Mercer

Government Human Services Consulting

2022 External Quality Review

Medicaid Managed Care Organization Performance Report

State of Delaware
Division of Medicaid & Medical Assistance

April 26, 2022

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Contents

Section 1
Introduction

Purpose of Report

The State of Delaware (Delaware or State) Division of Medicaid & Medical Assistance (DMMA) contracted with Mercer Government Human Services Consulting (Mercer) to conduct an External Quality Review (EQR) of the managed care organizations (MCOs), AmeriHealth Caritas Delaware (ACDE) and Highmark Health Options (HHO), participating in Delaware's Medicaid health care service programs. To complete this review, Mercer applied Federal Regulations for Medicaid Managed Care (FRMMC), the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), and State regulations, contractual requirements, each MCO's internal policies and procedures, and State-defined standards communicated to the MCO through its managed care contract, and the Medicaid/Children's Health Insurance Program (CHIP)/Diamond State Health Plan (DSHP) Plus Quality Strategy (QS). This report aims to assess MCO performance in accordance with goals identified in DMMA's current QS.[1]

- **Goal 1:** To improve timely access to appropriate care and services for adults and children, with an emphasis on primary and preventive, behavioral health (BH) care, and to remain in a safe and least-restrictive environment.
- **Goal 2:** To improve quality of care and services provided to Medicaid and CHIP enrollees.
- **Goal 3:** To control the growth of health care expenditures.
- **Goal 4:** To ensure member satisfaction with services.

In addition to evaluating MCO performance with respect to DMMA's QS goals, this report offers a summary of the comprehensive compliance review based on the Centers for Medicare & Medicaid Services (CMS) EQR requirements under 42 CFR 438.358. Based on findings of the descriptive and comparative analyses, Mercer identified MCO strengths and opportunities for improved performance in the delivery of health care services for enrollees in Delaware's managed Medicaid programs.

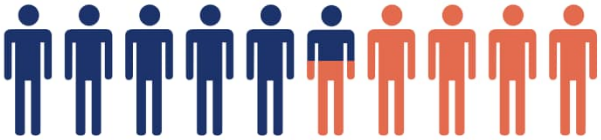
[1] Division of Medicaid & Medical Services. (2018). Delaware Statewide Quality Management Strategy. New Castle: Delaware Department of Health and Social Services.

Population

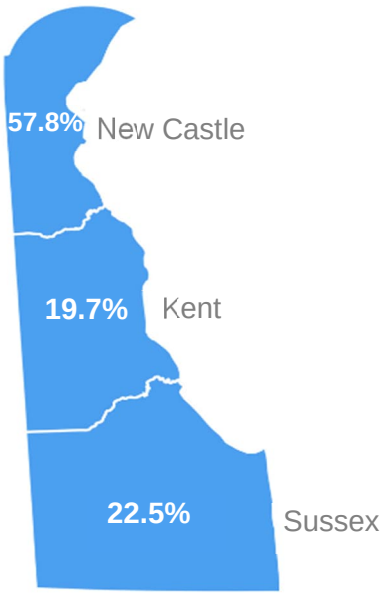
Delaware's Medicaid managed care population accounts for approximately 269,842 eligible individuals. New Castle County has the highest participation at 57.8%, with Sussex County accounting for 22.5%, and Kent County accounting for 19.7% of the Medicaid population.

Delaware Medicaid participation reflects a higher percentage of females at 53% than males at 47%.

Delaware Medicaid Population by Gender*

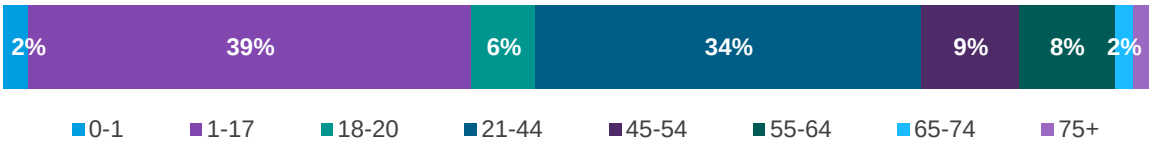


Female: 53% **Male: 47%**



The largest eligible age groups are children and non-elderly adults making up about 89% of the total. Children under 18 account for the highest percentage of members at 41% with adults ages 21–44 making up about 34% of all participants.

Delaware Medicaid Population by Age Group*



Race and ethnicity breakdowns reveal that the majority of Delaware Medicaid participants are either Caucasian at 54.9% or African American at 41.8%.

**Demographic data shown above is reflective of December 2022 Delaware Medicaid Enterprise System eligibility information, as of October 2022.*

External Quality Review

CMS mandates that each state conduct an EQR for MCOs providing services to Medicaid members. Federal regulations under 42 CFR Part 438, subpart E set forth parameters the State must follow when conducting an EQR of an MCO. The EQR is a systematic analysis and evaluation by a qualified External Quality Review Organization (EQRO). The evaluation requires aggregated information about the quality, timeliness, and access to health care services that an MCO or its contractors provide under contract for Medicaid recipients.

Part of the EQR service includes validation of information furnished to complete the analysis. This includes a review of descriptive information and a review of data and procedures used to determine the extent to which they are accurate, reliable, and free from bias, in accord with national standards for data collection and analysis.

Recent changes by CMS to EQR protocols address significant changes in national health care policy, which offer new opportunities for measuring and improving quality of health care delivery. This includes changes effected by the CHIPRA Act of 2009, the American Recovery and Reinvestment Act, and the Affordable Care Act.

Methodology

Primary data sources for analysis in this report include the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS®) and its Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, and the 2020 Delaware comprehensive EQR. The performance improvement projects (PIPs) and performance measures (PMs) DMMA selected for validation were based on DMMA's QS goals noted above.

Results for the two Delaware Medicaid MCOs are presented throughout this report, and respective scores for HEDIS and CAHPS PMs are reported in comparison to national percentiles from NCQA's Quality Compass.[2] Results are grouped into a rating system of five stars (90th percentile), three stars (50th–90th percentile), or two stars (below 50th percentile). The EQRO evaluated MCO compliance with Medicaid and the CHIP managed care regulations and is presenting them in four domains: enrollee rights and protections, quality assessment and performance improvement (QAPI), grievances and appeals, and certification and program integrity. A similar star scoring approach was used to present results of the validation of PMs and PIPs. See Tables 1–3, below to interpret star ratings throughout the remainder of the report.

Table 1. CAHPS PM Score Scale

National Percentile Score as Reported by CAHPS	EQR Report Score
Above the 90th percentile	★★★★★
50th–90th percentile	★★★
Lower than 50th percentile	★★

[2] Quality Compass provides a database of national averages among organizations submitting data to NCQA. Benchmark data comes from accredited and non-accredited organizations and consists of publicly and privately reported performance metrics. Available at: www.qualitycompass.org.

Table 2. HEDIS PM Score Scale

National Percentile Score as Reported by HEDIS	EQR Report Score
Above 90th percentile	★★★★★
50th–90th percentile	★★★
Lower than 50th percentile	★★

Table 3. EQR Compliance Score Scale

Compliance Points Earned	EQR Report Score
90% + of possible points	★★★★★
75%–89% of possible points	★★★
< 75% of possible points	★★

Table 4. PM and PIP Validation Score Scale

PIP/Validation Evaluation	EQR Report Score
High confidence	★★★★★
Moderate confidence	★★★★
Low confidence	★★★
No confidence	★★

Section 2

Consumer Assessment of Healthcare Providers and Systems

Member Perception of Health Care Services

One of the goals described in the Delaware Medicaid QS is to "Assure member satisfaction with services." One of the core elements of the DSHP program is to promote member-centricity. Being member-centric, means being focused on providing a positive experience for Medicaid members and designing systems that work for them. Members who exhibit confidence in services delivered to them will engage those services more effectively and frequently, increasing the likelihood of a healthier membership. CAHPS surveys (adult and pediatric) target enrollees' viewpoint and evaluation of their own experiences with health care delivery. The survey covers topics important to enrollees and focuses on aspects of quality they are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The following results and subsequent ratings are based on the CAHPS composite scores developed by combining individual survey questions into broader topics.

A star rating was assigned to each composite measure according to the following scale:

Table 5. CAHPS PM Score Scale

National Percentile Score as Reported by CAHPS	EQR Report Score
Above the 90th percentile	★★★★★
50th–90th percentile	★★★
Lower than 50th percentile	★★

Consumer Assessment of Healthcare Providers and Systems Performance Evaluation

A percentile is a statistical measure that indicates performance. Typically, being in a higher percentile indicates better performance. Through its QS, DMMA established a standard of the 75th percentile for CAHPS performance. Once the 75th percentile is achieved, the MCO will work toward achieving the 90th percentile. CAHPS performance varied across domain and by population within each MCO. A side-by-side comparison of both MCOs shows differences in performance as well.

Table 6. CAHPS PM Ratings — Adult

Measure Description	2022 ACDE Ratings	2022 HHO Ratings
Rating of personal doctor	★★	★★★
Rating of specialist	★★	★★
Rating of all health care	★★	★★★
Rating of health plan	★★★	★★★
Getting needed care	★★	★★
Getting care quickly	★★★	★★★
How well doctors communicate	★★	★★

Table 7. CAHPS PM Ratings — Child

Measure Description	2022 ACDE Ratings	2022 HHO Ratings
Rating of personal doctor	★★★	★★★
Rating of specialist	★★★	★★★★★
Rating of all health care	★★★★★	★★★★★
Rating of health plan	★★★★★	★★★★★
Getting needed care	★★	★★
Getting care quickly	★★	★★
How well doctors communicate	★★	★★★

Overall Member Experience with Care

ACDE demonstrated a slight decrease in performance from 2021 to 2022. Members rated ACDE's performance of all health care and the health plan above the 90th percentile on the child CAHPS surveys. However, both the adult and child CAHPS surveys highlight a significant opportunity for improvement across getting needed care and how well doctors communicate with ratings falling below the 50th percentile for both categories. Members gave

the lowest scores on the adult survey, none of which reached the 75th percentile standard. Three scores were above the 75th percentile, and all were from the child surveys.

HHO demonstrated minor improvement in performance from 2021 to 2022. Members rated HHO's health plan and specialists above the 90th percentile on the child CAHPS survey. There were only three areas that showed a decline in performance which were all in the area of adult health. The adult CAHPS surveys highlight a significant opportunity for improvement across getting needed care, getting care quickly, and communication of doctors. Members gave the highest scores on the rating of children's health care, specialists, and HHO's health plan. Six scores were above the 75th percentile.

Comparing ACDE to HHO suggests opportunities for growth and improvement. Primary concerns for ACDE revealed by this year's reporting include opportunities to improve the rating of all health care, personal doctor, and specialists, as well as children getting needed care and how well pediatric doctors communicate. Primary concerns for HHO include improve getting needed care for both adult and child populations.

Section 3

Healthcare Effectiveness Data and Information Set Results

This section provides an overview of two HEDIS domains of care: Access to Care and Quality of Care. Analysis using HEDIS for performance evaluation is industry standard for external reporting in the managed care industry. HEDIS is developed and maintained by NCQA. Data used for calculating HEDIS results include information from medical charts and provider claims (i.e., encounter data from electronic health records, claims data from billing systems, etc.) within Delaware's Medicaid managed care network. NCQA originally designed HEDIS to allow consumers to compare health plan performance against the quality of other health plans, as well as national and regional benchmarks. A star rating was assigned as follows for each composite measure.

Table 8. HEDIS PM Score Scale

National Percentile Score as Reported by HEDIS	EQR Report Score
Above 90th percentile	★★★★★
50th–90th percentile	★★★
Lower than 50th percentile	★★

Evaluation of Effectiveness and Access to Health Care

The Delaware QS prioritizes improvement of timely access to appropriate care and services for adults and children, with an emphasis on primary preventive care and remaining in a safe and least-restrictive environment. Providing timely access to preventive and primary care services promotes the goal of a comprehensive health care delivery system for Delaware Medicaid.

Timely Access to Primary and Preventive Services

Medicaid enrollees who utilize primary and preventive services have been found to be better equipped to manage acute and chronic medical conditions, versus those who do not have access to these services. Patients with adequate access to primary care are more likely to have preventive care, as well as consistent care for chronic conditions. Both have been shown to reduce unnecessary emergency department (ED) visits and inpatient hospital admissions.

Both MCOs were between the 50th and 90th percentile in six out of the seven timely access to primary and preventive services measures, with the exception of child and adolescent Well-Care visits (18–21 years), which fell below the 50th percentile.

Table 9. Timely Access to Primary and Preventive Services		
HEDIS PM Description	**2022 ACDE Ratings**	**2022 HHO Ratings**
Child and Adolescent Well-Care Visits (12–17 years)	★★★	★★★
Child and Adolescent Well-Care Visits (18–21 years)	★★	★★
Child and Adolescent Well-Care Visits (3–11 years)	★★★	★★★
Child and Adolescent Well-Care Visits (Total)	★★★	★★★
Adult's access to preventive services (20–44 years)	★★★	★★★
Adult's access to preventive services (45–64 years)	★★★	★★★
Adult's access to preventive services (65+ years)	★★★	★★★

Access to Maternal and Pregnancy Services

Early and consistent access to quality prenatal care services can improve chances of delivering healthy babies and decreasing maternal and infant deaths. Providing access to comprehensive maternal and prenatal services impacts MCO service delivery significantly, and constitutes effective means of preventing lifelong disability via healthy deliveries. ACDE performed between the 50th and 90th percentile for pregnancy services during 2022. HHO performed above the 90th percentile for timeliness of prenatal care and between the 50th and 90th percentile for access to postpartum care during 2022.

Table 10. Access to Maternal and Pregnancy Services		
HEDIS PM Description	**2022 ACDE Ratings**	**2022 HHO Ratings**
Prenatal and postpartum care — timeliness of prenatal care	★★★	★★★★★
Prenatal and postpartum care — postpartum care	★★★	★★★

Overall Access Performance

HEDIS results provide a litmus test for evaluating patient access to care. The comparisons of reportable-HEDIS data between MCOs and against the national benchmarks, above, indicate

both MCOs can improve strategies to ensure postpartum care measures are being met, and ACDE can focus on improving timeliness of prenatal care.

Evaluation of Quality of Care

The Delaware Medicaid QS includes goals of improving quality of care and services provided to DSHP, DSHP Plus, and CHIP members. Quality-related PMs describe attributes of health services provided to members. These PMs provide an overview of the effectiveness of a health care delivery system by looking at service utilization, patients' health outcomes, and comprehensiveness of disease management services for common causes of morbidity and mortality.

Evaluation of Neonatal Services

Effective preventive care begins early in life. Healthier children will be more likely to remain healthier as adults. High-quality health care in early stages of life promotes a healthier membership pool. As shown in the following table, both MCOs performed between the 50th and 90th percentile in all measures for quality of early life services.

Table 11. Quality of Early Life Services

HEDIS PM Description	2022 ACDE Ratings	2022 HHO Ratings
Well-child visits in the first 30 months of life (first 15 months)	★★★	★★★
Well-child visits in the first 30 months of life (15–30 months)	★★★	★★★

Evaluation of Early Detection Services

Routine screenings and early detection services allow providers to identify and address health concerns at an early stage, often preventing costly and invasive interventions associated with later detection. As shown below, ACDE performed below the 50th percentile for breast cancer screenings but between the 50th and 90th percentile for cervical cancer screenings, while HHO performed between the 50th and 90th percentile in all measures of early detection service quality.

Table 12. Early Detection Service Quality		
HEDIS PM Description	**2022 ACDE Ratings**	**2022 HHO Ratings**
Breast cancer screenings	★★	★★★
Cervical cancer screenings	★★★	★★★

Quality of Diabetes Management Services

Diabetes mellitus has a strong association with morbidity and mortality in the United States. Often associated with inadequate diabetes management, comorbidities such as hypercholesterolemia (high cholesterol), hypertension (high blood pressure), and other chronic conditions merit attention. Comprehensive care for this disease includes a variety of monitoring services. As shown below, ACDE scored between the 50th and 90th percentile in all areas of quality diabetes management, while HHO scored between the 50th and 90th percentile in Comprehensive diabetes care (HbA1c testing), but below the 50th percentile in dilated retinal eye exam.

Table 13. Quality of Diabetes Management		
HEDIS PM Description	**2022 ACDE Ratings**	**2022 HHO Ratings**
Comprehensive diabetes care — HbA1c testing	★★★	★★★
Comprehensive diabetes care — dilated retinal eye exam	★★★	★★

Weight and Nutrition Management Quality

Also associated with morbidity and mortality in the United States is obesity and its related health conditions. Expenditures attributed to these conditions are also on the rise. When initiated early in life, proper nutrition, physical activity, and weight assessment and control effectively prevent obesity and the associated disease burden. Nutrition counseling is an important means of educating individuals in order to help them lead healthier, more productive lives. Both MCOs are at or above the 50th percentile for all of the clinical quality of weight and nutrition management measures.

Table 14. Clinical Quality of Weight and Nutrition Management		
HEDIS PM Description	**2022 ACDE Ratings**	**2022 HHO Ratings**
Counseling for nutrition	★★★	★★★
Counseling for physical activity	★★★	★★★

Overall Quality Performance

Strengths and Opportunities

Both MCOs improved their overall performance on all quality measures, with several measures between the 50th and 90th percentiles. ACDE and HHO both remain below the 50th percentile for Child and Adolescent Well-Care Visits (18–21 years). ACDE's performance also remains lower than the 50th percentile in breast cancer screenings. HHO maintained a performance rating over the 90th percentile in timeliness of prenatal care. However, their performance decreased to below the 50th percentile in comprehensive diabetes care – dilated retinal eye exam.

As noted across the past several years of HEDIS measurement, both MCOs have opportunities for improvement; generally speaking there has been minimal change in performance. Particularly measures that assess early detection and service intervention as well as with diabetes management should be improving more significantly. These topics have been an ongoing theme targeted by DMMA's Quality Improvement Initiative task force and MCO quality committees. Improved performance in these areas could improve the quality of life and decrease illness of Delaware Medicaid enrollees.

Section 4

External Quality Review: Compliance

Compliance Scoring

As required by CMS under federal regulation, Mercer, acting as the EQRO, completed a comprehensive compliance review of the MCOs using the CMS protocol "Assessment of Compliance with Medicaid Managed Care Regulations". The review has been grouped into the compliance areas below:

- Enrollee rights and protections
- QAPI
- Grievances and appeals
- Certifications and program integrity

The EQRO compliance evaluation assigns the MCO score for each metric that makes up these four review areas. The assessment of "Met", "Substantially Met", "Partially Met", "Minimally Met", and "Not Met" is given a score, and an equal weighting was assigned to each of the four standards. Regulation mandates MCOs develop a required corrective action plan (CAP) for all metrics resulting in a "Substantially Met", "Partially Met", "Minimally Met", or "Not Met" rating. All CAPs are reviewed and approved for implementation by DMMA prior to integration. A star rating was assigned to the MCOs based on their overall compliance score according to the rating scale below.

Table 15. EQR Compliance Score Scale

Compliance Points Earned	EQR Report Score
90% + of possible points	★★★★★
75%–89% of possible points	★★★
<75% of possible points	★★

Compliance Evaluation

Both MCOs had total compliance ratings over 95%. ACDE scored below 90% in Coordination and Continuity of Care (84.4%) and Practice Guidelines (84.0%), and HHO scored below 90% in QAPI (87.8%). These areas represent opportunities for improvement for the MCOs (Table 16).

Table 16. 2022 MCO Overall Compliance Ratings

	ACDE			HHO		
Content Area	**Possible Points**	**Points Scored**	**Percent**	**Possible Points**	**Points Scored**	**Percent**
Availability of Services	9.09	9.09	100.0%	9.09	9.09	100.0%
Assurances of Adequate Capacity of Services	9.09	9.09	100.0%	9.09	9.09	100.0%
Coordination and Continuity of Care	9.09	7.68	84.4%	9.09	9.09	100.0%
Coverage and Authorization of Services	9.09	8.55	94.1%	9.09	9.09	100.0%
Provider Selection	9.09	9.09	100.0%	9.09	9.09	100.0%
Confidentiality	9.09	9.09	100.0%	9.09	9.09	100.0%
Grievance and Appeal Systems	9.09	9.09	100.0%	9.09	8.99	98.9%
Subcontractual Relationships and Delegation	9.09	9.09	100.0%	9.09	8.18	90.0%
Practice Guidelines	9.09	7.64	84.0%	9.09	9.09	100.0%
Health Information Systems	9.09	8.86	97.4%	9.09	8.86	97.4%
QAPI	9.09	8.96	98.5%	9.09	7.98	87.8%
Total Compliance Rating	★★★★★			★★★★★		

Overall Compliance Performance

Strengths and Opportunities

Both of Delaware's Medicaid MCOs performed well overall in 2022, scoring in the highest compliance-rating tier. ACDE attained greater than 90% of possible points in 9 out of 11 areas, while HHO earned greater than 90% of the points possible in 10 out of 11 areas. These results indicate that both MCOs are compliant with federal regulations and State contract expectations.

While both MCOs performed well, even those areas that achieved more than 90% compliance may still have items that require a CAP. The State reviews, approves all CAPs, and monitors those action plans to ensure that all identified issues are corrected.

Section 5

Performance Improvement Projects

Validation of Performance Improvement Projects

The CMS regulations require each State MCO to establish PIPs as part of their quality assurance program. These PIPs, which are validated using the CMS protocol, are intended to evaluate and improve upon the processes and outcomes associated with specified health care targets. DMMA has mandated that each MCO conduct a minimum of five PIPs. Of the five required PIPs, the State required the EQRO to validate three PIPs for independent validation by the EQRO during the 2022 compliance review cycle. Table 18 below includes the study topics validated and confidence in the reported results.

Table 17. PIP Validation Scoring Scale

Validation Evaluation	EQR Report Score
High confidence	★★★★★
Moderate confidence	★★★★
Low confidence	★★★
No confidence	★★

Table 18. PIP Validation Score

Measure Description	ACDE Confidence in Reported Results	HHO Confidence in Reported Results
Wellness program	★★	
Attention-Deficit/Hyperactivity Disorder (ADHD) clinical practice guidelines, medication, and therapy	★★★★	
Benzodiazepines and opioids concomitant use	★★★★★	

Table 18. PIP Validation Score

Measure Description	ACDE Confidence in Reported Results	HHO Confidence in Reported Results
Physical health and BH care coordination		★★
Heath Risk Assessment standards		★★
Long-term services and supports reducing ED utilization		★★

Assessment for ACDE

DMMA has invested significant technical assistance to ACDE since 2018 to ensure there is a solid foundation for assessment. In 2021, ACDE implemented a service related PIP in process; however, the MCO did not provide sufficient data for the baseline and measurement periods for this PIP in 2022. ACDE was asked for follow-up information but was unable to provide information for the reporting periods as well as the data for the numerator and denominator for the measures. ACDE should develop clear processes and a formal mechanism to ensure data collected for baseline and measurement periods are provided, accurate, and compliant.

Assessment for HHO

DMMA has also invested significant technical assistance to HHO since 2015 to ensure there is a solid foundation for assessment. HHO's Quality department has faced challenges in leadership and staffing over the past several years, including the review period of 2021 as evidenced by quantifiable measure results and the confidence in reported results. HHO now has the resources and team to focus efforts particularly as it relates to PIPs. Although there is a strong PIP team in place, the submitted documentation was contradictory which made validation of the three PIPs impossible. The reporting periods, numerators, and denominators identified for baseline and measurement periods are not clearly stated for validation against supporting PIP documentation.

Section 6
Performance Measurement

Validation of Performance Measures

Performance Measurement is used to evaluate the MCOs compliance with federal regulations and contractual requirements. This process itself validates the accuracy of Medicaid, CHIP, and DHSP Plus measures that are reported by the MCOs. As a cornerstone of the review, the assessment and applicability of the CMS protocol entitled "Validating Performance Measures" was completed. This protocol's goal was guiding the assessment of the compliance with identified specifications applicable to each PM. The measures reviewed for 2022 included a combination of HEDIS measures, CMS adult and pediatric core measures, and Quality and Care Management Measurement Report (QCMMR) measures.

Mercer referenced the request for information response which consists of policies, procedures, and supporting documentation to validate review. During onsite meetings during the month of June 2022 Mercer led discussions about data management processes, report generation, data validation, and data submission. After all audit elements were assessed, a validation finding for each measure was determined based on the magnitude of errors detected in the review. The following table summarizes the scale used to determine confidence in PM reporting.

Table 19. PM Validation Scoring Scale

Validation Evaluation	EQR Report Score
High confidence	★★★★★
Moderate confidence	★★★★
Low confidence	★★★
No confidence	★★

The following table shows a breakdown of PMs that were validated for 2022:

Table 20. PM Validation Score

Measure Description	ACDE Confidence in Reported Results	HHO Confidence in Reported Results
Number of Medicaid members with diabetes who received an oral exam	★★	★★★

Table 20. PM Validation Score

Measure Description	ACDE Confidence in Reported Results	HHO Confidence in Reported Results
Number of Medicaid members receiving American Society of Addiction Medicine level III residential inpatient substance use disorder services	★★★★★	★★★★★
Asthma medication ration	★★★★★	★★★★★
Prenatal and postpartum care	★★★★★	★★★★★
Immunizations for adolescents	★★★★★	★★★★★
Use of pharmacotherapy for opioid use disorder	★★	★★★★★

Validation of Performance Measure Assessment

The validation process reveals that the EQRO has high confidence in the majority of both ACDE's and HHO's reported performance measures. Neither MCO scored high confidence on the number of Medicaid members with diabetes who received an oral exam, primarily due to the inaccurate integration of data by vendors who were calculating and reporting the results to the MCOs. There was also a "no confidence" result for the use of pharmacotherapy for opioid use disorder measure submitted by ACDE as the data results were not provided at the time of assessment.

Section 7

Conclusion

As the state assesses MCO performance relative to the federal requirements, contractual standards and goals of the current Quality Strategy, the results presented above indicate that the MCOs in Delaware have room for improvement in meeting expectations to improve quality and overall care. The annual review results show an improvement compared to 2021, but ensuring that member's expectations are met is a critical component when considering these results. The MCO is responsible for furnishing services and quality of services need to remain high for all members.

The CAHPS surveys highlight a significant opportunity for improvement across access to care, receiving care in a timely manner, and improving how well doctors communicate. Members expressed their dissatisfaction in these measures specifically demonstrating that member feedback should be continuously monitored through all components of service delivery.

The MCOs have shown an overall improvement in performance as evidenced by the HEDIS results. However, both MCOs have opportunities for significant improvement with child and adolescent well-care visits (18–21 years).

The MCOs show the capability to meet compliance and DMMA will continue working collaboratively with the MCOs as they implement activities towards continuous quality improvement.

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