered	1		0		1	
Reporting Category	Single Items					
Achievement Score	78.00%		85.71%		76.74%	
2022 vs. 2021: +/- Chg (* = Stat. sig.)	-2.8		+20.1		-7.9	
Correlation with Satisfaction	0.665		0.426		0.688	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q22. In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	70	70.0%	10	71.4%	60	69.8%
<input type="radio"/> No	30	30.0%	4	28.6%	26	30.2%
Total	100	100.0%	14	100.0%	86	100.0%
Not Answered	1		0		1	
Reporting Category	Single Items					
Achievement Score	70.00%		71.43%		69.77%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	+11.0		+15.2		+10.1	
Correlation with Satisfaction	0.437		0.795		0.394	

- Q23. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	71	71.0%	8	61.5%	63	72.4%
<input type="radio"/> No	29	29.0%	5	38.5%	24	27.6%
Total	100	100.0%	13	100.0%	87	100.0%
Not Answered	1		1		0	
Reporting Category	Single Items					
Achievement Score	71.00%		61.54%		72.41%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-5.5		-7.2		-6.1	
Correlation with Satisfaction	0.682		0.767		0.681	

- Q24. In the last 12 months, were you given information about your child's rights as a patient?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	87	86.1%	11	78.6%	76	87.4%
<input type="radio"/> No	14	13.9%	3	21.4%	11	12.6%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	
Reporting Category	Single Items					
Achievement Score	86.14%		78.57%		87.36%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	+3.1		-5.8		+4.7	
Correlation with Satisfaction	0.391		0.842		0.334	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q25. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	89	89.0%	13	100.0%	76	87.4%
<input checked="" type="radio"/> No	11	11.0%	0	0.0%	11	12.6%
Total	100	100.0%	13	100.0%	87	100.0%
Not Answered	1		1		0	
Reporting Category	Single Items					
Achievement Score	89.00%		100.00%		87.36%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	+2.9		+29.0		-2.6	
Correlation with Satisfaction	0.171		-		0.176	

Q26. In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	4	4.0%	0	0.0%	4	4.6%
<input checked="" type="radio"/> No	97	96.0%	14	100.0%	83	95.4%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	
Reporting Category	Single Items					
Achievement Score	96.04%		100.00%		95.40%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	0.0		+6.5		-1.3	
Correlation with Satisfaction	0.223		-		0.230	

Q27. Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment he or she needs?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	7	6.9%	0	0.0%	7	8.0%
No	94	93.1%	14	100.0%	80	92.0%
Total	101	100.0%	14	100.0%	87	100.0%
Not Answered	0		0		0	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q28. In the last 12 months, was the care your child received responsive to those needs?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	5	71.4%	-	-	5	71.4%
<input checked="" type="radio"/> No	2	28.6%	-	-	2	28.6%
Total	7	100.0%	-	-	7	100.0%
Not Answered	0		-		0	
Reporting Category	Single Items					
Achievement Score	71.43%		-		71.43%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-28.6		-		-28.6	
Correlation with Satisfaction	0.453		-		0.453	

Q29. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all of your child's counseling or treatment in the last 12 months?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Worst counseling or treatment possible	1	1.0%	0	0.0%	1	1.2%
<input checked="" type="radio"/> 1	2	2.0%	0	0.0%	2	2.3%
<input checked="" type="radio"/> 2	0	0.0%	0	0.0%	0	0.0%
<input checked="" type="radio"/> 3	4	4.0%	0	0.0%	4	4.7%
<input checked="" type="radio"/> 4	3	3.0%	1	7.1%	2	2.3%
<input checked="" type="radio"/> 5	6	6.0%	1	7.1%	5	5.8%
<input checked="" type="radio"/> 6	1	1.0%	0	0.0%	1	1.2%
<input checked="" type="radio"/> 7	12	12.0%	1	7.1%	11	12.8%
<input checked="" type="radio"/> 8	19	19.0%	4	28.6%	15	17.4%
<input checked="" type="radio"/> 9	11	11.0%	1	7.1%	10	11.6%
<input checked="" type="radio"/> Best counseling or treatment possible	41	41.0%	6	42.9%	35	40.7%
Total	100	100.0%	14	100.0%	86	100.0%
Not Answered	1		0		1	
Reporting Category	Ratings					
Achievement Score	71.00%		78.57%		69.77%	
2022 vs. 2021: +/- Chg (+ Stat. sig.)	-2.5		+7.6		-4.4	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q30. In the last 12 months, how much was your child helped by the counseling or treatment he or she got?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Not at all	7	5.6%	1	5.0%	6	5.7%
● A little	17	13.5%	1	5.0%	16	15.1%
● Somewhat	36	28.6%	6	30.0%	30	28.3%
● A lot	66	52.4%	12	60.0%	54	50.9%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	
Reporting Category	Single Items					
Achievement Score	80.95%		90.00%		79.25%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	+2.5		+33.8		-6.5	
Correlation with Satisfaction	0.757		0.804		0.755	

Q31. In general, how would you rate your child's overall mental health now?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Excellent	12	9.6%	4	21.1%	8	7.5%
Very good	38	30.4%	6	31.6%	32	30.2%
Good	41	32.8%	5	26.3%	36	34.0%
Fair	28	22.4%	3	15.8%	25	23.6%
Poor	6	4.8%	1	5.3%	5	4.7%
Total	126	100.0%	19	100.0%	106	100.0%
Not Answered	2		2		0	

Q32. Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Much better	46	36.5%	8	40.0%	38	35.8%
● A little better	48	38.1%	6	30.0%	42	39.6%
● About the same	27	21.4%	4	20.0%	23	21.7%
● A little worse	3	2.4%	1	5.0%	2	1.9%
● Much worse	2	1.6%	1	5.0%	1	0.9%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	
Reporting Category	Perceived Improvement					
Achievement Score	74.60%		70.00%		75.47%	
2022 vs. 2021: +/- Chg (+ = Stat. sig.)	-4.6		-12.0		-2.8	
Correlation with Satisfaction	0.585		0.553		0.592	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q33. Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Much better	43	34.4%	6	30.0%	37	35.2%
● A little better	43	34.4%	9	45.0%	34	32.4%
● About the same	35	28.0%	3	15.0%	32	30.5%
● A little worse	2	1.6%	1	5.0%	1	1.0%
● Much worse	2	1.6%	1	5.0%	1	1.0%
Total	125	100.0%	20	100.0%	105	100.0%
Not Answered	2		1		1	
Reporting Category	Perceived Improvement					
Achievement Score	68.80%		75.00%		67.62%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	-6.2		-7.0		-5.0	
Correlation with Satisfaction	0.562		0.791		0.534	

Q34. Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Much better	44	35.2%	10	50.0%	34	32.4%
● A little better	49	39.2%	5	25.0%	44	41.9%
● About the same	26	20.8%	3	15.0%	23	21.9%
● A little worse	4	3.2%	1	5.0%	3	2.9%
● Much worse	2	1.6%	1	5.0%	1	1.0%
Total	125	100.0%	20	100.0%	105	100.0%
Not Answered	2		1		1	
Reporting Category	Perceived Improvement					
Achievement Score	74.40%		75.00%		74.29%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	-3.4		-9.0		-1.4	
Correlation with Satisfaction	0.569		0.605		0.566	

Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q35. Compared to 12 months ago, how would you rate your child's problems or symptoms now?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
● Much better	41	33.1%	7	35.0%	34	32.7%
● A little better	51	41.1%	7	35.0%	44	42.3%
● About the same	23	18.5%	3	15.0%	20	19.2%
● A little worse	4	3.2%	2	10.0%	2	1.9%
● Much worse	5	4.0%	1	5.0%	4	3.8%
Total	124	100.0%	20	100.0%	104	100.0%
Not Answered	3		1		2	
Reporting Category	Perceived Improvement					
Achievement Score	74.19%		70.00%		75.00%	
2022 vs. 2021: +/- Chg (♦ ♦ Stat. sig.)	-8.5		-16.0		-6.6	
Correlation with Satisfaction	0.607		0.457		0.628	

The next questions ask about your experience with the company or organization that handles your benefits for your child's counseling or treatment.

Q36. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	15	12.1%	6	30.0%	9	8.7%
No	109	87.9%	14	70.0%	95	91.3%
Total	124	100.0%	20	100.0%	104	100.0%
Not Answered	3		1		2	

Q37. At the time benefits were used up, did you think your child still needed counseling or treatment?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	10	71.4%	4	66.7%	6	75.0%
No	4	28.6%	2	33.3%	2	25.0%
Total	14	100.0%	6	100.0%	8	100.0%
Not Answered	1		0		1	

□ Response scored as: ● Achievement ● Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

Q38. Were you told about other ways to get counseling, treatment, or medicine for your child?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> Yes	4	44.4%	0	0.0%	4	66.7%
<input checked="" type="radio"/> No	5	55.6%	3	100.0%	2	33.3%
Total	9	100.0%	3	100.0%	6	100.0%
Not Answered	1		1		0	
Reporting Category	Single Items					
Achievement Score	44.44%		0.00%		66.67%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	+33.3		+0.0		+54.2	
Correlation with Satisfaction	0.196		-		-0.577	

Q39. In the last 12 months, did you need approval for any of your child's counseling or treatment?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	21	16.7%	6	30.0%	15	14.2%
No	105	83.3%	14	70.0%	91	85.8%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	

Q40. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
<input checked="" type="radio"/> A big problem	3	14.3%	0	0.0%	3	20.0%
<input checked="" type="radio"/> A small problem	12	57.1%	3	50.0%	9	60.0%
<input checked="" type="radio"/> Not a problem	6	28.6%	3	50.0%	3	20.0%
Total	21	100.0%	6	100.0%	15	100.0%
Not Answered	0		0		0	
Reporting Category	Getting Treatment and Information					
Achievement Score	28.57%		50.00%		20.00%	
2022 vs. 2021: +/- Chg (** Stat. sig.)	-13.1		+25.0		-25.0	
Correlation with Satisfaction	0.181		0.408		0.060	




Response scored as: Achievement Room for Improvement

Your Child's Counseling and Treatment in the Last 12 Months (continued)

- Q41.** In the last 12 months, did you call customer service to get information or help about counseling or treatment for your child?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	12	9.5%	3	15.0%	9	8.5%
No	114	90.5%	17	85.0%	97	91.5%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	

- Q42.** In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
 A big problem	1	9.1%	0	0.0%	1	12.5%
 A small problem	4	36.4%	2	66.7%	2	25.0%
 Not a problem	6	54.5%	1	33.3%	5	62.5%
Total	11	100.0%	3	100.0%	8	100.0%
Not Answered	1		0		1	
Reporting Category	Getting Treatment and Information					
Achievement Score	54.55%		33.33%		62.50%	
2022 vs. 2021: +/- Chg (•• Stat. sig.)	-9.1		+33.3		-25.0	
Correlation with Satisfaction	-0.122		1.000		-0.443	

Reasons for Counseling or Treatment

- Q43.** In the last 12 months, was any of your child's counseling or treatment for problems related to ADHD or other behavior problems?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	88	69.8%	13	65.0%	75	70.8%
No	38	30.2%	7	35.0%	31	29.2%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	

Response scored as: Achievement Room for Improvement

Reasons for Counseling or Treatment (continued)

- Q44.** In the last 12 months, was any of your child's counseling or treatment for family problems or mental or emotional illness?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	74	59.2%	12	60.0%	62	59.0%
No	51	40.8%	8	40.0%	43	41.0%
Total	125	100.0%	20	100.0%	105	100.0%
Not Answered	2		1		1	

- Q45.** In the last 12 months, was any of your child's counseling or treatment for autism or other developmental problems?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	20	15.9%	1	5.0%	19	17.9%
No	106	84.1%	19	95.0%	87	82.1%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	

- Q46.** In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	3	2.4%	0	0.0%	3	2.8%
No	123	97.6%	20	100.0%	103	97.2%
Total	126	100.0%	20	100.0%	106	100.0%
Not Answered	1		1		0	

About You and Your Child

- Q47.** In general, how would you rate your child's overall health now?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Excellent	20	15.7%	4	19.0%	16	15.1%
Very good	51	40.2%	7	33.3%	44	41.5%
Good	37	29.1%	8	38.1%	29	27.4%
Fair	17	13.4%	2	9.5%	15	14.2%
Poor	2	1.6%	0	0.0%	2	1.9%
Total	127	100.0%	21	100.0%	106	100.0%
Not Answered	0		0		0	

About You and Your Child (continued)**Q48. What is your child's age now?**

(Note: Data collapsed into age ranges for report presentation.)

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Less than 1 year old	0	0.0%	0	0.0%	0	0.0%
1 to 2 years old	NA	-	NA	-	0	0.0%
3 to 4	NA	-	NA	-	NA	-
5 to 6	NA	-	NA	-	NA	-
7 to 9	23	18.1%	NA	-	18	17.0%
10 to 12	26	20.5%	NA	-	22	20.8%
13 to 15	33	26.0%	NA	-	29	27.4%
16 to 18 years old	37	29.1%	NA	-	32	30.2%
Total	127	100.0%	21	100.0%	106	100.0%
Not Answered	0		0		0	

Q49. Is your child male or female?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Male	66	52.0%	11	52.4%	55	51.9%
Female	61	48.0%	10	47.6%	51	48.1%
Total	127	100.0%	21	100.0%	106	100.0%
Not Answered	0		0		0	

Q50. Is your child of Hispanic or Latino origin or descent?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes, Hispanic or Latino	NA	-	0	0.0%	NA	-
No, not Hispanic or Latino	118	95.9%	21	100.0%	97	95.1%
Total	123	100.0%	21	100.0%	102	100.0%
Not Answered	4		0		4	

NA: Fewer than 11 responses

About You and Your Child (continued)

Q51. What is your child's race? Please mark one or more. (Note: Percents may add to > 100%)

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
White	77	61.6%	NA	-	68	65.4%
Black or African-American	44	35.2%	NA	-	34	32.7%
Asian	NA	-	NA	-	NA	-
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%
American Indian or Alaska Native	NA	-	NA	-	0	0.0%
Other	NA	-	0	0.0%	NA	-
Total	125	100.0%	21	100.0%	104	100.0%
Not Answered	2		0		2	

Q52. What is your age now?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
18 to 24	NA	-	NA	-	NA	-
25 to 34	25	20.2%	NA	-	21	20.4%
35 to 44	54	43.5%	12	57.1%	42	40.8%
45 to 54	33	26.6%	NA	-	32	31.1%
55 to 64	NA	-	NA	-	NA	-
65 to 74	NA	-	0	0.0%	NA	-
75 or older	0	0.0%	0	0.0%	0	0.0%
Total	124	100.0%	21	100.0%	103	100.0%
Not Answered	3		0		3	

Q53. Are you male or female?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Male	13	10.2%	NA	-	NA	-
Female	114	89.8%	18	85.7%	96	90.6%
Total	127	100.0%	21	100.0%	106	100.0%
Not Answered	0		0		0	

NA: Fewer than 11 responses

About You and Your Child (continued)

Q54. What is the highest grade or level of school that you have completed?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
8th grade or less	NA	-	0	0.0%	NA	-
Some high school, but did not graduate	NA	-	NA	-	NA	-
High school graduate or GED	30	23.6%	NA	-	24	22.6%
Some college or 2-year degree	55	43.3%	NA	-	48	45.3%
4-year college degree	13	10.2%	NA	-	NA	-
More than a 4-year college degree	21	16.5%	NA	-	18	17.0%
Total	127	100.0%	21	100.0%	106	100.0%
Not Answered	0		0		0	

Q55. How are you related to the policyholder?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
I am the policyholder	71	56.3%	10	47.6%	61	58.1%
Spouse or partner of policyholder	5	4.0%	1	4.8%	4	3.8%
Child of policyholder	1	0.8%	0	0.0%	1	1.0%
Other family member	44	34.9%	9	42.9%	35	33.3%
Friend	0	0.0%	0	0.0%	0	0.0%
Someone else	5	4.0%	1	4.8%	4	3.8%
Total	126	100.0%	21	100.0%	105	100.0%
Not Answered	1		0		1	

Q56. How are you related to the child?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Mother or father	116	93.5%	18	90.0%	98	94.2%
Grandparent	3	2.4%	2	10.0%	1	1.0%
Aunt or uncle	2	1.6%	0	0.0%	2	1.9%
Older sibling	1	0.8%	0	0.0%	1	1.0%
Other relative	0	0.0%	0	0.0%	0	0.0%
Legal guardian	2	1.6%	0	0.0%	2	1.9%
Total	124	100.0%	20	100.0%	104	100.0%
Not Answered	3		1		2	

NA: Fewer than 11 responses

About You and Your Child (continued)

Q57. Did someone help you complete this survey?

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Yes	0	0.0%	0	0.0%	0	0.0%
No	126	100.0%	21	100.0%	105	100.0%
Total	126	100.0%	21	100.0%	105	100.0%
Not Answered	1		0		1	

Q58. How did that person help you? Check all that apply. (Note: Percents may add to > 100%)

	MSCHIP Overall		Molina Healthcare		UnitedHealthcare	
	N	%	N	%	N	%
Read the questions to me	-	-	-	-	-	-
Wrote down the answers I gave	-	-	-	-	-	-
Answered the questions for me	-	-	-	-	-	-
Translated the questions into my language	-	-	-	-	-	-
Helped in some other way	-	-	-	-	-	-
Total	-	-	-	-	-	-
Not Answered	-		-		-	



[Mississippi Coordinated Access Network (MSCAN)/Mississippi Children's Health Insurance Program (MSCHIP)]


All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-877-455-9243.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes ➔ *If Yes, Go to Question 1*
- No

↓ START HERE ↓

PERSONAL OR FAMILY COUNSELING

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Children can get counseling, treatment or medicine for many different reasons, such as:

- For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior problems
- Family problems (like when parents and children have trouble getting along)
- For mental or emotional illness
- For autism or other developmental conditions
- Needing help with drug or alcohol use

1. In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons?

- Yes ➔ *If Yes, go to question 2*
- No ➔ *If No, go to question 47 on page 6*

**YOUR CHILD'S COUNSELING AND
TREATMENT
IN THE LAST 12 MONTHS**

The next questions ask about your child's counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.

2. In the last 12 months, did you call someone to get professional counseling on the phone for your child?
 Yes
 No → *If No, go to question 4*
3. In the last 12 months, how often did you get the professional counseling your child needed on the phone?
 Never
 Sometimes
 Usually
 Always
4. In the last 12 months, did your child need counseling or treatment right away?
 Yes
 No → *If No, go to question 6*
5. In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?
 Never
 Sometimes
 Usually
 Always
6. In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?
 Yes
 No → *If No, go to question 8*
7. In the last 12 months, not counting times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted?
 Never
 Sometimes
 Usually
 Always
8. In the last 12 months, how many times did your child go to an emergency room or crisis center to get counseling or treatment?
 None
 1
 2
 3 or more
9. In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment or medicine in your home or at an office, clinic, or other treatment program?
 None → *If None, go to question 30 on page 4*
 1 to 10
 11 to 20
 21 or more
10. In the last 12 months how many times did your child get counseling, treatment or medicine in your home?
 None
 1 to 10
 11 to 20
 21 or more
11. In the last 12 months, how often were you seen within 15 minutes of his or her appointment?
 Never
 Sometimes
 Usually
 Always



The next questions are about all the counseling or treatment your child got in the last 12 months in your home, during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.

12. In the last 12 months, how often did the people your child saw for counseling or treatment listen carefully to you?
- Never
 Sometimes
 Usually
 Always
13. In the last 12 months, how often did the people your child saw for counseling or treatment explain things in a way you could understand?
- Never
 Sometimes
 Usually
 Always
14. In the last 12 months, how often did the people your child saw for counseling or treatment show respect for what you had to say?
- Never
 Sometimes
 Usually
 Always
15. In the last 12 months, how often did the people your child saw for counseling or treatment spend enough time with you?
- Never
 Sometimes
 Usually
 Always
16. In the last 12 months, did your child take any prescription medicines as part of his or her treatment?
- Yes
 No → *If No, go to question 18*

17. In the last 12 months, were you told what side effects of those medicines to watch for?
- Yes
 No
18. In the last 12 months, how often were you involved as much as you wanted in your child's counseling or treatment?
- Never
 Sometimes
 Usually
 Always
19. In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?
- Yes
 No
20. In the last 12 months, how often did your family get the professional help you wanted for your child?
- Never
 Sometimes
 Usually
 Always
21. In the last 12 months, how often did you feel your child had someone to talk to for counseling or treatment when he or she was troubled?
- Never
 Sometimes
 Usually
 Always
22. In the last 12 months, were you given information about different kinds of counseling or treatment that are available for your child?
- Yes
 No

23. In the last 12 months, were you given as much information as you wanted about what you could do to manage your child's condition?

- Yes
- No

24. In the last 12 months, were you given information about your child's rights as a patient?

- Yes
- No

25. In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?

- Yes
- No

26. In the last 12 months, as far as you know did anyone your child saw for counseling or treatment share information with others that should have been kept private?

- Yes
- No

27. Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment he or she needs?

- Yes
- No → *If No, go to question 29*

28. In the last 12 months, was the care your child received responsive to those needs?

- Yes
- No

29. Using any number from 0 to 10, where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all of your child's counseling or treatment in the last 12 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Counseling or | | | | | Counseling or | | | | | |
| Treatment | | | | | Treatment | | | | | |
| Possible | | | | | Possible | | | | | |

30. In the last 12 months, how much was your child helped by the counseling or treatment he or she got?

- Not at all
- A little
- Somewhat
- A lot

31. In general, how would you rate your child's overall mental health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

32. Compared to 12 months ago, how would you rate your child's ability to deal with daily problems now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

33. Compared to 12 months ago, how would you rate your child's ability to deal with social situations now?

- Much better
- A little better
- About the same
- A little worse
- Much worse



34. Compared to 12 months ago, how would you rate your child's ability to accomplish the things he or she wants to do now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

35. Compared to 12 months ago, how would you rate your child's problems or symptoms now?

- Much better
- A little better
- About the same
- A little worse
- Much worse

The next questions ask about your experience with the company or organization that handles your benefits for your child's counseling or treatment.

36. In the last 12 months, did your child use up all his or her benefits for counseling or treatment?

- Yes
- No → *If No, go to question 39*

37. At the time benefits were used up, did you think your child still needed counseling or treatment?

- Yes
- No → *If No, go to question 39*

38. Were you told about other ways to get counseling, treatment, or medicine for your child?

- Yes
- No

39. In the last 12 months, did you need approval for any of your child's counseling or treatment?

- Yes
- No → *If No, go to question 41*

40. In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

- A big problem
- A small problem
- Not a problem

41. In the last 12 months, did you call customer service to get information or help about counseling or treatment for your child?

- Yes
- No → *If No, go to question 43*

42. In the last 12 months, how much of a problem, if any, was it to get the help you needed for your child when you called customer service?

- A big problem
- A small problem
- Not a problem

REASONS FOR COUNSELING OR TREATMENT

43. In the last 12 months, was any of your child's counseling or treatment for problems related to ADHD or other behavior problems?

- Yes
- No

44. In the last 12 months, was any of your child's counseling or treatment for family problems or mental or emotional illness?

- Yes
- No

45. In the last 12 months, was any of your child's counseling or treatment for autism or other developmental problems?

- Yes
- No



46. In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?

- Yes
- No

ABOUT YOU AND YOUR CHILD

47. In general, how would you rate your child's overall health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

48. What is your child's age now?

- Less than 1 year old

YEARS OLD (write in)

49. Is your child male or female?

- Male
- Female

50. Is your child of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

51. What is your child's race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

52. What is your age now?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

53. Are you male or female?

- Male
- Female

54. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

55. How are you related to the policyholder?

- I am the policyholder
- Spouse or partner of policyholder
- Child of policyholder
- Other family member
- Friend
- Someone else

56. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older sibling
- Other relative
- Legal guardian

57. Did someone help you complete this survey?

- Yes → If Yes, go to question 58
- No → Thank you. Please return the completed survey in the postage-paid envelope.



58. How did that person help you? Check all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

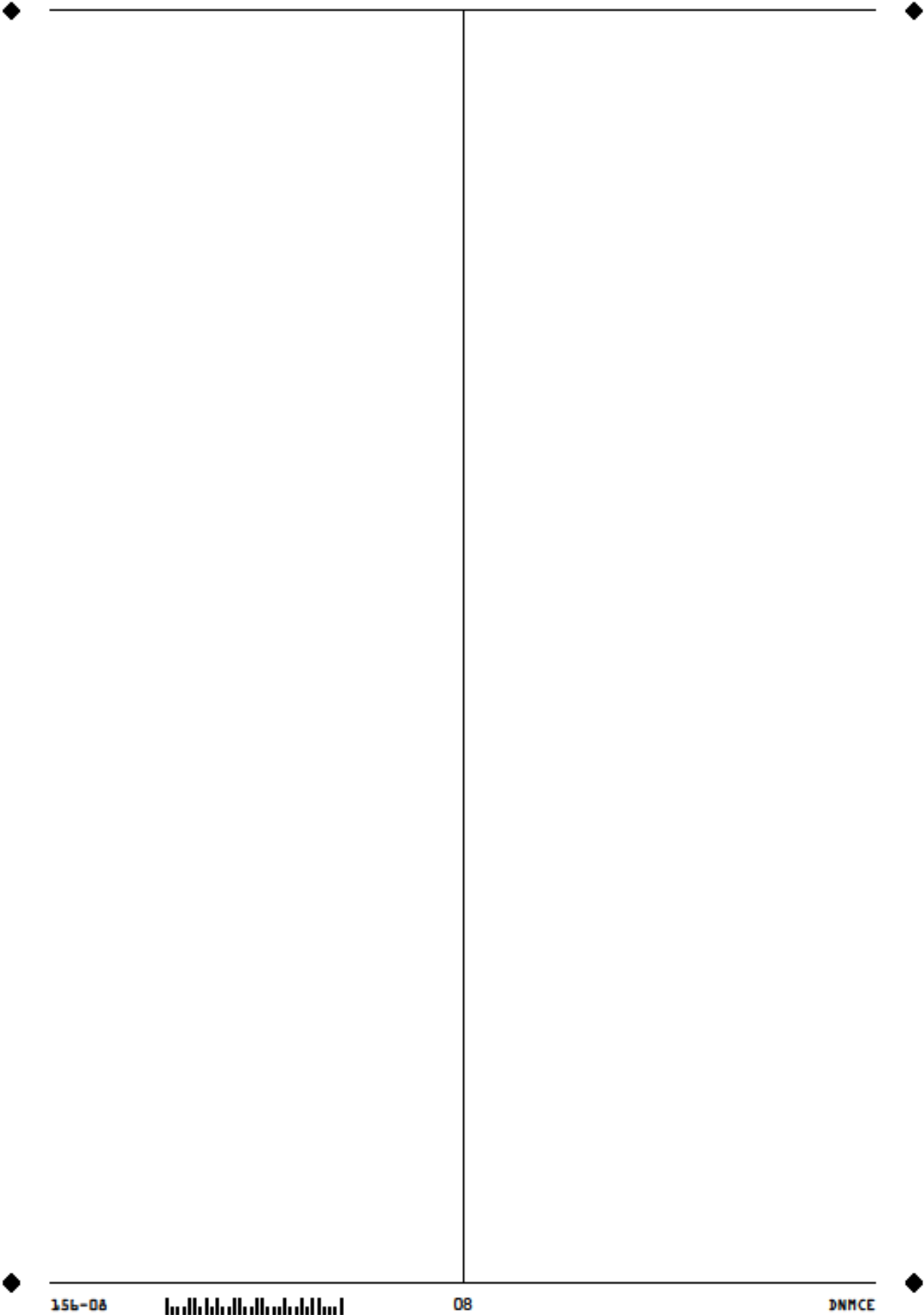
THANK YOU

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

DataStat,
3975 Research Park Drive,
Ann Arbor, MI 48108





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