Bureau for Medical Services

Managed Care Programs

Mountain Health Promise

Mountain Health Trust

2025 External Quality Review

Annual Technical Report

April 2026

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

Qlarant

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West Virginia Managed Care Programs

2025 Annual Technical Report

Executive Summary

Introduction

The West Virginia Department of Human Services' Bureau for Medical Services (BMS) contracts with Qlarant, an external quality review organization (EQRO), to evaluate the state's managed care programs: Mountain Health Trust (MHT) and Mountain Health Promise (MHP). The MHT program, which covers physical and behavioral health services, has served qualifying Medicaid beneficiaries since 1996. On January 1, 2021, the MHT program expanded to additionally cover Children's Health Insurance Program (CHIP) beneficiaries. Managed care plans (MCPs) contracted to provide MHT services include:

- Aetna Better Health of West Virginia (ABH)
- Highmark Health Options (HHO)[1]
- The Health Plan of West Virginia (THP)
- Wellpoint West Virginia (WWV)[2]

The MHP program serves Medicaid beneficiaries who are in foster care or receive adoption services, and qualifying children with serious emotional disorders. The program provides comprehensive physical and behavioral health services, children's residential care services, and socially necessary services. ABH is the single MCP contracted to provide these services. Operations for this program commenced on March 1, 2020.

As the West Virginia EQRO, Qlarant evaluates MCP compliance with federal and state-specific requirements by conducting multiple external quality review (EQR) activities, including:

- Performance Improvement Project (PIP) Validation
- Performance Measure Validation (PMV)
- Compliance Review, also referenced as Systems Performance Review (SPR)
- Network Adequacy Validation (NAV)
- Encounter Data Validation (EDV)
- Grievance, Appeal, and Denial (GAD) Focus Study
- Provider Directory Validation (PDV) Focus Study

EQR activities were completed for *all* MCPs contracted with the State; no MCPs were exempt.[3] Qlarant conducted EQR activities throughout 2025 and evaluated MCP compliance and performance for measurement years (MYs) 2024 and 2025, as applicable. Qlarant followed Centers for Medicare and Medicaid Services (CMS) EQR Protocols to conduct activities.[4] This report summarizes results from all

[1] HHO's contract with BMS commenced on August 1, 2024.
[2] WWV is formerly known as UniCare Health Plan of West Virginia.
[3] BMS requires each contracted MCP undergo EQR activities. However, due to HHO's contract start date of August 1, 2024, some EQR activities and findings were limited due to data availability.
[4] CMS EQR Protocols

EQR activities and includes conclusions drawn regarding the quality, accessibility, and timeliness of care furnished by the MCPs.

Key Findings

Key findings are summarized below for the MHT and MHP MCPs. Strengths, weaknesses, and recommendations for each MCP are identified within the MCP Quality, Access, and Timeliness Assessment section of the report. MCP findings correspond to performance areas, including the quality, accessibility, and timeliness of services provided to their members.

Performance Improvement Project Validation. The MCPs conducted three PIPs each and reported MY 2024 results, as applicable. The MHT MCPs reported their first remeasurement results for the state-mandated PIP, Lead Screening in Children; the MHT MCP average improved in all three PIP measures. Validation scores ranged from 88%-100%. The MHT MCPs reported their second remeasurement results for the state-mandated Follow-Up After Emergency Department Visit for Mental Health PIP. The MHT MCP PIP measure average improved year over year. Validation scores ranged from 86%-100%. Each MHT MCP's third PIP topic was self-selected and the MCPs are at various stages of development with their projects. Validation scores ranged from 82%-100%. ABH and THP each achieved statistically significant improvement in at least one PIP measure. Consistent with the MHT MCPs, MHP ABH reported its first remeasurement results for the Lead Screening in Children PIP. The MCP achieved improvement in two of three measures. MHP ABH achieved a validation score of 95%. MHP ABH reported statistically significant improvement in its second state-mandated PIP, Care for Adolescents, and scored a 95% validation rating. MHP ABH submitted its fourth remeasurement results for the self-selected topic, Reducing Out-of-State Placement for Children in Foster Care. Performance declined in this PIP, and the MCP received a validation score of 81%.

Performance Measure Validation. Information Systems Capability Assessments determined all MHT and MHP MCPs had appropriate systems in place to capture and process data required for reporting. Validation activities confirmed confidence in MCP capabilities in calculating accurate measures. All reporting MCPs received a rating of 100%, except WWV scored 95.2%. MY 2024 performance measure results were assessed as "reportable."

Systems Performance Review. Qlarant evaluated MY 2024 MHT and MHP MCP compliance with the following Code of Federal Regulations standards: Quality Assessment and Performance Improvement Program and Grievance and Appeal System. All MHT MCPs scored 100% with the Quality Assessment and Performance Improvement Program Standard, while performance with the Grievance and Appeal System Standard ranged from 95.6%-100%. The MHP MCP achieved full compliance with both standards.

Network Adequacy Validation. NAV activities evaluated the network adequacy indicators calculated by a BMS vendor on behalf of the state, using data submitted by the MCP and the state, to determine whether state-defined provider network adequacy standards were met. For state fiscal year (SFY) 2025, Qlarant identified 94 total indicators for validation; five (5) indicators received a validation rating of high confidence and 89 indicators received a validation rating of moderate confidence. Qlarant's assessment of all indicators generated a rating of moderate confidence in state and MCP data collection procedures (83%), moderate confidence in state network adequacy methods (87%), and low confidence in state network adequacy results (29%). These results identify significant opportunity for improvement.

Encounter Data Validation. All MCPs provided evidence of having the capability to produce accurate and complete encounter data. For claims paid during MY 2024, analysts found MCP claims volume was reasonable, most claims were submitted timely, data was complete and included valid values, and diagnosis and procedure codes were appropriate based on member demographics. A medical record review concluded documentation supported encounter data in most instances. The MHT MCPs achieved encounter data accuracy ratings of 93.0-93.4%. MHP ABH's accuracy rating was 86.3%. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record.

Grievance, Appeal, and Denial Focus Study. An assessment of SFY 2025 MCP grievances, appeals, and denials was completed and concluded all MHT MCPs achieved 100% compliance in processing and handling grievances. MHT MCP compliance for resolving appeals and providing resolution notices ranged from 92-100%. MHT MCP compliance for denial timeliness and notices ranged from 76-100%. MHP ABH achieved 100% compliance in all areas.

Provider Directory Validation (PDV) Focus Study. A 2025 assessment focusing on the accuracy of the electronic provider directory (EPD) resulted in a no confidence rating for all MHT and MHP MCPs. The activity involved locating the selected provider entry in the EPD, contacting the provider office, and confirming the address, network status, and acceptance of new patients. Overall PDV performance for the MHT MCPs ranged from 22.5%-32.5%. MHP ABH scored even lower at 21.8%. The primary reason for inaccurate or unverified provider directory information was unsuccessful contact while attempting surveys.

Conclusion

West Virginia's MCPs continue to demonstrate their commitment to quality improvement. They are largely compliant with federal and state managed care requirements. When deficiencies are identified, the MCPs respond quickly with corrective actions to remedy the issue or improve the process. The MCPs performed better, on average, when compared to national average benchmarks in Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey measures, as reported in Appendix A1 and A2.[5, 6] MCP performance continues to trend in a positive direction and provides evidence of improved quality, accessibility, and timeliness of health care. The State should continue to monitor performance and adjust goals to encourage the positive trend in performance in their managed care programs.

[5] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[6] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

West Virginia Managed Care Programs

2025 External Quality Review

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Introduction

Background

The West Virginia (WV) Department of Human Services (DoHS) operates two managed care programs: Mountain Health Trust (MHT) and Mountain Health Promise (MHP). These programs coordinate care and services for qualifying West Virginians meeting specific income or vulnerable population requirements.

Mountain Health Trust. This managed care program, administered by the WV DoHS Bureau for Medical Services (BMS), operates under a 1915(b) waiver and provides physical and behavioral health services to Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. The MHT program has provided Medicaid services since 1996 and added CHIP services on January 1, 2021. The program emphasizes effective organization, financing, and delivery of health care services and aims to improve quality and access to coordinated services for qualifying beneficiaries through four managed care plans (MCPs). These plans, serving more than 38,300 members, include:[7]

- Aetna Better Health of West Virginia (ABH)
- Highmark Health Options (HHO)
- The Health Plan of West Virginia (THP)
- Wellpoint West Virginia (WWV)[8]

Mountain Health Promise. This specialized Medicaid managed care program provides comprehensive physical and behavioral health care, children's residential care, and socially necessary services to select beneficiaries who are in foster care, kinship care, and adoptive care. The program, administered by BMS and operating under 1915(b) and 1915(c) waivers, has been providing services since March 1, 2020. MHP aims to reduce fragmentation and deliver services and supports in a seamless, integrated, and cost-effective manner. ABH is the single MCP providing these services to approximately 24,600 members.

BMS strives to ensure the delivery of high quality, accessible care for managed care program members. The *West Virginia Managed Care Quality Strategy* identifies five managed care program goals.[9]

Goal 1. Improve the health and wellness of West Virginia's Medicaid and WVCHIP populations through use of preventive services.
Goal 2. Reduce burden of chronic disease.
Goal 3. Improve behavioral health outcomes.

[7] *West Virginia Medicaid Managed Care and Fee for Service Monthly Report 2025:* Managed Care Enrollment Report
[8] WWV is formerly known as UniCare Health Plan of West Virginia.
[9] WV DOHS Managed Care Quality Strategy 2024-2027

Goal 4. Reduce burden of substance use disorders.
Goal 5. Provide supports for whole-person wellness and empower individuals to self-manage their health.

BMS evaluates progress in meeting goals through the following means:

- An evaluation of the quality and appropriateness of care, which includes:
  - Identification of age, race, ethnicity, language, disability status, and special health care needs
  - Assessment of quality and appropriateness of care for members with special health care needs
  - Identification of disparities and development of a disparities plan
- Performance measurement including:
  - National performance measures—
    - National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)[10]
    - Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[11]
    - CMS Child and Adult Health Care Quality Measures (Child and Adult Core Sets).[12]
  - MCP reports (monthly, quarterly, annual, and ad hoc reporting, as specified in the MCP contract)
- External quality review activities, which include annual, independent assessments of each MCP's quality, accessibility, and timeliness of care and services provided to managed care members

The State requires MCPs to attain and maintain NCQA accreditation. The accreditation signifies a plan's commitment to quality improvement. NCQA evaluates health care quality provided by plans to their members. The accreditation encompasses an audit of NCQA standards, HEDIS performance measures, and CAHPS member experience measures.

Table 1 provides MCP NCQA accreditation status and other descriptive information.[13]

Table 1. MCP NCQA Accreditation Status

MCP	NCQA Health Plan Accreditation	NCQA Health Plan Rating	Other NCQA Accreditations, Certifications, and Distinctions	Next NCQA Review Date
ABH	Accredited	3.5 out of 5 Stars	Health Outcomes Accreditation	5/30/28
HHO	In Process	Not Applicable	In Process	In Process
THP	Accredited	3.5 out of 5 Stars	None	8/24/27
WWV	Accredited	3.5 out of 5 Stars	Health Outcomes Accreditation, Community-Focused Care Accreditation	5/18/27

[10] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[11] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[12] CMS Child and Adult Health Care Quality Measures (Child and Adult Core Sets)
[13] Health Plans - NCQA, status: March 3, 2026.

Applicable NCQA accreditations, certifications, and distinctions achieved by one or more MCPs are described below:

Health Outcomes Accreditation. This program recognizes organizations that use standardized data collection and measurement to understand their population's unique health needs and address differences (disparities) in health outcomes, experience or access.
Community-Focused Care Accreditation. This program recognizes organizations that use standardized data collection and community-based partnerships to understand and meet their population's non-medical or social needs.

Purpose

The Code of Federal Regulations (42 CFR §438.350) requires WV to contract with an external quality review organization (EQRO) to conduct annual, independent reviews of its managed care programs. To meet these requirements, BMS contracts with Qlarant. As the EQRO, Qlarant evaluates each WV MCP's compliance with federal and WV-specific requirements in a manner consistent with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) Protocols. External Quality Review (EQR) activities were completed for *all* MCPs contracted with the State; no MCPs were exempt.[14] During 2025, Qlarant conducted the EQR activities identified in Table 2.

Table 2. EQR Activities Conducted During 2025

EQR Activity During 2025	MCP Performance Period*
Performance Improvement Project (PIP) Validation	1/2024-12/2024
Performance Measure Validation (PMV)	1/2024-12/2024
Compliance Review, also referenced as Systems Performance Review (SPR)	1/2024-12/2024
Network Adequacy Validation (NAV)	7/2024-6/2025^
Encounter Data Validation (EDV)	1/2024-12/2024
Grievance, Denial, and Appeal Focus Study	7/2024-6/2025
Provider Directory Validation (PDV)	1/2025-12/2025

* MCP performance period is the timeframe that was evaluated during the EQR activity. Qlarant evaluates the most current MCP information/data/results available for each EQR activity.

In addition to completing EQR activities, 42 CFR §438.364(a) requires the EQRO to produce a detailed technical report describing the manner in which data from all activities conducted were aggregated and analyzed, and conclusions drawn as to the quality, accessibility, and timeliness of care furnished by the MCPs. This Annual Technical Report (ATR) summarizes Qlarant's EQR findings based on MCP audits conducted during 2025. The report describes objectives, methodologies, results, and conclusions for each EQR activity. Qlarant identifies MCP strengths and weaknesses relating to quality, access, and timeliness of care provided to managed care members. The report also includes recommendations for improvement for the MCPs and the State, which if acted upon, may positively impact member outcomes and experiences.

[14] BMS requires each contracted MCP undergo EQR activities. However, due to HHO's contract start date of August 1, 2024, some EQR activities and findings were limited due to data availability.

Performance Improvement Projects

Objective

MCPs conduct PIPs as part of their quality assessment and performance improvement program in accordance with 42 CFR §438.330(d). PIPs use a systematic approach to quality improvement and can be effective tools to assist MCPs in identifying barriers and implementing targeted interventions to achieve and sustain improvement in clinical outcomes or administrative processes. PIP EQR activities verify the MCP used sound methodology in its design, implementation, analysis, and reporting. PIP review and validation assesses the MCP level of improvement and provides the State and other stakeholders with a level of confidence in results.

Methodology

BMS required the MCPs to report three PIPs during 2025. Two PIPs were state-mandated initiatives, and one was MCP-selected, which required BMS and EQRO approval.

Description of Data Obtained. The MCPs documented measurement year (MY) 2024 PIP-related activities, improvement strategies, and results in their 2025 reports. Using Qlarant-developed reporting templates and worksheets, they submitted a separate report for each PIP topic to Qlarant in July 2025. The reports included validated performance measure results, data and barrier analyses, and identified PIP follow-up activities.

Technical Methods of Data Collection and Analysis. Qlarant assessed a narrative report and calculations worksheet for each PIP report. Validation activities were completed in a manner consistent with the *CMS EQR Protocol 1 – Validation of Performance Improvement Projects*.[15] PIP validation includes the following nine steps:

Step 1: Review the selected PIP topic. Qlarant determines if the PIP topic targets an opportunity for improvement and is relevant to the MCP's population.

Step 2. Review the PIP aim statement. Qlarant evaluates the adequacy of the PIP aim statement, which should frame the project and define the improvement strategy, population, and time period.

Step 3. Review the identified PIP population. Qlarant determines whether the MCP identifies the PIP population in relation to the aim statement.

Step 4. Review the sampling method. If the MCP studied a sample of the population, rather than the entire population, Qlarant assesses the appropriateness of the MCP's sampling technique.

Step 5. Review the selected PIP variables and performance measures. Qlarant assesses whether the selected PIP variables are appropriate for measuring and tracking improvement.

[15] CMS EQR Protocols

Performance measures should be objective and measurable, clearly defined, based on current clinical knowledge or research, and focused on member outcomes.

Step 6. Review the data collection procedures. Qlarant evaluates the validity and reliability of MCP procedures used to collect the data informing PIP measurements.

Step 7. Review data analysis and interpretation of PIP results. Qlarant assesses the quality of data analysis and interpretation of PIP results. The review determines whether appropriate techniques were used, and if the MCP analysis and interpretation was accurate.

Step 8. Assess the improvement strategies (interventions). Qlarant assesses the appropriateness of interventions for achieving improvement. The effectiveness of an improvement strategy is determined by measuring changes in performance according to the PIP's predefined measures. Data should be evaluated on a regular basis, and subsequently, interventions should be adapted based on what is learned.

Step 9. Assess the likelihood that significant and sustained improvement occurred. Qlarant evaluates improvement by validating statistical significance testing results and evaluating improvement compared to baseline performance.

Qlarant PIP reviewers evaluate each step by answering a series of applicable questions, consistent with protocol requirements. Reviewers seek additional information and/or corrections from MCPs, when needed, during the evaluation. Results of each step receive a numeric score. Table 3 displays the maximum available points per step.

Table 3. PIP Scoring

PIP Step	Points Available
1. PIP Topic	5
2. PIP Aim Statement	5
3. PIP Population	5
4. Sampling Method	5
5. PIP Variables and Performance Measures	10
6. Data Collection Procedures	10
7. Data Analysis and Interpretation of Results	20
8. Improvement Strategies (Interventions)	20
9. Significant and Sustained Improvement	20
Total	100

For each PIP, Qlarant determines three validation ratings:

- **Overall Validation Rating.** The overall validation rating refers to Qlarant's overall confidence in the MCP's PIP process and results. All elements in PIP steps 1-9 are used to calculate the overall validation score.
- **Methodology Validation Rating.** The methodology validation rating refers to Qlarant's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. Elements assessed in PIP steps 1-8 are used to calculate the methodology validation score.

- **Significant Improvement Validation Rating.** The significant improvement validation rating refers to Qlarant's overall confidence that the PIP produced evidence of significant improvement, based on performance measure results. Elements assessed in PIP step 9 are used to calculate the significant improvement validation score.

Qlarant uses the percentage of applicable points earned for each PIP validation step to calculate a score and determine a rating, or level of confidence. Qlarant's validation rating system is identified in Table 4.

Table 4. Validation Rating System

Score	Validation Rating
90.0% - 100%	**High confidence** in MCP compliance
75.0% - 89.9%	**Moderate confidence** in MCP compliance
60.0% - 74.9%	**Low confidence** in MCP compliance
<60.0%	**No confidence** in MCP compliance

Results

PIP validation results for 2025 MCP-reported PIPs, including MY 2024 activities and performance measure (PM) rates, are included in this report.

Table 5 highlights key elements of the two state-mandated PIPs for the MHT program: (1) Lead Screening in Children and (2) Follow-Up After Emergency Department Visit for Mental Illness.

Table 5. MHT State-Mandated PIPs

PIPs	State Mandated	State Mandated
Topic	Lead Screening in Children	Follow-Up After Emergency Department Visit for Mental Illness
Performance Measure(s) & Measure Steward	• Lead Screening in Children (NCQA) • Well-Child Visits in the First 30 Months of Life– ○ 0-15 Months ○ 15-30 Months (NCQA)	• Follow-Up After Emergency Department Visit for Mental Illness–30 Day Follow-Up (Total) (NCQA)
Phase	Remeasurement	Remeasurement

Table 6 provides an overview of each MHT MCP-selected PIP.

Table 6. MHT MCP-Selected PIPs

MCP	**ABH**
Topic	Care for Adolescents
Performance Measure(s) & Measure Steward	• Immunizations for Adolescents–Combination 2 (NCQA) • Child and Adolescent Well-Care Visits– ○ 12-17 Year Olds ○ 18-21 Year Olds (NCQA)
Phase	Remeasurement
MCP	**HHO**
Topic	Promoting Treatment for Individuals with Opioid Use Disorder

Performance Measure(s) & Measure Steward	• Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Opioid Use Disorder (Total) (NCQA) • Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Opioid Use Disorder (Total) (NCQA) • Pharmacotherapy for Opioid Use Disorder (Total) (NCQA) • Follow-Up After Emergency Department Visit for Substance Use – 30-Day Follow-Up (Total) (NCQA) • Follow-Up After High-Intensity Care for Substance Use Disorder – 30-Day Follow-Up (Total) (NCQA)
Phase	Proposal
MCP	**THP**
Topic	Promoting Health and Wellness in Children and Adolescents
Performance Measure(s) & Measure Steward	• Child and Adolescent Well-Care Visits - Total (NCQA) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents– ○ Body Mass Index (BMI) Percentile Documentation ○ Counseling for Nutrition (NCQA)
Phase	Remeasurement
MCP	**WWV**
Topic	Immunizations for Adolescents
Performance Measure(s) & Measure Steward	• Immunizations for Adolescents– ○ Combination 2 ○ Human Papillomavirus (HPV) (NCQA)
Phase	Remeasurement

Table 7 highlights the MHP PIPs, including two state-mandated PIPs and one selected by ABH.

Table 7. MHP State and MCP-Selected PIPs

PIPs	State Mandated	State Mandated	MCP Selected
Topic	Lead Screening in Children	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Performance Measure(s) & Measure Steward	• Lead Screening in Children (NCQA) • Well-Child Visits in the First 30 Months of Life– ○ 0-15 Months ○ 15-30 Months (NCQA)	• Immunizations for Adolescents– Combination 2 (NCQA) • Child and Adolescent Well-Care Visits– ○ 12-17 Year Olds ○ 18-21 Year Olds (NCQA)	Reducing Out-of-State Placement for Children in Foster Care (Homegrown measure)
Phase	Remeasurement	Remeasurement	Remeasurement

Key MCP improvement strategies and results for each PIP for the year under review are identified below.

MHT Lead Screening in Children PIP

ABH Lead Screening in Children PIP Interventions

ABH completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Member Incentive.** The MCP offers a $25 gift card to parents/guardians of members who receive a capillary or venous lead test on or before the child's 2nd birthday.
- **Quality Practice Liaison.** The MCP's Quality Practice Liaison monitors performance against targets and delivers providers feedback and education on improving HEDIS performance. The Quality Practice Liaison reviews gap in care reports and shares information with providers on proper coding so that all services can be captured, including adolescent well-care visits and immunizations.
- **Supplemental data feed with West Virginia Health Information Network (WVHIN).** ABH partnered with WVHIN to develop a supplemental HEDIS data feed that includes lab values that inform the Lead Screening in Children measure.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

ABH Lead Screening in Children PIP Measure Results

Table 8 displays ABH's Lead Screening in Children PIP measure results and level of improvement.

Table 8. ABH Lead Screening in Children PIP Measure Results

Performance Measure	Baseline Year MY 2023 Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Lead Screening in Children	70.07%	67.15%	No	No
Well-Child Visits in the First 30 Months of Life: 0-15 Months	60.64%	56.33%	No	No
Well-Child Visits in the First 30 Months of Life: 15-30 Months	76.75%	77.98%	Yes	No

The PIP includes HEDIS measure data from the MCP's Medicaid product line; ABH's Medicaid product line includes the MCP's WV Medicaid, CHIP, and MHP members.

HHO Lead Screening in Children PIP Interventions

HHO was not required to develop interventions for its proposal PIP.

HHO Lead Screening in Children PIP Measure Results

HHO will report baseline performance for this PIP in the next annual reporting cycle.

THP Lead Screening in Children PIP Interventions

THP completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Prenatal outreach.** As part of the Mom's Meals and baby kits program, THP updates member information and the perinatal team provides members education on lead screening needs and well child visits.
- **Alternative Payment Models.** THP maintains an alternative payment model with a large contracted provider which includes the well-child visits in the first 30 months of life measure.
- **Identification of social determinants of health and clinical risk.** THP receives monthly social determinants of health (SDOH) risk screening data and has incorporated the survey into enrollment processes for all Medicaid enrollees. SDOH risk screening and early identification promotes quick referrals to clinical staff who work with members to minimize risks and disparities and coordinate resources.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

THP Lead Screening in Children PIP Measure Results

Table 9 includes THP's Lead Screening in Children PIP measure results and level of improvement.

Table 9. THP Lead Screening in Children PIP Measure Results

Performance Measure	Baseline Year MY 2023 Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Lead Screening in Children	59.77%	62.94%	Yes	No
Well-Child Visits in the First 30 Months of Life: 0-15 Months	52.40%	62.16%	Yes	Yes
Well-Child Visits in the First 30 Months of Life: 15-30 Months	68.09%	72.93%	Yes	Yes

The PIP includes HEDIS measure data from the MCP's Medicaid product line; THP's Medicaid product line includes the MCP's WV Medicaid and CHIP members.

WWV Lead Screening in Children PIP Interventions

WWV reported nine (9) total interventions that were implemented/continued during the measurement year under review. However, insufficient information was provided for Qlarant to evaluate whether strategies were reasonable or tests of change were likely to lead to improved outcomes. WWV did not report details that provide a comprehensive description of actions taken to improve performance. The limited information provided by the MCP did not identify the barrier(s) addressed by each intervention.

WWV Lead Screening in Children PIP Measure Results

Table 10 displays WWV's Lead Screening in Children PIP measure results and level of improvement.

Table 10. WWV Lead Screening in Children PIP Measure Results

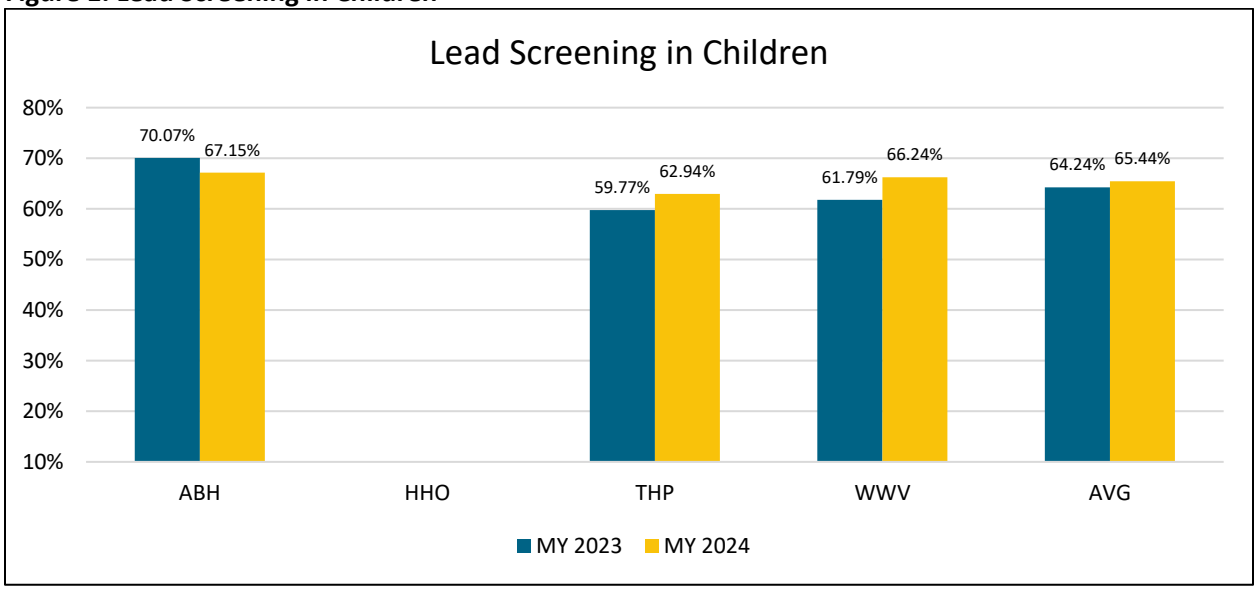
Performance Measure	Baseline Year MY 2023 Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Lead Screening in Children	61.79%	66.24%	Yes	Yes
Well-Child Visits in the First 30 Months of Life: 0-15 Months	49.69%	54.78%	Yes	Yes
Well-Child Visits in the First 30 Months of Life: 15-30 Months	74.29%	79.15%	Yes	Yes

The PIP includes HEDIS measure data from the MCP's Medicaid product line; WWV's Medicaid product line includes the MCP's WV Medicaid and CHIP members.

Annual MHT MCP Lead Screening in Children PIP Measure Results

Figure 1 displays annual performance for each MHT MCP for the Lead Screening in Children PIP measure. Additionally, the MHT MCP average (shown as AVG) is included.

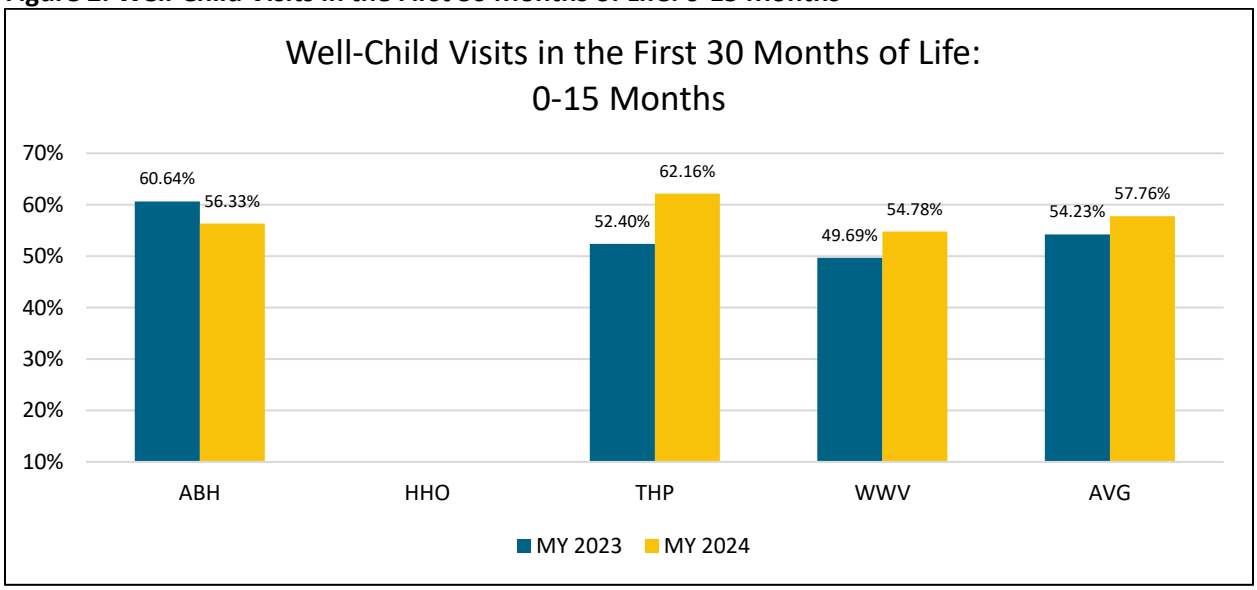
Figure 1. Lead Screening in Children



HHO submitted a proposal PIP; performance measure results are not available.

Figure 2 displays annual performance for each MHT MCP for the Well-Child Visits in the First 30 Months of Life: 0-15 Months PIP measure. The MHT MCP average is also included.

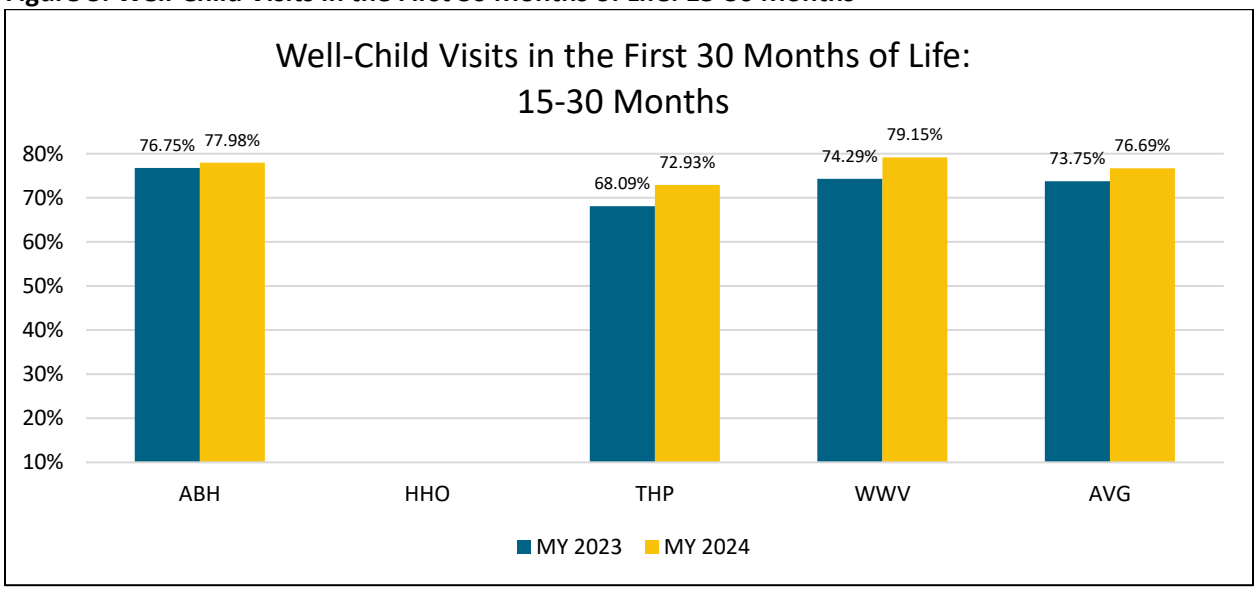
Figure 2. Well-Child Visits in the First 30 Months of Life: 0-15 Months



HHO submitted a proposal PIP; performance measure results are not available.

Figure 3 displays annual performance for each MHT MCP for the Well-Child Visits in the First 30 Months of Life: 15-30 Months PIP measure. The MHT MCP average is also included.

Figure 3. Well-Child Visits in the First 30 Months of Life: 15-30 Months



HHO submitted a proposal PIP; performance measure results are not available.

MHT MCP Lead Screening in Children PIP Validation Results

Table 11 includes MCP results for each PIP validation step for the 2025 Lead Screening in Children PIP.

Table 11. MHT MCP PIP Validation Step Results - Lead Screening in Children PIP

PIP Validation Step	ABH	HHO	THP	WWV
1. Topic	Met	Met	Met	Met
2. Aim Statement	Met	Met	Met	Met
3. Population	Met	Met	Met	Met
4. Sampling Method	Met	NA	NA	NA
5. Variables and Performance Measures	Met	Met	Met	Met
6. Data Collection Procedures	Met	Met	Met	Met
7. Data Analysis and Interpretation of Results	Met	NA	Met	Partially Met
8. Improvement Strategies	Met	NA	Met	Partially Met
9. Significant and Sustained Improvement	Partially Met	NA	Met	Met

NA – The step was not applicable due to the early stage of the PIP or applicability of questions.

Table 12 includes 2025 validation ratings for each MCP's Lead Screening in Children PIP based on performance in Steps 1-9, as applicable.

Table 12. MHT MCP Validation Ratings – Lead Screening in Children PIP

2025 PIP Validation	ABH	HHO	THP	WWV	MHT MCP AVG
Overall	94.7% High Confidence	100% High Confidence	100% High Confidence	87.8% Moderate Confidence	95.6% High Confidence
Methodology	100% High Confidence	100% High Confidence	100% High Confidence	85.3% Moderate Confidence	96.3% High Confidence
Significant Improvement	66.7% Low Confidence	Not Applicable	100.0% High Confidence	100.0% High Confidence	88.9% Moderate Confidence

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

MHT Follow-Up After Emergency Department Visit for Mental Illness PIP

ABH Follow-Up After Emergency Department Visit for Mental Illness PIP Interventions

ABH completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Peer support specialists.** Peer support specialists are individuals in recovery and partner with a case manager to work with members who have substance use challenges. Peer support specialists educate members regarding the importance of timely and appropriate follow-up with their PCP and/or mental health provider after emergency room visits or inpatient hospitalizations.
- **Telehealth services.** The MCP addresses transportation disparities, limited availability of in-person behavioral health appointments, and perceived stigma associated with mental health and substance use disorders by ensuring continued member access to telehealth services.

- **Embedded case managers.** The MCP embeds case managers in medical hospitals, provider offices, and behavioral health facilities to address social determinants of health and improve member knowledge regarding the impact of substance use and community and provider resources.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

ABH Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Table 13 displays ABH's Follow-Up After Emergency Department Visit for Mental Illness PIP measure results and level of improvement.

Table 13. ABH Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Performance Measure	Baseline Year MY 2022^ Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	58.94%	62.98%	Yes	No

The PIP includes HEDIS measure data from the MCP's Medicaid product line; ABH's Medicaid product line includes the MCP's WV Medicaid, CHIP, and MHP members.
^Performance in MY 2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

HHO Follow-Up After Emergency Department Visit for Mental Illness PIP Interventions

HHO was not required to develop interventions for its proposal PIP.

HHO Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

HHO will report baseline performance for this PIP in the next annual reporting cycle.

THP Follow-Up After Emergency Department Visit for Mental Illness PIP Interventions

THP completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Transportation benefit education.** The MCP provides members with information regarding the availability of free transportation services during all outreach calls. Transportation services are also outlined in the Member Welcome Packet and on The Health Plan website.
- **Teladoc.** THP offers Teladoc services to MHT enrollees as an alternative to in-person visits. Teladoc is a real-time medical service platform used to increase member access to care for behavioral health consultations.
- **Behavioral Health Transition of Care program.** THP employs a Behavioral Health Transition of Care program that assigns a Behavioral Health Transition of Care Manager to members receiving high-density behavioral health and co-occurring health services; this provides THP staff with

additional opportunities to coordinate appropriate outpatient care and potentially avoid future emergency department visits.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

THP Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Table 14 displays THP's Follow-Up After Emergency Department Visit for Mental Illness PIP measure results and level of improvement.

Table 14. THP Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Performance Measure	Baseline Year MY 2022^ Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	49.38%	56.81%	Yes	Yes

The PIP includes HEDIS measure data from the MCP's Medicaid product line; THP's Medicaid product line includes the MCP's WV Medicaid and CHIP members.
^Performance in MY 2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

WWV Follow-Up After Emergency Department Visit for Mental Illness PIP Interventions

WWV completed numerous member, provider, and MCP interventions. Key interventions include:

- **CHESS Health.** Smart phone app that provides members with personalized recovery resources.
- **Learning to Live Cognitive Behavioral Therapy (CBT).** This initiative includes online mental health programs for ages thirteen and above. CBT confidential, coupled with 24/7 clinician coaching, addresses some of the most common mental health problems members face and removes the greatest barriers to receiving care.
- **Case Management.** Case management completes outreach calls and tracks pediatric members with emergency department utilization.

Some interventions, as reported by WWV, did not articulate how the barrier was being addressed. However, interventions are likely to lead to improvement in processes or outcomes.

WWV Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Table 15 displays WWV's Follow-Up After Emergency Department Visit for Mental Illness PIP measure results and level of improvement.

Table 15. WWV Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

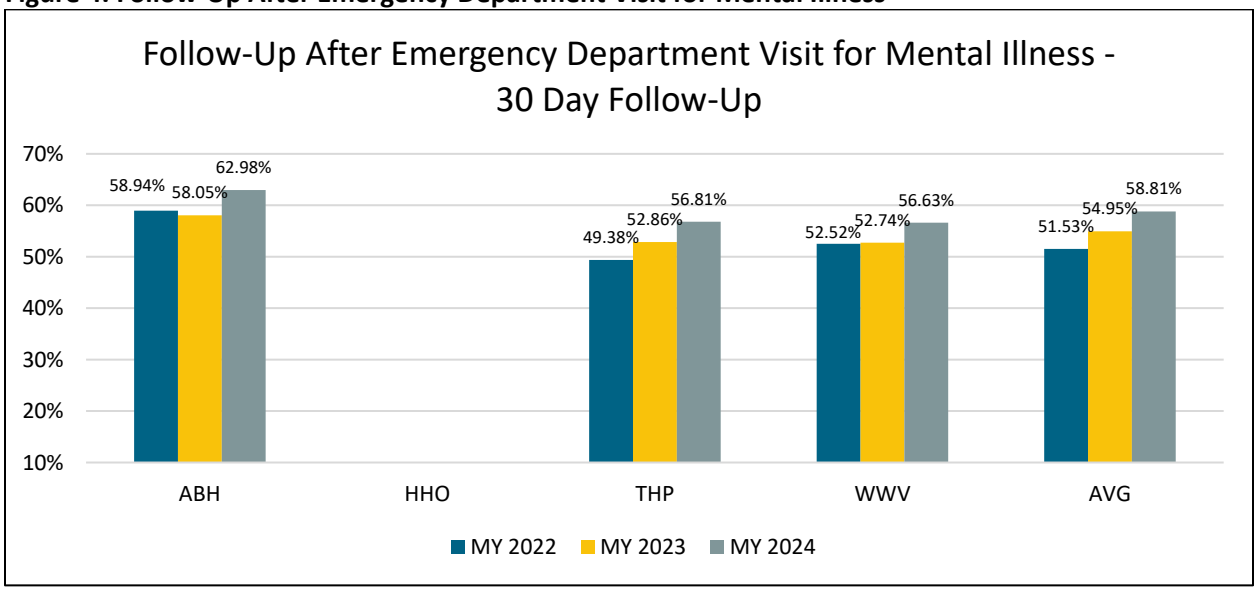
Performance Measure	Baseline Year MY 2022^ Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Follow-Up After Emergency Department Visit for Mental Illness - 30 Day Follow-Up (Total)	52.52%	56.63%	Yes	No

The PIP includes HEDIS measure data from the MCP's Medicaid product line; WWV's Medicaid product line includes the MCP's WV Medicaid and CHIP members.
^Performance in MY 2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Annual MHT MCP Follow-Up After Emergency Department Visit for Mental Illness PIP Measure Results

Figure 4 displays annual performance for each MHT MCP for the Follow-Up After Emergency Department Visit for Mental Illness PIP measure. Additionally, the MCP average is included.

Figure 4. Follow-Up After Emergency Department Visit for Mental Illness



HHO submitted a proposal PIP; performance measure results are not available.

MHT MCP Follow-Up After Emergency Department Visit for Mental Illness PIP Validation Results

Table 16 includes MCP results for each PIP validation step for the 2025 Follow-Up After Emergency Department Visit for Mental Illness PIP.

Table 16. MHT MCP PIP Validation Step Results - Follow-Up After Emergency Department Visit for Mental Illness PIP

PIP Validation Step	ABH	HHO	THP	WWV
1. Topic	Met	Met	Met	Met
2. Aim Statement	Met	Partially Met	Met	Partially Met
3. Population	Met	Met	Met	Met
4. Sampling Method	NA	NA	NA	NA
5. Variables and Performance Measures	Met	Met	Met	Met
6. Data Collection Procedures	Met	Met	Met	Met
7. Data Analysis and Interpretation of Results	Met	NA	Met	Met
8. Improvement Strategies	Met	NA	Met	Partially Met
9. Significant and Sustained Improvement	Partially Met	NA	Met	Partially Met

NA – The step was not applicable due to the early stage of the PIP or applicability of questions.

Table 17 includes 2025 overall validation ratings for each MHT MCP's Follow-Up After Emergency Department Visit for Mental Illness PIP based on performance in Steps 1-9, as applicable.

Table 17. MHT MCP Validation Ratings - Follow-Up After Emergency Department Visit for Mental Illness PIP

2025 PIP Validation	ABH	HHO	THP	WWV	MHT MCP AVG
Overall	89.5% Moderate Confidence	97.1% High Confidence	100% High Confidence	86.3% Moderate Confidence	93.2% High Confidence
Methodology	100% High Confidence	97.1% High Confidence	100% High Confidence	89.3% Moderate Confidence	96.6% High Confidence
Significant Improvement	50.0% No Confidence	Not Applicable	100.0% High Confidence	75.0% Moderate Confidence	75.0% Moderate Confidence

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

MHT MCP-Selected PIPs

ABH Care for Adolescents PIP Interventions

ABH completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **No cost transportation.** The MCP promotes member no cost transportation services during member outreach, gaps in care calls, case management calls, member newsletters, member website, and Member Handbook.
- **Targeted outreach.** Members enrolled in case management receive calls from case management staff, who encourage well-child visits and offer assistance in scheduling appointments.

- **Provider incentive.** Incentivize providers with $25 for completing and closing the gap in well-child visits for members 12-17 years of age.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

ABH Care for Adolescents PIP Measure Results

Table 18 displays ABH's Care for Adolescents PIP measure results and level of improvement.

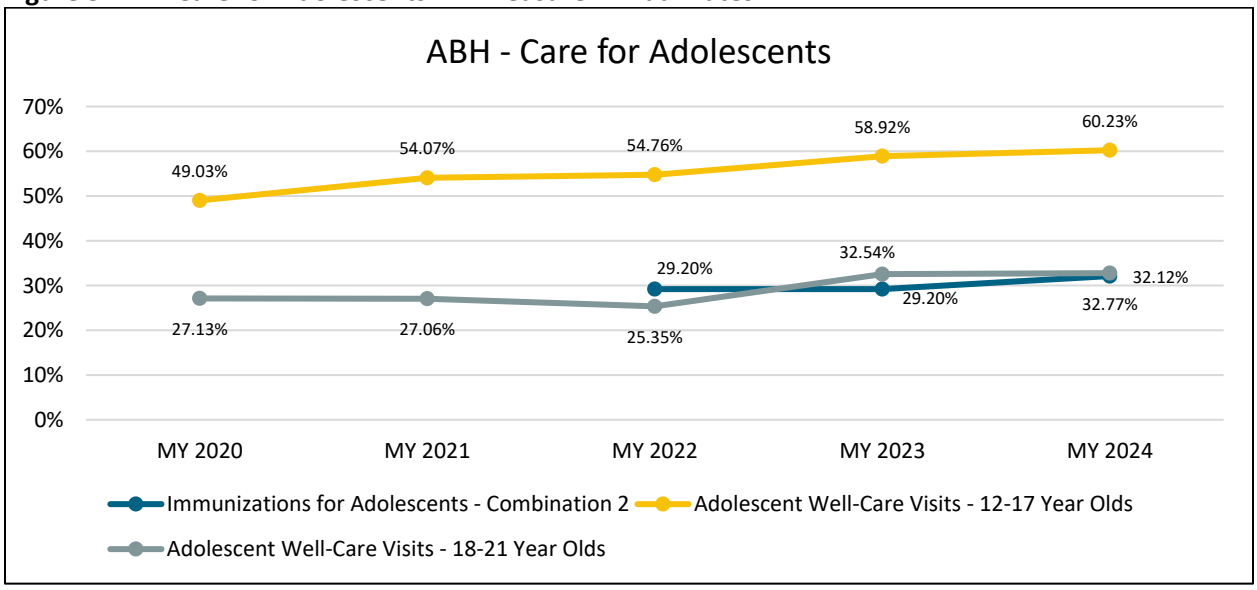
Table 18. ABH Care for Adolescents PIP Measure Results

Performance Measure	Baseline Year Rate	Last Measurement Year Rate	Improvement	Statistically Significant Improvement
Immunizations for Adolescents - Combination 2	MY 2022+^ 29.20%	MY 2024 32.12%	Yes	No
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2020*^ 49.03%	MY 2024 60.23%	Yes	Yes
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2020*^ 27.13%	MY 2024 32.77%	Yes	Yes

+The Immunizations for Adolescents – Combination 2 measure has a different baseline year compared to the other measures. ABH previously reported this rate using administrative data but changed to a hybrid methodology after experiencing challenges obtaining data from the state's immunization registry. The change in methodology required a new baseline assessment.
*MY 2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid, CHIP, and MHP.
^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 5 illustrates ABH's annual rates for the Care for Adolescents PIP measures.

Figure 5. ABH Care for Adolescents PIP Measure Annual Rates



HHO Promoting Treatment for Individuals with Opioid Use Disorder PIP Interventions

HHO was not required to develop interventions for its proposal PIP.

HHO Promoting Treatment for Individuals with Opioid Use Disorder PIP Measure Results

HHO will report baseline performance for this PIP in the next annual reporting cycle.

THP Promoting Health and Wellness in Children and Adolescents PIP Interventions

THP completed member, provider, and MCP interventions. Key interventions include:

- **Member incentive.** This initiative awards members who complete an adolescent well care visit with a $25 gift card.
- **Provider gaps in care reports.** Reports identify members in need of an annual well-care visit and are distributed to PCPs, federally qualified health centers, and rural health clinics.
- **Alternate payment model agreement.** THP arranged an alternate payment agreement with several provider groups. The incentive includes a well-care visit target to encourage improved performance.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

THP Promoting Health and Wellness in Children and Adolescents PIP Measure Results

Table 19 reports THP's Promoting Health and Wellness in Children and Adolescents PIP measure results and level of improvement.

Table 19. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Results

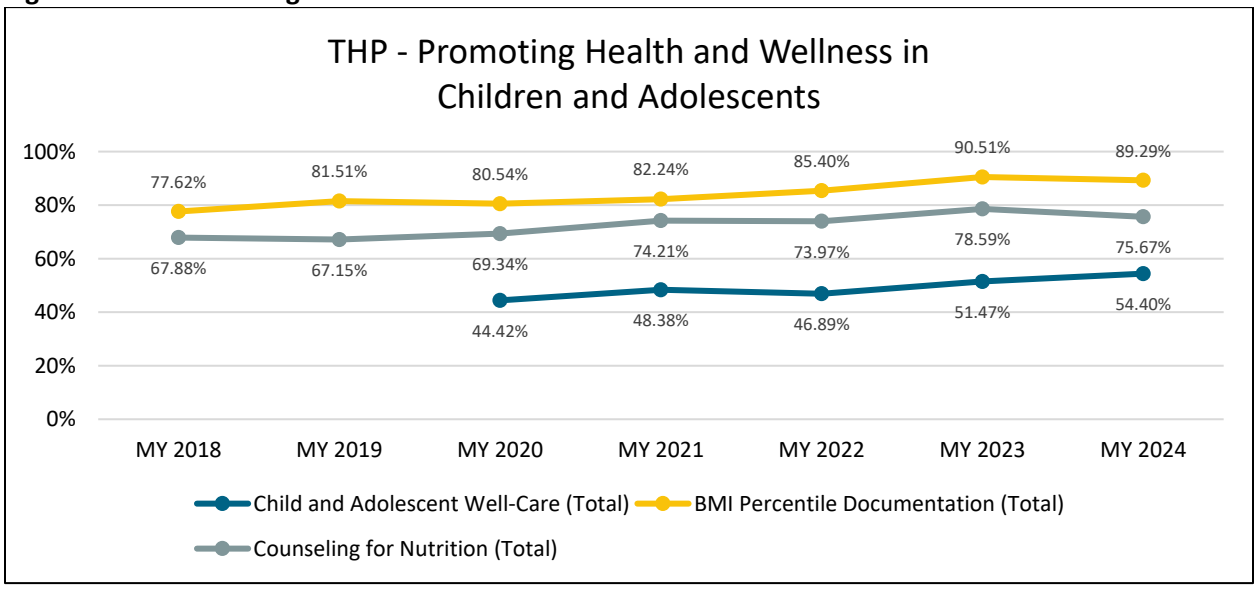
Performance Measure	Baseline Year+ Rate	Last Measurement Year Rate	Improvement	Statistically Significant Improvement
Child and Adolescent Well-Care Visits – Total	MY 2020 44.42%*^	MY 2024 54.40%	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile Documentation	MY 2018 77.62%*	MY 2024 89.29%	Yes	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition	MY 2018 67.88%*	MY 2024 75.67%	Yes	Yes

+The Child and Adolescent Well-Care measure has a different baseline year compared to the other measures. This measure was added to the PIP after implementation.
*MY 2018-2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid and CHIP.

^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 6 illustrates THP's annual rates for the Promoting Health and Wellness in Children and Adolescents PIP measures.

Figure 6. THP Promoting Health and Wellness in Children and Adolescents PIP Measure Annual Rates



WWV Immunizations for Adolescents PIP Interventions

WWV completed member, provider, and MCP interventions. Key interventions include:

- **Member incentive.** A $50 gift card is provided to members for completing the HPV vaccine series on or before their 13th birthday.
- **Provider quality incentive program (expansion).** The incentive program was expanded to additional provider groups and includes the Immunizations for Adolescents – Combination 2 measure in the program.
- **Provider action plans.** Worked with large primary care groups to develop action plans, interventions, and goals to improve vaccination rates. Gap in care reports were also distributed to the top ten providers with the largest gaps in care. Clinical Quality Auditors work with providers to improve performance.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

WWV Immunizations for Adolescents PIP Measure Results

Table 20 displays WWV's Immunizations for Adolescents PIP measure results and level of improvement.

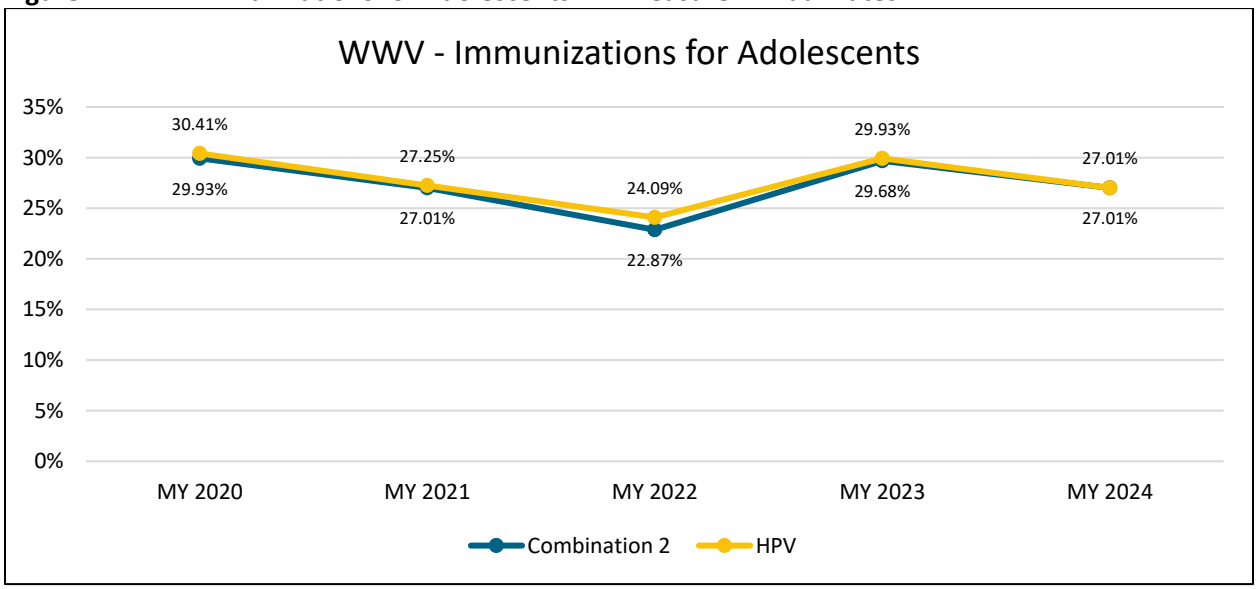
Table 20. Immunization for Adolescents PIP Measure Results

Performance Measure	Baseline Year MY 2020 Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Immunizations for Adolescents – Combination 2	29.93%*^	27.01%	No	No
Immunizations for Adolescents – Human Papillomavirus (HPV)	30.41%*^	27.01%	No	No

*MY 2020 rates include MHT Medicaid only. Rates after MY 2020 include MHT Medicaid and CHIP.
^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 7 illustrates WWV's annual rates for the Immunizations for Adolescents PIP measures.

Figure 7. WWV Immunizations for Adolescents PIP Measure Annual Rates



MHT MCP-Selected PIP Validation Results

Table 21 includes MCP results for each PIP validation step for each MHT MCP's selected 2025 PIP.

Table 21. MHT MCP-Selected PIP Validation Step Results

MCP-Selected PIPs	ABH	HHO	THP	WWV
PIP Validation Step	Care for Adolescents	Promoting Treatment for Individuals with Opioid Use Disorder	Promoting Health and Wellness in Children and Adults	Immunizations for Adolescents
1. Topic	Met	Met	Met	Met
2. Aim Statement	Met	Partially Met	Met	Met
3. Population	Met	Met	Met	Met
4. Sampling Method	Met	NA	Met	Met

MCP-Selected PIPs	ABH	HHO	THP	WWV
5. Variables and Performance Measures	Met	Met	Met	Met
6. Data Collection Procedures	Met	Met	Met	Met
7. Data Analysis and Interpretation of Results	Met	NA	Met	Met
8. Improvement Strategies	Met	NA	Met	Met
9. Significant and Sustained Improvement	Met	NA	Met	Partially Met

NA – The step was not applicable due to the early stage of the PIP or applicability of questions.

Table 22 includes 2025 overall validation ratings for each MCP's selected PIP based on performance in Steps 1-9.

Table 22. MHT MCP-Selected PIP Validation Ratings

2025 PIP Validation	ABH	HHO	THP	WWV	MHT MCP AVG
Overall	100% High Confidence	91.4% High Confidence	100% High Confidence	82.0% Moderate Confidence	93.4% High Confidence
Methodology	100% High Confidence	91.4% High Confidence	100% High Confidence	100% High Confidence	97.9% High Confidence
Significant Improvement	100% High Confidence	Not Applicable	100.0% High Confidence	10.0% No Confidence	70.0% Low Confidence

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

MHP Lead Screening in Children PIP

MHP ABH Lead Screening in Children PIP Interventions

ABH completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Member Incentive.** The MCP offers a $25 gift card to parents/guardians of members who receive a capillary or venous lead test on or before the child's 2nd birthday.
- **Quality Practice Liaison.** The MCP's Quality Practice Liaison monitors performance against targets and delivers providers feedback and education on improving HEDIS performance. The Quality Practice Liaison reviews gap in care reports and shares information with providers on proper coding so that all services can be captured, including adolescent well-care visits and immunizations.
- **Supplemental data feed with West Virginia Health Information Network (WVHIN).** ABH partnered with WVHIN to develop a supplemental HEDIS data feed that includes lab values that inform the Lead Screening in Children measure.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

MHP ABH Lead Screening in Children PIP Measure Results

Table 23 displays MHP ABH's Lead Screening in Children PIP measure results and level of improvement.

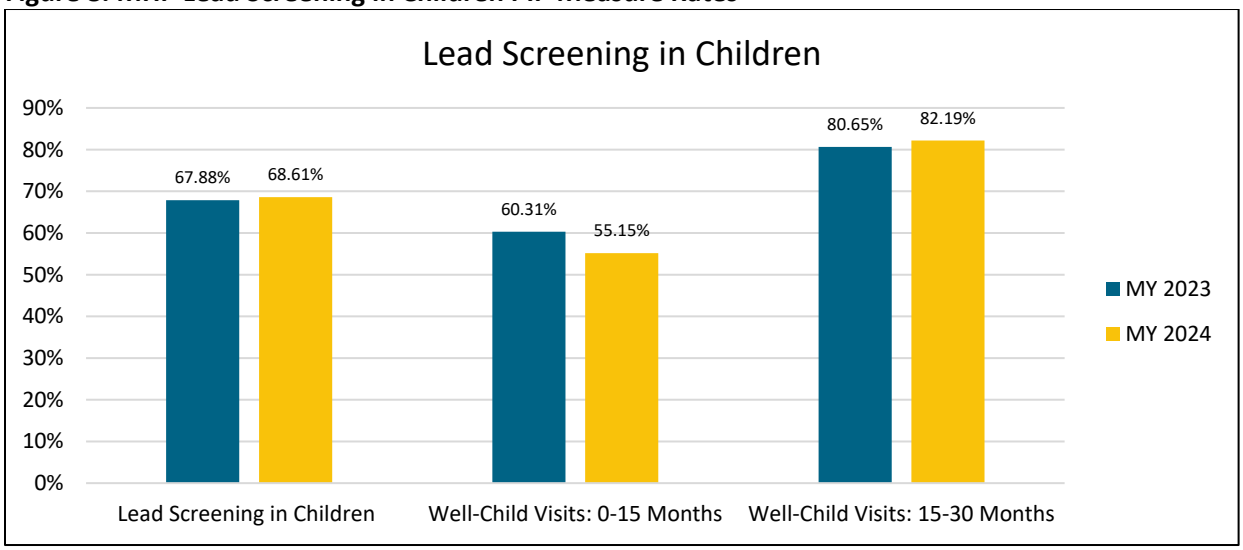
Table 23. MHP Lead Screening in Children PIP Measure Results

Performance Measure	Baseline Year MY 2023 Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Lead Screening in Children	67.88%	68.61%	Yes	No
Well-Child Visits in the First 30 Months of Life: 0-15 Months	60.31%	55.15%	No	No
Well-Child Visits in the First 30 Months of Life: 15-30 Months	80.65%	82.19%	Yes	No

The PIP includes HEDIS measure data from the MCP's Foster Care Special Project Medicaid product line; only ABH's MHP members are included.

Figure 8 illustrates annual rates for the Lead Screening in Children PIP measures.

Figure 8. MHP Lead Screening in Children PIP Measure Rates



MHP Care for Adolescents PIP

MHP ABH Care for Adolescents PIP Interventions

ABH completed member, provider, and MCP interventions. Key interventions include:

- **Targeted outreach.** Members enrolled in case management receive calls from case management staff, who encourage well-child visits and offer assistance in scheduling appointments.
- **Member incentives.** Parent(s) or guardian(s) of members three to 21 and members who are 18 years of age receive a $25 gift card for having a well-care visit during the calendar year.

- **Provider incentive.** Incentivized providers with $25 for completing and closing the gap in well-child visits for members 12-17.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

MHP ABH Care for Adolescents PIP Measure Results

Table 24 displays the Care for Adolescents PIP measure results and level of improvement.

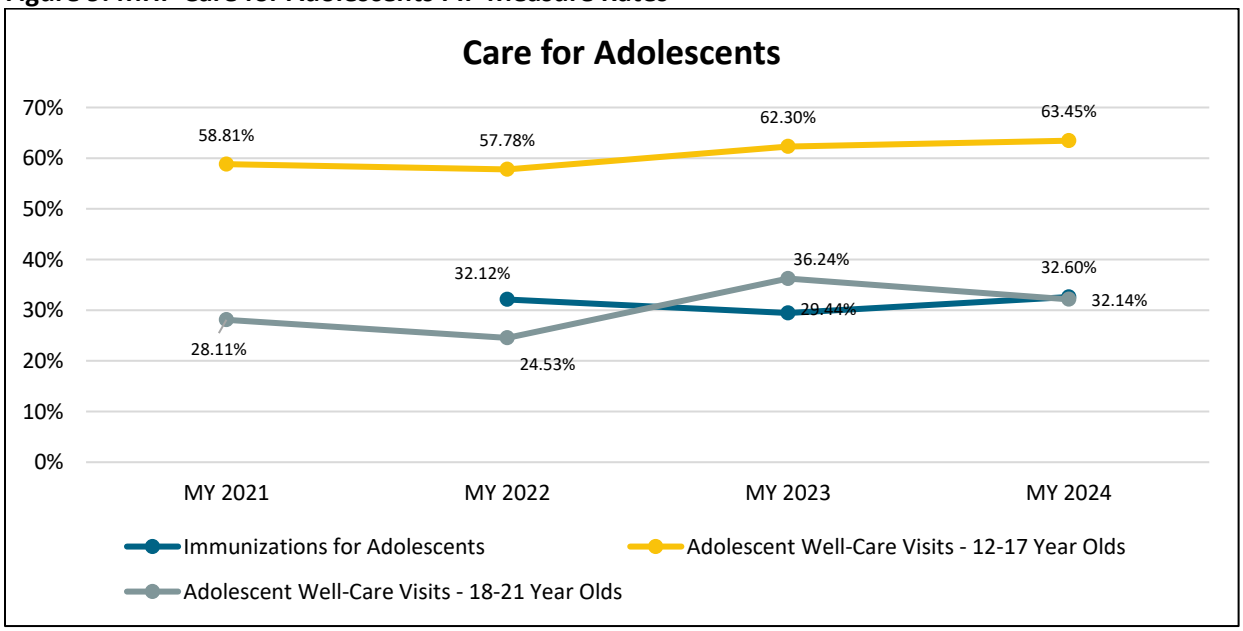
Table 24. MHP Care for Adolescents PIP Measure Results

Performance Measure	Baseline Year Rate	Last Measurement Year Rate	Improvement	Statistically Significant Improvement
Immunizations for Adolescents - Combination 2	MY 2022 32.12%+^	MY 2024 32.60%	Yes	No
Child and Adolescent Well-Care Visits – 12-17 Year Olds	MY 2021 58.81%^	MY 2024 63.45%	Yes	Yes
Child and Adolescent Well-Care Visits – 18-21 Year Olds	MY 2021 28.11%^	MY 2024 32.14%	Yes	Yes

+The Immunizations for Adolescents – Combination 2 measure has a different baseline year compared to the other measures. ABH previously reported this rate using administrative data but changed to a hybrid methodology after experiencing challenges obtaining data from the state's immunization registry. The change in methodology required a new baseline assessment.
^Performance in MYs 2021-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 9 illustrates Care for Adolescents PIP measure rates.

Figure 9. MHP Care for Adolescents PIP Measure Rates



MHP Reducing Out-of-State Placement for Children in Foster Care PIP

MHP ABH Reducing Out-of-State Placement for Children in Foster Care PIP Interventions

ABH completed numerous targeted member, provider, and MCP interventions. Key interventions include:

- **Dave Thomas Foundation for Adoption.** The MHP team assists in referring members who meet requirements for a foster home to the Wendy's Wonderful Kids program. Children who may benefit from the program are often identified during weekly MHP/ACM/shelter rounds, as well as within monthly meetings with the Child Placing Agencies.
- **Genesis Youth Crisis Center - Opal's House.** As part of the expansion of Community-Based Service Phase Four Funding, in Q4 2024, Genesis opened a 14-day shelter for homeless youth in Parsons, WV. Created through a cooperative effort between the City of Clarksburg and the West Virginia Department of Health and Human Services, the center provides the first step to a new beginning for thousands of at-risk youth.
- **Youth Transition Project.** The Youth Transition Project provides transition planning for children in DoHS custody and in Bureau of Juvenile Services custody that have an intellectual disability or delay and/or autism diagnosis. These children are 16 ½ years of age or older, with a large possibility that adult services will need to have guardianship of the person upon their 18th birthday (small population). Transition planning is being done to reduce admission to adult state hospitals to prevent this population from being placed in state mental health facilities.

Interventions addressed root causes or barriers to improvement. Interventions were assessed as reasonable and likely to lead to improvement in processes or outcomes.

MHP Reducing Out-of-State Placement for Children in Foster Care PIP Measure Results

Table 25 displays ABH's Out-of-State Placement for Children in Foster Care PIP measure results and level of improvement.

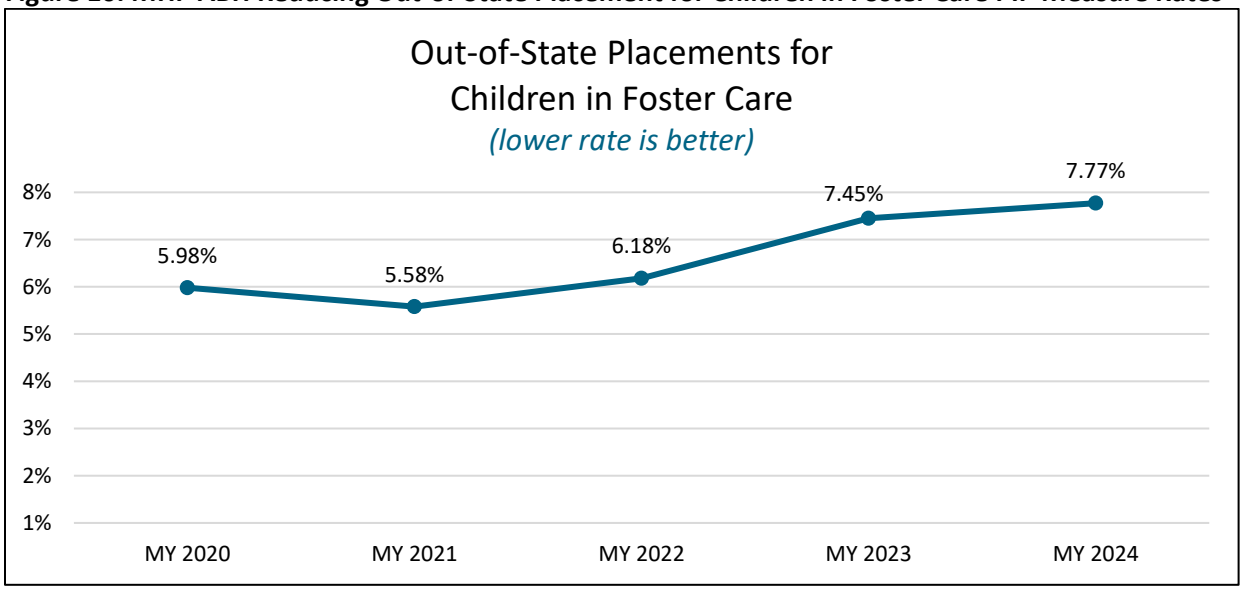
Table 25. MHP ABH Reducing Out-of-State Placement for Children in Foster Care PIP Measure Results

Performance Measure	Baseline Year MY 2020 Rate	Last Measurement Year MY 2024 Rate	Improvement	Statistically Significant Improvement
Out-of-State Placement for Children in Foster Care *(lower rate is better)*	5.98%^	7.77%	No	No

^Performance in MYs 2020-2022 was likely influenced by the COVID-19 public health emergency. The federal Public Health Emergency for COVID-19 expired on May 11, 2023.

Figure 10 illustrates ABH's annual Reducing Out-of-State Placement for Children in Foster Care PIP measure rates.

Figure 10. MHP ABH Reducing Out-of-State Placement for Children in Foster Care PIP Measure Rates



MHP ABH PIP Validation Results

Table 26 reports results for each validation step for each 2025 MHP ABH PIP.

Table 26. MHP PIP Validation Step Results

PIP Validation Step	Lead Screening for Children	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Topic	Met	Met	Met
Aim Statement	Met	Met	Met
Population	Met	Met	Met
Sampling Method	Met	Met	Not Applicable
Variables and Performance Measures	Met	Met	Met
Data Collection Procedures	Met	Met	Met
Data Analysis and Interpretation of Results	Met	Met	Met
Improvement Strategies	Met	Met	Met
Significant and Sustained Improvement	Partially Met	Partially Met	Partially Met

Not all steps were evaluated due to the early stage of the PIP or applicability of questions.

Table 27 includes 2025 overall validation ratings for each MHP PIP based on performance in Steps 1-9.

Table 27. MHP Validation Ratings

2025 PIP Validation	Lead Screening for Children	Care for Adolescents	Reducing Out-of-State Placement for Children in Foster Care
Overall	94.7% High Confidence	95.0% High Confidence	81.1% Moderate Confidence
Methodology	100% High Confidence	100% High Confidence	100% High Confidence
Significant Improvement	66.7% Low Confidence	75.0% Moderate Confidence	10.0% No Confidence

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 75.0% to 89.9%; Low Confidence - 60.0% to 74.9%, No Confidence - <60.0%.

Conclusion

Summary conclusions drawn for the MHT and MHP State-mandated and MCP-selected PIPs are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 96-100 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

MHT Lead Screening in Children PIP

- The MHT MCPs reported their first remeasurement results for the Lead Screening in Children PIP measures. The MHT MCP average increased in all three PIP measures.
- The MHT MCPs implemented targeted interventions that addressed barriers to improvement.
- The average PIP validation rating was 96%, indicating stakeholders can have high confidence the MCPs adhered to acceptable methodology for all phases of design, data collection, analysis, and level of improvement. Individual MCPs received overall validation ratings ranging from 88-100%.

MHT Follow-Up After Emergency Department Visit for Mental Illness PIP

- The MHT MCPs reported their second remeasurement results for the PIP measure, Follow-Up After Emergency Department Visit for Mental Illness – 30 Day Follow-Up. The MHT MCP average demonstrated a positive trend and increased from 51.53% (MY 2022) to 54.95% (MY 2023) to 58.81% (MY 2024).
- The MHT MCPs implemented targeted interventions that addressed barriers to improvement.
- The MHT MCPs received an average PIP validation rating of 93%, indicating stakeholders can have high confidence the MCPs adhered to acceptable methodology for all phases of design, data collection, analysis, and level of improvement. Individual MCP overall validation ratings ranged from 86-100%.

MHT MCP-Selected PIPs

ABH Care for Adolescents PIP

- ABH reported remeasurement rates for the Immunizations for Adolescents (Combination 2) and Child and Adolescent Well-Care Visits (12-17 Years and 18-21 Years) measures.
- ABH demonstrated statistically significant improvement in both Child and Adolescent Well-Care Visits measures (12-17 Years and 18-21 Years).
- ABH's overall validation rating was 100% (high confidence).

HHO Promoting Treatment for Individuals with Opioid Use Disorder PIP

- HHO introduced its PIP topic, Promoting Treatment for Individuals with Opioid Use Disorder.
- HHO identified performance measures, an acceptable data collection plan, and barriers to target.
- HHO's overall validation rating was 91% (high confidence).

THP Promoting Health and Wellness in Children and Adolescents PIP

- THP reported remeasurement rates for the PIP measures: Child and Adolescent Well-Care Visits (Total) and Weight Assessment and Counseling for Nutrition - BMI Percentile Documentation (Total) and Counseling for Nutrition (Total).
- THP achieved statistically significant improvement in all three PIP measures.
- THP's overall validation rating was 100% (high confidence).

WWV Immunizations for Adolescents PIP

- WWV reported remeasurement rates for its Immunizations for Adolescents - Combination 2 and HPV measures.
- The most recent measure results compared unfavorably to the MY 2020 baseline results, as well as the previous annual rates (MY 2023).
- WWV's overall validation rating was 82% (moderate confidence).

MHP ABH PIPs

Lead Screening in Children PIP

- MHP ABH reported their first remeasurement results for the Lead Screening in Children PIP. Performance improved in two of three measures: Lead Screening in Children and Well Child Visits: 15-30 Months.
- The MHP MCP implemented targeted interventions that addressed barriers to improvement.
- MHP ABH's validation score was 95% (high confidence), indicating stakeholders can have high confidence the MCP adhered to acceptable methodology for all phases of design, data collection, analysis, and level of improvement.

Care for Adolescents PIP

- MHP ABH reported remeasurement rates for the Immunizations for Adolescents (Combination 2) and Child and Adolescent Well-Care Visits (12-17 Years and 18-21 Years) measures.
- MHP ABH demonstrated statistically significant improvement in both Child and Adolescent Well-Care Visits measures (12-17 Years and 18-21 Years).
- ABH's overall validation rating was 95% (high confidence).

Reducing Out-of-State Placement for Children in Foster Care PIP

- MHP ABH reported remeasurement results for its Reducing Out-of-State Placement for Children in Foster Care measure.
- While MHP ABH implemented system-level interventions that targeted barriers, there was no improvement in the measure.
- MHP ABH's overall validation score was 81% (moderate confidence).

Performance Measure Validation

Objective

The State uses performance measures to monitor the performance of individual MCPs at a point in time, track performance over time, and compare performance among MCPs. BMS requires MCPs to calculate and report measures as part of their quality assessment and performance improvement (QAPI) program in accordance with 42 CFR §438.330(c). The PMV activity evaluates the accuracy and reliability of measures produced and reported by the MCP and determines the extent to which the MCP followed specifications for calculating and reporting the measures. Accuracy and reliability of the reported rates are essential to ascertaining whether the MCP's quality improvement efforts resulted in improved health outcomes. Further, the validation process allows BMS to have confidence in MCP measure results.

Methodology

Qlarant validated state-selected performance measures during the 2025 PMV activity, which included select Adult and Child Core Health Care Quality Measures (Core Set measures). MCPs reported MY 2024 MHT and MHP performance, as applicable. The MHT rates combine Medicaid and CHIP populations.

Description of Data Obtained. Information from several sources was used to satisfy validation requirements. These sources included, but were not limited to, the following documents and information provided by the MCP:

- Information Systems Capabilities Assessment (ISCA)
- Audit and performance statistics
- Data management documents
- HEDIS Final Audit Report
- NCQA Health Plan Accreditation (HPA)

- Other documentation (e.g. specifications, data dictionaries, program source code, data queries, policies, and procedures)
- Demonstrations during the site visit
- Interviews with MCP staff
- Information submitted as part of the follow-up items requested after the site visit

Technical Methods of Data Collection and Analysis. Qlarant completed validation activities in a manner consistent with the *CMS EQR Protocol 2 – Validation of Performance Measures*. The validation process was interactive and concurrent to the MCP calculating the measures. Validation activities occurred in three phases—before, during, and after a site visit to the MCP.[16]

1. **Pre-site Visit Activities.** Qlarant reviewed the MCP contract and confirmed performance measures the MCP must report annually to the state. Qlarant's PMV team, consisting of EQR subject matter experts and data analysts, conducted an ISCA to evaluate the integrity of MCP information systems, processes, and data that might affect production of performance measures. Qlarant completed the following activities:

    - Reviewed MCP ISCA documents
    - Reviewed MCP HPA Survey results
    - Reviewed performance measure audit specifications
    - Synthesized preliminary MCP measurement and reporting process findings
    - Scheduled the virtual MCP site visit and communicated audit agenda and expectations

2. **Site Visit Activities.** Qlarant conducted a virtual site visit, or audit, with the MCP to determine the MCP's capability to produce complete and accurate performance measure data in March 2025. This audit included MCP staff interviews, data and document review, and MCP demonstration of systems and processes. Qlarant utilized information gathered from the MCP ISCA and virtual audit to assess its ability to link data from multiple sources, review performance measure production, evaluate sampling methods, and determine the extent to which technical specifications were used to produce accurate performance measure results. At the conclusion of the site visit, Qlarant communicated preliminary findings to the MCP and requested additional documents, if necessary.

3. **Post-site Visit Activities.** Qlarant analyzed data collected during pre-site and site visit review activities and communicated areas of concern and elements requiring corrective action to the MCP, as applicable. If corrective action was required, Qlarant made recommendations to the MCP and re-evaluated MCP performance measure(s) and measurement processes after corrections were made. The validation process assessed the extent to which the MCP reported performance measures accurately, completely, and according to state requirements and specifications.

    For Health Plan Accredited MCPs, Qlarant's PMV team reviewed and considered information included in the MCP's HEDIS Record of Administration, Data Management and Processes (Roadmap), Final Compliance Audit Report, and HEDIS Interactive Data Submission System (IDSS) file when determining measure compliance. The HEDIS Compliance Audit evaluates information system standards and HEDIS determination standards. Information system standards measure how the organization captures, manages, integrates, and reports medical, member, practitioner and vendor

[16] Site visit activities were conducted virtually.

data, while HEDIS determination standards assess the organization's algorithmic compliance and oversight of outsourced or delegated reporting functions.

After Qlarant approved each MCP's final rates in September 2025, Qlarant developed reports that included findings for the following elements:

- Data integration and control
- Data and processes used to produce measures
- Measure validation
- Sampling validation
- Administrative data validation
- Medical record review validation

Each element was scored. Results were aggregated and an overall score was calculated. A validation rating was assigned based on the MCP's overall score. Table 28 includes the validation ratings.

Table 28. Validation Ratings

Score	Level of Confidence
95.0% - 100%	**High confidence** in MCP compliance
85.0% - 94.9%	**Moderate confidence** in MCP compliance
75.0% - 84.9%	**Low confidence** in MCP compliance
<75.0%	**No confidence** in MCP compliance

Results

MHT Performance Measure Validation Results

All MHT MCPs had appropriate systems in place to process accurate claims and encounters. Table 29 includes 2025 MHT PMV results based on the MCP calculation of MY 2024 measure rates. Compliance with each PMV element is reported by MCP and MHT MCP average. Results are not available for HHO due to its contract start date of August 1, 2024.

Table 29. MHT PMV Results

PMV Element	ABH	THP	WWV	MHT MCP Average
Data Integration and Control	100%	100%	100%	100%
Data and Processes Used to Produce Measures	100%	100%	100%	100%
Measure Validation	100%	100%	100%	100%
Sampling Validation	100%	100%	100%	100%
Administrative Data Validation	100%	100%	57.1%	89.28%
Medical Record Review Validation	NA	NA	NA	NA
Total	100%	100%	95.2%	98.80%
Validation Rating	High	High	High	High

NA - Not applicable; medical record review not required.
Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 85.0% to 94.9%; Low Confidence - 75.0% to 84.9%, No Confidence - <75.0%.

Table 30 displays the MHT MCP MY 2024 Adult Core Set performance measure rates, MHT average, and applicable measure steward.

Table 30. MHT Adult Core Set Performance Measure Rates for MY 2024

Adult Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(AAB-AD) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Ages 18 to 64	NCQA	30.20	36.87	35.89	34.46
(AAB-AD) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Ages 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(AIS-AD) Adult Immunization Status - Influenza: Ages 19 to 65	NCQA	13.44	12.98	13.26	13.24
(AIS-AD) Adult Immunization Status - Influenza: Age 66 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	22.00
(AIS-AD) Adult Immunization Status - Td/Tdap: Ages 19 to 65	NCQA	44.30	43.46	46.20	44.79
(AIS-AD) Adult Immunization Status - Td/Tdap: Age 66 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	30.00
(AIS-AD) Adult Immunization Status - Pneumococcal: Age 66 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	38.00
(AIS-AD) Adult Immunization Status - Zoster: Ages 50-65	NCQA	9.55	9.85	8.90	9.40
(AIS-AD) Adult Immunization Status - Zoster: Age 66 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	22.00
(AMM-AD) Antidepressant Medication Management - Effective Acute Phase Treatment: Ages 18 to 64	NCQA	66.34	75.16	63.94	67.96
(AMM-AD) Antidepressant Medication Management - Effective Acute Phase Treatment: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(AMM-AD) Antidepressant Medication Management - Effective Continuation Phase Treatment: Ages 18 to 64	NCQA	46.75	59.51	44.98	49.75
(AMM-AD) Antidepressant Medication Management - Effective Continuation Phase Treatment: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(AMR-AD) Asthma Medication Ratio: Ages 19 to 50	NCQA	68.78	54.64	67.11	63.96
(AMR-AD) Asthma Medication Ratio: Ages 51 to 64	NCQA	64.45	59.58	63.35	62.55
(AMR-AD) Asthma Medication Ratio: Total Ages 19 to 64	NCQA	67.51	56.11	66.05	63.55
(BCS-AD) Breast Cancer Screening: Ages 50 to 64	NCQA	49.20	49.68	50.48	49.81
(BCS-AD) Breast Cancer Screening: Ages 65 to 74	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	32.86

Adult Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(CBP-AD) Controlling High Blood Pressure: Ages 18 to 64	NCQA	68.37	68.54	53.39	62.72
(CBP-AD) Controlling High Blood Pressure: Ages 65 to 85	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	53.85
(CCS-AD) Cervical Cancer Screening: Ages 21 to 64	NCQA	45.50	46.96	48.82	47.21
(CDF-AD) Screening for Depression and Follow-Up Plan: Ages 18 to 64	CMS	1.78	0.97	1.22	1.32
(CDF-AD) Screening for Depression and Follow-Up Plan: Age 65 and Older	CMS	2.34	3.13	4.76	2.90
(CHL-AD) Chlamydia Screening in Women: Ages 21 to 24	NCQA	57.23	54.51	55.17	55.64
(COL-AD) Colorectal Cancer Screening: Ages 46-50	NCQA	24.27	23.35	26.68	24.91
(COL-AD) Colorectal Cancer Screening: Ages 51-65	NCQA	37.32	37.15	38.17	37.58
(COL-AD) Colorectal Cancer Screening: Ages 66-75	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	19.67
(EDV-AD) Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults: Ages 18 to 64 [A lower rate indicates better performance]	DQA/ADA	214.48	204.58	188.47	201.65
(EDV-AD) Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults: Age 65 and Older [A lower rate indicates better performance]	DQA/ADA	0.00	0.00	0.00	0.00
(FUA-AD) Follow-Up After Emergency Department Visit for Substance Use - 7-Day Follow-Up: Ages 18 to 64	NCQA	39.46	39.52	42.73	40.62
(FUA-AD) Follow-Up After Emergency Department Visit for Substance Use - 7-Day Follow-Up: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(FUA-AD) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up: Ages 18 to 64	NCQA	49.58	48.41	52.79	50.33
(FUA-AD) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(FUH-AD) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up: Ages 18 to 64	NCQA	39.45	36.97	40.35	39.02
(FUH-AD) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]

Adult Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(FUH-AD) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up: Ages 18 to 64	NCQA	59.93	60.00	61.41	60.48
(FUH-AD) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up: Ages 18 to 64	NCQA	32.72	37.12	35.78	35.31
(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up: Ages 18 to 64	NCQA	47.71	51.25	50.25	49.82
(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(GSD-AD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status <8.0%: Ages 18 to 64	NCQA	62.53	62.29	53.13	58.87
(GSD-AD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status <8.0%: Ages 65 to 75	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	11.43
(GSD-AD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status >9.0%: Ages 18 to 64 [A lower rate indicates better performance]	NCQA	27.74	27.98	39.55	32.33
(GSD-AD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status >9.0%: Ages 65 to 75 [A lower rate indicates better performance]	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	28.57
(HPCMI-AD) Diabetes Care: People with SMI: HA1c Poor Control (>9.0%): Ages 18-64 [A lower rate indicates better performance]	NCQA	42.38	41.84	35.78	39.85
(HPCMI-AD) Diabetes Care: People with SMI: HA1c Poor Control (>9.0%): Ages 65-75 [A lower rate indicates better performance]	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(HVL-AD) HIV Viral Load Suppression: Ages 18 to 64	HRSA	14.67	0.00	1.15	7.20
(HVL-AD) HIV Viral Load Suppression: Age 65 and Older	HRSA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol: Ages 18 to 64	NCQA	43.10	49.79	47.50	46.72

Adult Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid: Ages 18 to 64	NCQA	62.90	69.21	76.66	69.31
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other: Ages 18 to 64	NCQA	57.01	53.12	53.31	54.42
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total: Ages 18 to 64	NCQA	55.92	58.25	58.72	57.65
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol: Ages 18 to 64	NCQA	19.56	22.08	19.92	20.43
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol: Age 66 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid: Ages 18 to 64	NCQA	44.70	48.83	55.75	49.52
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other: Ages 18 to 64	NCQA	29.68	20.29	22.18	23.97
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total: Ages 18 to 64	NCQA	32.67	31.00	31.46	31.71
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total: Age 65 and Older	NCQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]

Adult Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(MSC-AD) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Advising Smokers to Quit	NCQA	72.56	69.35	70.37	70.83
(MSC-AD) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Medications	NCQA	51.64	50.51	45.63	49.56
(MSC-AD) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	NCQA	44.39	41.92	43.40	43.26
(OEVP-AD) Oral Evaluation During Pregnancy: Ages 21-44	DQA/ADA	7.59	12.32	10.07	9.87
(OHD-AD) Use of Opioids at High Dosage in Persons Without Cancer: Ages 18-64 [A lower rate indicates better performance]	PQA	0.75	1.05	0.79	0.85
(OHD-AD) Use of Opioids at High Dosage in Persons Without Cancer: Age 65 and Older [A lower rate indicates better performance]	PQA	NA[D<30]	NA[D<30]	NA[D<30]	NA[D<30]
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 1 - Total: Age 18+	SAMHSA	69.82	73.02	74.69	72.51
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 2 - Buprenorphine: Age 18+	SAMHSA	67.86	70.40	71.40	69.89
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 3 - Oral Naltrexone: Age 18+	SAMHSA	1.65	2.72	2.80	2.40
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 4 - Long-acting, Injectable Naltrexone: Age 18+	SAMHSA	2.19	2.80	3.49	2.82
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 5 - Methadone: Age 18+	SAMHSA	0.29	0.24	0.34	0.29
(PCR-AD) Plan All-Cause Readmissions: Age 18-44 [A lower rate indicates better performance]	NCQA	1.32	1.11	0.99	1.12
(PCR-AD) Plan All-Cause Readmissions: Age 45-54 [A lower rate indicates better performance]	NCQA	1.45	1.05	1.07	1.17
(PCR-AD) Plan All-Cause Readmissions: Age 55-64 [A lower rate indicates better performance]	NCQA	1.20	1.12	1.20	1.17

Adult Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(PCR-AD) Plan All-Cause Readmissions: Total Age 18-64 [A lower rate indicates better performance]	NCQA	1.32	1.10	1.09	1.15
(PDS-AD) Postpartum Depression Screening and Follow-Up - Depression Screening: Age 21 and Older	NCQA	23.42	15.67	7.76	14.57
(PDS-AD) Postpartum Depression Screening and Follow-Up - Follow-Up on Positive Screen: Age 21 and Older	NCQA	NA$^{D<30}$	NA$^{D<30}$	57.14	63.53
(PPC2-AD) Prenatal and Postpartum Care - Timeliness of Prenatal Care: Age 21 and Older	NCQA	91.53	78.18	81.33	83.61
(PPC2-AD) Prenatal and Postpartum Care - Postpartum Care: Age 21 and Older	NCQA	80.23	63.54	67.80	70.48
(PRS-AD) Prenatal Immunization Status - Combination: Age 21 and Older	NCQA	14.45	16.07	14.55	14.90
(PRS-AD) Prenatal Immunization Status - Influenza: Age 21 and Older	NCQA	17.62	18.90	17.75	18.00
(PRS-AD) Prenatal Immunization Status - Tdap: Age 21 and Older	NCQA	54.22	55.21	55.76	55.16
(SAA-AD) Adherence to Antipsychotic Medications for Individuals with Schizophrenia: Age 18 and Older	NCQA	61.13	72.53	63.41	65.75
(SSD-AD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications: Ages 18 to 64	NCQA	84.64	82.22	86.16	84.44

NA$^{D<30}$ - Not calculated due to small denominator (less than 30).

Table 31 displays the MHT MCP MY 2024 Child Core Set performance measure rates, MHT average, and applicable measure steward.

Table 31. MHT MCP Child Core Set Performance Measure Rates for MY 2024

Child Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(AAB-CH) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Ages 3 Months to 17	NCQA	58.71	66.69	62.91	62.49
(ADD-CH) Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	NCQA	55.02	50.53	53.04	53.14
(ADD-CH) Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	NCQA	61.76	58.06	60.00	59.87
(AMR-CH) Asthma Medication Ratio: Ages 5 to 11	NCQA	80.48	77.00	81.75	80.00

Child Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(AMR-CH) Asthma Medication Ratio: Ages 12 to 18	NCQA	73.49	68.28	74.50	72.58
(AMR-CH) Asthma Medication Ratio: Total Ages 5 to 18	NCQA	77.00	72.80	77.97	76.27
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing: Ages 1 to 11	NCQA	70.64	64.29	74.13	69.84
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing: Ages 12 to 17	NCQA	77.73	78.30	78.42	78.17
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing: Total Ages 1 to 17	NCQA	75.31	73.08	76.96	75.25
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing: Ages 1 to 11	NCQA	61.47	50.00	65.03	58.99
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing: Ages 12 to 17	NCQA	65.40	51.42	61.87	59.77
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing: Total Ages 1 to 17	NCQA	64.06	50.89	62.95	59.50
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing: Ages 1 to 11	NCQA	59.63	48.41	63.64	57.41
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing: Ages 12 to 17	NCQA	64.45	51.42	61.15	59.20
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing: Total Ages 1 to 17	NCQA	62.81	50.30	62.00	58.57
(APP-CH) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 1 to 11	NCQA	55.32	50.88	52.17	52.60
(APP-CH) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 12 to 17	NCQA	52.78	44.55	49.66	49.15

Child Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(APP-CH) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Total Ages 1 to 17	NCQA	53.55	46.84	50.47	50.28
(CDF-CH) Screening for Depression and Follow-Up Plan: Ages 12-17	CMS	3.22	1.16	2.08	2.27
(CHL-CH) Chlamydia Screening in Women: Ages 16 to 20	NCQA	35.35	33.89	35.62	35.14
(CIS-CH) Childhood Immunization Status - Combination 3	NCQA	71.29	72.26	59.17	66.10
(CIS-CH) Childhood Immunization Status - Combination 7	NCQA	64.96	62.04	51.91	58.42
(CIS-CH) Childhood Immunization Status - Combination 10	NCQA	22.38	17.76	17.60	19.13
(CIS-CH) Childhood Immunization Status - DTaP	NCQA	78.35	77.13	69.99	74.32
(CIS-CH) Childhood Immunization Status - Hepatitis A	NCQA	89.05	89.29	86.12	87.80
(CIS-CH) Childhood Immunization Status - Hepatitis B	NCQA	92.94	92.70	83.28	88.57
(CIS-CH) Childhood Immunization Status - HiB	NCQA	89.05	88.56	85.24	87.23
(CIS-CH) Childhood Immunization Status - Influenza	NCQA	25.79	24.33	26.10	25.58
(CIS-CH) Childhood Immunization Status - IPV	NCQA	90.02	90.51	83.32	87.14
(CIS-CH) Childhood Immunization Status - MMR	NCQA	89.54	88.81	86.52	88.01
(CIS-CH) Childhood Immunization Status - Pneumococcal Conjugate	NCQA	78.35	78.83	69.99	74.73
(CIS-CH) Childhood Immunization Status - Rotavirus	NCQA	77.62	74.94	69.77	73.46
(CIS-CH) Childhood Immunization Status - VZV	NCQA	86.86	87.59	85.60	86.48
(FUA-CH) Follow-Up After Emergency Department Visit for Substance Use - 7-Day Follow-Up: Ages 13 to 17	NCQA	NA[D<30]	NA[D<30]	17.65	19.48
(FUA-CH) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up: Ages 13 to 17	NCQA	NA[D<30]	NA[D<30]	29.41	29.87
(FUH-CH) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up: Ages 6 to 17	NCQA	46.15	50.33	49.83	48.54
(FUH-CH) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up: Ages 6 to 17	NCQA	73.63	79.08	79.38	77.13

Child Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(FUM-CH) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up: Ages 6 to 17	NCQA	48.00	40.87	44.44	44.52
(FUM-CH) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up: Ages 6 to 17	NCQA	72.00	73.91	71.11	72.14
(IMA-CH) Immunizations for Adolescents - Combination 1	NCQA	83.21	85.16	76.69	80.72
(IMA-CH) Immunizations for Adolescents - Combination 2	NCQA	31.87	26.52	23.41	26.93
(IMA-CH) Immunizations for Adolescents - HPV	NCQA	32.12	27.01	24.45	27.59
(IMA-CH) Immunizations for Adolescents - Meningococcal	NCQA	84.43	85.40	78.15	81.83
(IMA-CH) Immunizations for Adolescents - Tdap/Td	NCQA	83.94	86.62	79.99	82.75
(LSC-CH) Lead Screening in Children	NCQA	72.51	62.94	66.24	67.40
(OEVP-CH) Oral Evaluation During Pregnancy: Ages 15-20	DQA/ADA	16.67	15.52	22.31	19.04
(PDS-CH) Postpartum Depression Screening and Follow-Up - Depression Screening: Under Age 21	NCQA	25.38	16.22	8.32	15.29
(PDS-CH) Postpartum Depression Screening and Follow-Up - Follow-Up on Positive Screen: Under Age 21	NCQA	NA$^{D<30}$	NA$^{D<30}$	NA$^{D<30}$	NA$^{D<30}$
(PPC2-CH) Prenatal and Postpartum Care - Timeliness of Prenatal Care: Under Age 21	NCQA	91.23	84.65	82.05	85.39
(PPC2-CH) Prenatal and Postpartum Care - Postpartum Care: Under Age 21	NCQA	87.72	66.23	67.52	73.25
(PRS-CH) Prenatal Immunization Status - Combination: Under Age 21	NCQA	18.38	16.06	16.70	17.04
(PRS-CH) Prenatal Immunization Status - Influenza: Under Age 21	NCQA	22.43	19.72	21.98	21.59
(PRS-CH) Prenatal Immunization Status - Tdap: Under Age 21	NCQA	58.09	56.42	53.19	55.34
(SFM-CH) Sealant Receipt on Permanent First Molars: Numerator 1 - At Least One Sealant	DQA/ADA	48.05	47.64	46.55	47.33
(SFM-CH) Sealant Receipt on Permanent First Molars: Numerator 2 - All Four Molars Sealed	DQA/ADA	30.78	32.14	30.40	30.96
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Ages 1 to 2	DQA/ADA	8.26	7.08	9.36	8.46

Child Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Ages 3 to 5	DQA/ADA	26.34	22.07	22.93	23.86
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Ages 6 to 14	DQA/ADA	29.43	26.29	26.62	27.51
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Ages 15 to 20	DQA/ADA	15.35	13.99	13.87	14.38
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Total Ages 1 to 20	DQA/ADA	23.52	20.70	20.96	21.76
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Ages 1 to 2	DQA/ADA	3.24	4.17	5.58	4.49
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Ages 3 to 5	DQA/ADA	18.06	20.49	21.69	20.17
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Ages 6 to 14	DQA/ADA	21.52	24.98	26.44	24.40
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Ages 15 to 20	DQA/ADA	10.83	13.46	13.84	12.76
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Total Ages 1 to 20	DQA/ADA	16.67	19.40	20.33	18.88
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Ages 1 to 2	DQA/ADA	2.34	1.53	2.10	2.04
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Ages 3 to 5	DQA/ADA	0.18	0.21	0.18	0.19
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Ages 6 to 14	DQA/ADA	0.00	0.00	0.01	0.00
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Ages 15 to 20	DQA/ADA	0.00	0.00	0.00	0.00
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Total Ages 1 to 20	DQA/ADA	0.22	0.17	0.22	0.21
(W30-CH) Well-Child Visits in the First 30 Months of Life: 0-15 Months	NCQA	49.78	62.16	54.78	55.04
(W30-CH) Well-Child Visits in the First 30 Months of Life: 15-30 Months	NCQA	76.52	72.93	79.15	76.79

Child Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: Ages 3 to 11	NCQA	93.15	88.80	81.33	87.20
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: Ages 12 to 17	NCQA	91.41	90.13	78.81	85.59
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: Total Ages 3 to 17	NCQA	92.46	89.29	80.31	86.57
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Ages 3 to 11	NCQA	79.44	74.90	51.55	66.74
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Ages 12 to 17	NCQA	78.53	76.97	44.00	62.97
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Total Ages 3 to 17	NCQA	79.08	75.67	48.51	65.27
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Ages 3 to 11	NCQA	79.84	74.13	49.54	65.86
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Ages 12 to 17	NCQA	82.21	73.68	45.88	64.42
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Total Ages 3 to 17	NCQA	80.78	73.97	48.06	65.30
(WCV-CH) Child and Adolescent Well-Care Visits: Ages 3 to 11	NCQA	67.02	62.01	64.90	64.91
(WCV-CH) Child and Adolescent Well-Care Visits: Ages 12 to 17	NCQA	58.39	52.25	53.84	55.03
(WCV-CH) Child and Adolescent Well-Care Visits: Ages 18 to 21	NCQA	33.06	29.24	28.49	30.14

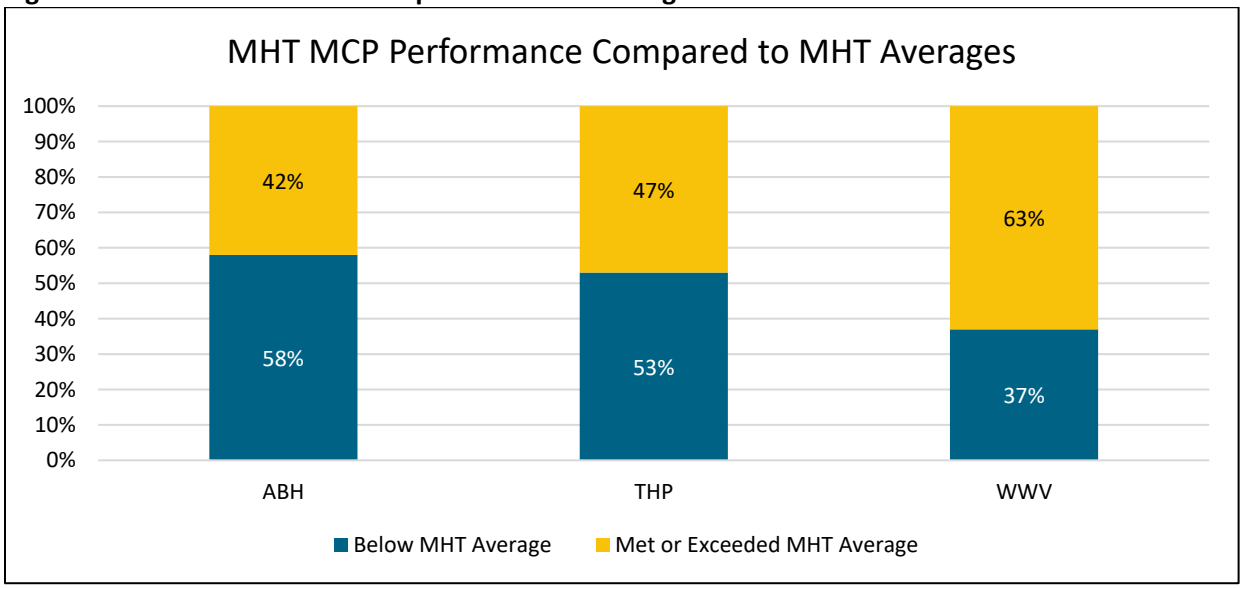
Child Core Set Measure/Indicator	Measure Steward	ABH %	THP %	WWV %	MHT AVG %
(WCV-CH) Child and Adolescent Well-Care Visits: Total Ages 3 to 21	NCQA	59.56	54.40	55.73	56.71

$NA^{D<30}$ - Not calculated due to small denominator (less than 30).

The 2025 PMV audit found, for each MHT MCP, all measures were reportable and received a high confidence rating.

Figure 11 illustrates MHT MCP Adult Core Set performance compared to MHT averages for measures with a reported rate.

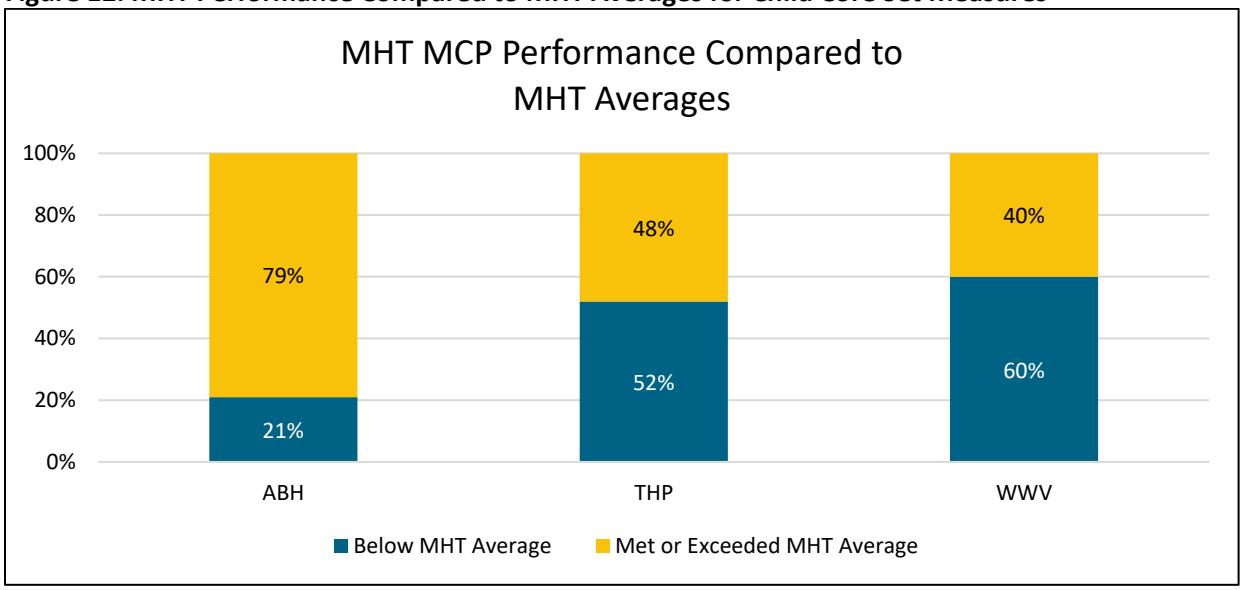
Figure 11. MHT Performance Compared to MHT Averages for Adult Core Set Measures



WWV met or exceeded the MHT average in most Adult Core Set measures (63%). ABH and THP met or exceeded the MHT average in 42% and 47% of measures, respectively.

Figure 12 illustrates MHT MCP Child Core Set performance compared to MHT averages for measures with a reported rate.

Figure 12. MHT Performance Compared to MHT Averages for Child Core Set Measures



ABH met or exceeded the MHT average in most Child Core Set measures (79%). THP and WWV met or exceeded the MHT average in 48% and 40% of measures, respectively.

MHP Performance Measure Validation Results

Consistent with the MHT PMV, ABH had appropriate systems in place to process accurate claims and encounters for the MHP program. Table 32 includes 2025 MHP PMV results based on the MCP calculation of MY 2024 measure rates. Compliance with each PMV element is reported.

Table 32. MHP PMV Results

PMV Element	MHP ABH
Data Integration and Control	100%
Data and Processes Used to Produce Measures	100%
Measure Validation	100%
Sampling Validation	100%
Administrative Data Validation	100%
Medical Record Review Validation	100%
Total	100%
Confidence Level	**High**

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 85.0% to 94.9%; Low Confidence - 75.0% to 84.9%, No Confidence - <75.0%.

Table 33 displays the MHP MCP MY 2024 Adult Core Set performance measure rates and applicable measure steward. The MHT average is also included for purposes of comparison.

Table 33. MHP Adult Core Set Performance Measure Rates for MY 2024

Adult Core Set Measure/Indicator	Measure Steward	MHP ABH	MHT MCP AVG
(AAB-AD) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Ages 18 to 64	NCQA	NC[D<30]	34.46
(AIS-AD) Adult Immunization Status - Influenza: Ages 19 to 65	NCQA	9.29	13.24
(AIS-AD) Adult Immunization Status - Td/Tdap: Ages 19 to 65	NCQA	82.34	44.79
(AMM-AD) Antidepressant Medication Management - Effective Acute Phase Treatment: Ages 18 to 64	NCQA	48.61	67.96
(AMM-AD) Antidepressant Medication Management - Effective Continuation Phase Treatment: Ages 18 to 64	NCQA	25.00	49.75
(AMR-AD) Asthma Medication Ratio: Ages 19 to 50	NCQA	NC[D<30]	63.96
(AMR-AD) Asthma Medication Ratio: Total Ages 19 to 64	NCQA	NC[D<30]	63.55
(CBP-AD) Controlling High Blood Pressure: Ages 18 to 64	NCQA	50.00	62.72
(CCS-AD) Cervical Cancer Screening: Ages 21 to 64	NCQA	NC[D<30]	47.21
(CDF-AD) Screening for Depression and Follow-Up Plan: Ages 18 to 64	CMS	1.17	1.32
(CHL-AD) Chlamydia Screening in Women: Ages 21 to 24	NCQA	NC[D<30]	55.64
(EDV-AD) Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults: Ages 18 to 64 [A lower rate indicates better performance]	DQA/ADA	120.38	201.65
(FUA-AD) Follow-Up After Emergency Department Visit for Substance Use - 7-Day Follow-Up: Ages 18 to 64	NCQA	NC[D<30]	40.62
(FUA-AD) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up: Ages 18 to 64	NCQA	NC[D<30]	50.33
(FUH-AD) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up: Ages 18 to 64	NCQA	33.33	39.02
(FUH-AD) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up: Ages 18 to 64	NCQA	46.97	60.48
(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up: Ages 18 to 64	NCQA	NC[D<30]	35.31
(FUM-AD) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up: Ages 18 to 64	NCQA	NC[D<30]	49.82
(GSD-AD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status <8.0%: Ages 18 to 64	NCQA	34.29	58.87
(GSD-AD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status >9.0%: Ages 18 to 64 [A lower rate indicates better performance]	NCQA	51.43	32.33
(HPCMI-AD) Diabetes Care: People with SMI: HA1c Poor Control (>9.0%): Ages 18-64 [A lower rate indicates better performance]	NCQA	NC[D<30]	39.85
(HPCMI-AD) Diabetes Care: People with SMI: HA1c Poor Control (>9.0%): Ages 65-75 [A lower rate indicates better performance]	NCQA	NC[D<30]	NA[D<30]
(HVL-AD) HIV Viral Load Suppression: Ages 18 to 64	HRSA	NC[D<30]	7.20
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Alcohol: Ages 18 to 64	NCQA	NC[D<30]	46.72
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Opioid: Ages 18 to 64	NCQA	NC[D<30]	69.31
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Other: Ages 18 to 64	NCQA	38.46	54.42

Adult Core Set Measure/Indicator	Measure Steward	MHP ABH	MHT MCP AVG
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Initiation - Total: Ages 18 to 64	NCQA	42.24	57.65
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Alcohol: Ages 18 to 64	NCQA	NC[D<30]	20.43
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Opioid: Ages 18 to 64	NCQA	NC[D<30]	49.52
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Other: Ages 18 to 64	NCQA	8.97	23.97
(IET-AD) Initiation and Engagement of Substance Use Disorder Treatment - Engagement - Total: Ages 18 to 64	NCQA	14.66	31.71
(MSC-AD) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Advising Smokers to Quit	NCQA	72.56	70.83
(MSC-AD) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Medications	NCQA	51.64	49.56
(MSC-AD) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	NCQA	44.39	43.26
(OEVP-AD) Oral Evaluation During Pregnancy: Ages 21-44	DQA/ADA	NC[D<30]	9.87
(OHD-AD) Use of Opioids at High Dosage in Persons Without Cancer: Ages 18-64 [A lower rate indicates better performance]	PQA	NC[D<30]	0.85
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 1 - Total: Age 18+	SAMHSA	NC[D<30]	72.51
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 2 - Buprenorphine: Age 18+	SAMHSA	NC[D<30]	69.89
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 3 - Oral Naltrexone: Age 18+	SAMHSA	NC[D<30]	2.40
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 4 - Long-acting, Injectable Naltrexone: Age 18+	SAMHSA	NC[D<30]	2.82
(OUD-AD) Use of Pharmacotherapy for Opioid Use Disorder: Numerator 5 - Methadone: Age 18+	SAMHSA	NC[D<30]	0.29
(PCR-AD) Plan All-Cause Readmissions: Age 18-44 [A lower rate indicates better performance]	NCQA	1.89	1.12
(PCR-AD) Plan All-Cause Readmissions: Total Age 18-64 [A lower rate indicates better performance]	NCQA	1.89	1.15
(PDS-AD) Postpartum Depression Screening and Follow-Up - Depression Screening: Age 21 and Older	NCQA	NC[D<30]	14.57
(PDS-AD) Postpartum Depression Screening and Follow-Up - Follow-Up on Positive Screen: Age 21 and Older	NCQA	NC[D<30]	63.53
(PPC2-AD) Prenatal and Postpartum Care - Timeliness of Prenatal Care: Age 21 and Older	NCQA	NC[D<30]	83.61
(PPC2-AD) Prenatal and Postpartum Care - Postpartum Care: Age 21 and Older	NCQA	NC[D<30]	70.48
(PRS-AD) Prenatal Immunization Status - Combination: Age 21 and Older	NCQA	NC[D<30]	14.90
(PRS-AD) Prenatal Immunization Status - Influenza: Age 21 and Older	NCQA	NC[D<30]	18.00
(PRS-AD) Prenatal Immunization Status - Tdap: Age 21 and Older	NCQA	NC[D<30]	55.16

Adult Core Set Measure/Indicator	Measure Steward	MHP ABH	MHT MCP AVG
(SAA-AD) Adherence to Antipsychotic Medications for Individuals with Schizophrenia: Age 18 and Older	NCQA	NC$^{D<30}$	65.75
(SSD-AD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications: Ages 18 to 64	NCQA	92.86	84.44

NC$^{D<30}$ - Not calculated due to small denominator (less than 30).

Table 34 displays the MHP MCP MY 2024 Child Core Set performance measure rates and applicable measure steward. The MHT average is also included for purposes of comparison.

Table 34. MHP Child Core Set Performance Measure Rates for MY 2024

Child Core Set Measure/Indicator	Measure Steward	MHP ABH	MHT MCP AVG
(AAB-CH) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis: Ages 3 Months to 17	NCQA	58.92	62.49
(ADD-CH) Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	NCQA	63.25	53.14
(ADD-CH) Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	NCQA	70.16	59.87
(AMR-CH) Asthma Medication Ratio: Ages 5 to 11	NCQA	84.38	80.00
(AMR-CH) Asthma Medication Ratio: Ages 12 to 18	NCQA	81.67	72.58
(AMR-CH) Asthma Medication Ratio: Total Ages 5 to 18	NCQA	83.06	76.27
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing: Ages 1 to 11	NCQA	84.58	69.84
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing: Ages 12 to 17	NCQA	86.07	78.17
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing: Total Ages 1 to 17	NCQA	85.62	75.25
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing: Ages 1 to 11	NCQA	71.37	58.99
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing: Ages 12 to 17	NCQA	72.71	59.77
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing: Total Ages 1 to 17	NCQA	72.30	59.50
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing: Ages 1 to 11	NCQA	71.37	57.41
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing: Ages 12 to 17	NCQA	72.52	59.20
(APM-CH) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing: Total Ages 1 to 17	NCQA	72.17	58.57
(APP-CH) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 1 to 11	NCQA	71.72	52.60
(APP-CH) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 12 to 17	NCQA	71.07	49.15

Child Core Set Measure/Indicator	Measure Steward	MHP ABH	MHT MCP AVG
(APP-CH) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Total Ages 1 to 17	NCQA	71.26	50.28
(CDF-CH) Screening for Depression and Follow-Up Plan: Ages 12-17	CMS	2.30	2.27
(CHL-CH) Chlamydia Screening in Women: Ages 16 to 20	NCQA	40.86	35.14
(CIS-CH) Childhood Immunization Status - Combination 3	NCQA	74.94	66.10
(CIS-CH) Childhood Immunization Status - Combination 7	NCQA	57.91	58.42
(CIS-CH) Childhood Immunization Status - Combination 10	NCQA	21.90	19.13
(CIS-CH) Childhood Immunization Status - DTaP	NCQA	80.78	74.32
(CIS-CH) Childhood Immunization Status - Hepatitis A	NCQA	91.24	87.80
(CIS-CH) Childhood Immunization Status - Hepatitis B	NCQA	97.08	88.57
(CIS-CH) Childhood Immunization Status - HiB	NCQA	92.70	87.23
(CIS-CH) Childhood Immunization Status - Influenza	NCQA	31.63	25.58
(CIS-CH) Childhood Immunization Status - IPV	NCQA	94.40	87.14
(CIS-CH) Childhood Immunization Status - MMR	NCQA	91.97	88.01
(CIS-CH) Childhood Immunization Status - Pneumococcal Conjugate	NCQA	78.83	74.73
(CIS-CH) Childhood Immunization Status - Rotavirus	NCQA	68.86	73.46
(CIS-CH) Childhood Immunization Status - VZV	NCQA	92.46	86.48
(FUA-CH) Follow-Up After Emergency Department Visit for Substance Use - 7-Day Follow-Up: Ages 13 to 17	NCQA	17.95	19.48
(FUA-CH) Follow-Up After Emergency Department Visit for Substance Use - 30-Day Follow-Up: Ages 13 to 17	NCQA	38.46	29.87
(FUH-CH) Follow-Up After Hospitalization For Mental Illness - 7-Day Follow-Up: Ages 6 to 17	NCQA	46.00	48.54
(FUH-CH) Follow-Up After Hospitalization For Mental Illness - 30-Day Follow-Up: Ages 6 to 17	NCQA	74.20	77.13
(FUM-CH) Follow-Up After Emergency Department Visit for Mental Illness - 7-Day Follow-Up: Ages 6 to 17	NCQA	54.39	44.52
(FUM-CH) Follow-Up After Emergency Department Visit for Mental Illness - 30-Day Follow-Up: Ages 6 to 17	NCQA	80.70	72.14
(IMA-CH) Immunizations for Adolescents - Combination 1	NCQA	83.45	80.72
(IMA-CH) Immunizations for Adolescents - Combination 2	NCQA	32.60	26.93
(IMA-CH) Immunizations for Adolescents - HPV	NCQA	32.85	27.59
(IMA-CH) Immunizations for Adolescents - Meningococcal	NCQA	83.70	81.83
(IMA-CH) Immunizations for Adolescents - Tdap/Td	NCQA	84.43	82.75
(LSC-CH) Lead Screening in Children	NCQA	68.61	67.40
(OEVP-CH) Oral Evaluation During Pregnancy: Ages 15-20	DQA/ADA	18.27	19.04
(PDS-CH) Postpartum Depression Screening and Follow-Up - Depression Screening: Under Age 21	NCQA	12.77	15.29
(PDS-CH) Postpartum Depression Screening and Follow-Up - Follow-Up on Positive Screen: Under Age 21	NCQA	NC$^{D<30}$	NA$^{D<30}$
(PPC2-CH) Prenatal and Postpartum Care - Timeliness of Prenatal Care: Under Age 21	NCQA	78.02	85.39
(PPC2-CH) Prenatal and Postpartum Care - Postpartum Care: Under Age 21	NCQA	91.21	73.25
(PRS-CH) Prenatal Immunization Status - Combination: Under Age 21	NCQA	15.63	17.04

Child Core Set Measure/Indicator	Measure Steward	MHP ABH	MHT MCP AVG
(PRS-CH) Prenatal Immunization Status - Influenza: Under Age 21	NCQA	19.79	21.59
(PRS-CH) Prenatal Immunization Status - Tdap: Under Age 21	NCQA	54.17	55.34
(SFM-CH) Sealant Receipt on Permanent First Molars: Numerator 1 - At Least One Sealant	DQA/ADA	52.14	47.33
(SFM-CH) Sealant Receipt on Permanent First Molars: Numerator 2 - All Four Molars Sealed	DQA/ADA	35.03	30.96
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Ages 1 to 2	DQA/ADA	9.87	8.46
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Ages 3 to 5	DQA/ADA	27.71	23.86
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Ages 6 to 14	DQA/ADA	33.48	27.51
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Ages 15 to 20	DQA/ADA	15.16	14.38
(TFL-CH) Topical Fluoride for Children: Numerator 1 - Dental or Oral Health Services: Total Ages 1 to 20	DQA/ADA	25.81	21.76
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Ages 1 to 2	DQA/ADA	3.35	4.49
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Ages 3 to 5	DQA/ADA	19.46	20.17
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Ages 6 to 14	DQA/ADA	23.43	24.40
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Ages 15 to 20	DQA/ADA	10.65	12.76
(TFL-CH) Topical Fluoride for Children: Numerator 2 - Dental Services: Total Ages 1 to 20	DQA/ADA	17.91	18.88
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Ages 1 to 2	DQA/ADA	2.99	2.04
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Ages 3 to 5	DQA/ADA	0.18	0.19
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Ages 6 to 14	DQA/ADA	0.00	0.00
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Ages 15 to 20	DQA/ADA	0.00	0.00
(TFL-CH) Topical Fluoride for Children: Numerator 3 - Oral Health Services: Total Ages 1 to 20	DQA/ADA	0.17	0.21
(W30-CH) Well-Child Visits in the First 30 Months of Life: 0-15 Months	NCQA	49.60	55.04
(W30-CH) Well-Child Visits in the First 30 Months of Life: 15-30 Months	NCQA	81.70	76.79
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: Ages 3 to 11	NCQA	94.84	87.20
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: Ages 12 to 17	NCQA	95.96	85.59

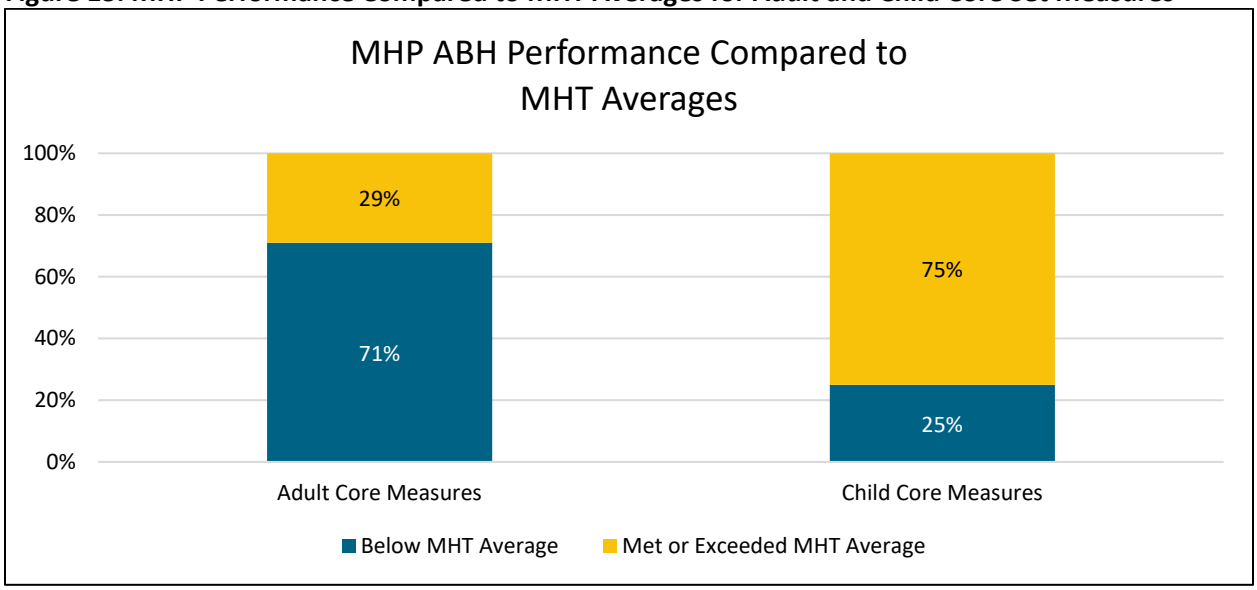
Child Core Set Measure/Indicator	Measure Steward	MHP ABH	MHT MCP AVG
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile: Total Ages 3 to 17	NCQA	95.38	86.57
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Ages 3 to 11	NCQA	85.92	66.74
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Ages 12 to 17	NCQA	80.81	62.97
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Total Ages 3 to 17	NCQA	83.45	65.27
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Ages 3 to 11	NCQA	82.63	65.86
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Ages 12 to 17	NCQA	82.32	64.42
(WCC-CH) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Total Ages 3 to 17	NCQA	82.48	65.30
(WCV-CH) Child and Adolescent Well-Care Visits: Ages 3 to 11	NCQA	71.16	64.91
(WCV-CH) Child and Adolescent Well-Care Visits: Ages 12 to 17	NCQA	63.45	55.03
(WCV-CH) Child and Adolescent Well-Care Visits: Ages 18 to 21	NCQA	32.14	30.14
(WCV-CH) Child and Adolescent Well-Care Visits: Total Ages 3 to 21	NCQA	63.41	56.71

$NC^{D<30}$ - Not calculated due to small denominator (less than 30).

The 2025 PMV audit found all of ABH's measures, for the MHP program, were reportable and received a high confidence rating.

Figure 13 illustrates MHP ABH Adult and Child Core Set performance compared to MHT MCP averages for measures with a reported rate.

Figure 13. MHP Performance Compared to MHT Averages for Adult and Child Core Set Measures



MHP ABH exceeded the MHT MCP average in 29% and 75% of Adult and Child Core Set measures, respectively.

Conclusion

Aggregate summary conclusions for the PMV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 96-100 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- All MHT and MHP MCPs had information systems capable of capturing and processing data required for reporting.
- All MCPs received overall PMV scores of 100%, except WWV received a score of 95.20%; these scores provide high confidence in MCP measure calculations and reporting.
- An analysis of MCP PMV Adult and Child Core Set measures compared to MHT averages revealed:
    - ABH performed equal to or above the MHT average in 42% and 79% of Adult and Child Core Set measures, respectively.
    - THP performed equal to or above the MHT average in 47% and 48% of Adult and Child Core Set measures, respectively.
    - WWV performed equal to or above the MHT average in 63% and 40% of Adult and Child Core Set measures, respectively.
    - MHP ABH performed equal to or above the MHT average in 29% and 75% of Adult and Child Core Set measures, respectively.

Systems Performance Review

Objective

SPRs, also referred to as compliance reviews in the CFR, assess MCP compliance with structural and operational standards, which may impact the quality, timeliness, or accessibility of health care services provided to managed care members. The comprehensive review determines compliance with federal and state managed care program requirements. The SPR provides BMS an independent assessment of MCP capabilities, which can be used to promote accountability and improve quality-related processes and monitoring.

Methodology

Qlarant conducts a comprehensive review of applicable managed care standards, within a three-year period, in compliance with 42 CFR §438.358(b)(iii). Qlarant reviews the following 42 CFR §438 standards:

- Subpart A §438.10: Information Requirements
- Subpart B §438.56: Disenrollment Requirements and Limitations
- Subpart C §438.100 - §438.114: Enrollee Rights and Protections
- Subpart D §438.206 - §438.242: [Managed Care Organization] MCO Standards
- Subpart E §438.330: Quality Assessment and Performance Improvement Program
- Subpart F §438.402 - §438.424: Grievance and Appeal System
- Subpart H §438.608: Program Integrity Requirements Under the Contract

Table 35 identifies the three-year review schedule Qlarant follows for the SPR.

Table 35. Three-Year SPR Schedule

Standard	Year 1	Year 2*	Year 3
§438.10 Information Requirements			✓
§438.56 Disenrollment Requirements and Limitations			✓
§438.100 - §438.114 Enrollee Rights and Protections			✓
§438.206 - §438.242 Managed Care Organizations (MCO) Standards	✓		
§438.330 Quality Assessment and Performance Improvement Program		✓	
§438.402 - §438.424 Grievance and Appeal System		✓	
§438.608 Program Integrity Requirements Under the Contract	✓		

*Year 2 standards were evaluated in 2025 for MY 2024 compliance.

Description of Data Obtained. MCPs provided documentation to support MY 2024 compliance with the Quality Assessment and Performance Improvement Program and Grievance and Appeal System standards (Year 2 standards) in January 2025. Supporting data was obtained during all three phases of review: pre-site visit, site visit, and post-site visit.[17] Qlarant review activities occurred before, during, and after a virtual site visit with the MCP in March 2025. Pre-site visit activities include evaluating policies, reports, meeting minutes, and other supporting documents submitted by the MCP. Site visit activities focus on MCP staff interviews, process demonstrations, and record reviews, as applicable. Post-site visit

[17] Site visit activities were conducted virtually.

activities include an opportunity for the MCP to respond to preliminary findings and provide additional evidence of compliance, if available.

Technical Methods of Data Collection and Analysis. The 2025 SPR, which evaluated MY 2024 compliance, was conducted in a manner consistent with *CMS EQR Protocol 3 – Review of Compliance with Medicaid and CHIP Managed Care Regulations.* Qlarant conducted an interactive review with the MCP and reviewed and scored all applicable elements and components of each standard requiring evaluation. Qlarant evaluated MCP compliance for each element and/or component as met, partially met, not met, or not applicable:

- **Met.** Demonstrates full compliance. 1 point. Documentation and data sources provide evidence of compliance and MCP staff can describe processes consistent with documentation provided, if applicable.
- **Partially Met.** Demonstrates at least some, but not full, compliance. 0.5 point. Documentation is present, but staff are unable to articulate processes or show evidence of implementation during interviews; or staff can describe and verify the existence of processes, but documentation is incomplete or inconsistent with practice.
- **Not Met.** Does not demonstrate compliance on any level. 0 points. Documentation and data sources are not present or do not provide evidence of compliance, and staff are unable to describe and/or verify the existence of processes required to demonstrate compliance.
- **Not Applicable.** Requirement does not apply and is not scored.

Aggregate points earned are reported by standard and receive a compliance score based on the percentage of points earned. All assessments are weighted equally, which allows standards with more elements and components to have more influence on a final score. Finally, an overall SPR compliance rating is calculated. Based on this overall score, a level of confidence in the MCP's SPR results is determined. Table 36 includes compliance ratings.

Table 36. Compliance Ratings

Score	Level of Confidence
95.0% - 100%	**High confidence** in MCP compliance
80.0% - 94.9%	**Moderate confidence** in MCP compliance
75.0% - 79.9%	**Low confidence** in MCP compliance
<75.0%	**No confidence** in MCP compliance

Deeming. CMS permits opportunity for states to use information from a private accreditation review, such as a National Committee for Quality Assurance (NCQA) audit, to meet comparable federal regulations. Using results from a comparable audit allows opportunity for nonduplication deeming. Nonduplication deeming, as described in EQRO protocols, is intended to reduce administrative burden on the MCPs. When NCQA standards are comparable to federal regulations and the MCP achieved full compliance on the applicable NCQA standards and elements, there is opportunity to "deem," which considers the federal regulation as meeting requirements. This process eliminates the need to review the regulation as part of the SPR, thus reduces administrative burden on the MCP.

Qlarant deems elements and components based on the MCP's NCQA "accredited" status plus one of the following, as applicable:

- Compliance with NCQA standards and elements that are consistent with managed care regulations
- Submission of HEDIS® measures

Deeming determinations for the 2025 SPR were made using the MCP's most recent NCQA report and the *NCQA Medicaid Managed Care Toolkit: Standards Crosswalk, 2023 Health Plan Standards (Effective July 1, 2023 - June 30, 2024).*

Results

MHT Systems Performance Review Results

Table 37 displays 2025 (MY 2024) MHT MCP SPR results by standard and identifies an overall weighted score. A level of confidence in each MCP's compliance is assigned based on their overall weighted score. The table also includes MHT MCP averages.

Table 37. 2025 MHT SPR Results (MY 2024 Compliance)

Standard	ABH	HHO	THP	WWV	MHT MCP AVG
§438.330 Quality Assessment and Performance Improvement Program	100.0% [D]	100.0%	100.0% [D]	100.0% [D]	100.0%
§438.402 - §438.424 Grievance and Appeal System	100.0% [D]	95.6%	98.3% [D]	99.1% [D]	98.3%
Overall Weighted Score	100.0%	96.1%	98.5%	99.2%	98.5%
Confidence Level	High	High	High	High	High

D – Some elements/components in the standard qualified for deeming for the MCP.
Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 80.0% to 94.9%; Low Confidence - 75.0% to 79.9%, No Confidence - <75.0%.

All four MHT MCPs achieved a high confidence level rating in the 2025 SPR; the overall MHT MCP score is 98.5%.

Table 38 includes MHT MCP SPR results of all standards within the last three-year review period.

Table 38. MHT SPR Results of All Standards Within the Last Three Years

Standard	Performance Period	Review Timeframe	ABH	HHO	THP	WWV	MHT MCP AVG
§438.10 Information Requirements	MY 2022	2023	100%	NA	98.2%	100%	99.4%
§438.56 Disenrollment Requirements and Limitations	MY 2022	2023	100%	NA	100%	100%	100%
§438.100 - §438.114 Enrollee Rights and Protections+	MY 2022	2023	100%	NA	100%	100%	100%
§438.206 - §438.242 MCO Standards (see Table 39 for additional detail)	MY 2023	2024	100%	NA	100%	100%	100%

Standard	Performance Period	Review Timeframe	ABH	HHO	THP	WWV	MHT MCP AVG
§438.330 Quality Assessment and Performance Improvement Program	MY 2024	2025	100%	100%	100%	100%	100%
§438.402 - §438.424 Grievance and Appeal System	MY 2024	2025	100%	95.6%	98.3%	99.1%	98.3%
§438.608 Program Integrity Requirements Under the Contract	MY 2023	2024	100%	NA	100%	100%	100%

+The Enrollee Rights and Protections Standard includes Enrollee Rights Requirements (438.100) and Emergency and Post-Stabilization Services (438.114).
NA – Not applicable; the corresponding standard has not been reviewed as part of the SPR for HHO due to the MCP's contract start date of August 1, 2024.

Table 39 details MHT MCP results of the MCO Standards (§438.206 - §438.242) from the 2024 SPR (MY 2023). Performance for each area of review is reported as met, partially met, or not met.

- **Met.** All elements and components for the standard were fully met.
- **Partially Met.** Some, but not all, elements and components for the standard were met.
- **Not Met.** None of the elements and components for the standard were met.

Table 39. §438.206 - §438.242 MCO Standards – 2024 MHT SPR Results (MY 2023 Compliance)

MCO Standards	ABH	HHO	THP	WWV
438.206 Availability of Services	Met	Met	Met	Met
438.207 Assurances of Adequate Capacity and Services	Met	Met	Met	Met
438.208 Coordination and Continuity of Care	Met	Met	Met	Met
438.210 Coverage and Authorization of Services	Met	Met	Met	Met
438.214 Provider Selection	Met	Met	Met	Met
438.224 Confidentiality	Met	Met	Met	Met
438.228 Grievance and Appeal Systems (Standard reviewed separately in 2025*)	Met	Partially Met	Partially Met	Partially Met
438.230 Subcontractual Relationships and Delegation	Met	Met	Met	Met
438.236 Practice Guidelines	Met	Met	Met	Met
438.242 Health Information Systems+	Met	Met	Met	Met

* See Table 38 for MHT MCP Grievance and Appeal System Standard results.
+ MCP Health Information Systems were evaluated as part of the PMV activity.

MHP Systems Performance Review Results

Table 40 displays 2025 (MY 2024) MHP ABH SPR results by standard and identifies an overall weighted score. A level of confidence is assigned based on ABH's overall weighted score.

Table 40. 2025 MHP ABH SPR Results (MY 2024 Compliance)

Standard	MHP ABH
§438.330 Quality Assessment and Performance Improvement Program	100%
§438.402 - §438.424 Grievance and Appeal System	100%
Overall Weighted Score	100%
Confidence Level	**High**

Rating/Level of confidence scale: High Confidence - 95.0% to 100%; Moderate Confidence - 80.0% to 94.9%; Low Confidence - 75.0% to 79.9%, No Confidence - <75.0%.

MHP ABH achieved 100% compliance indicating stakeholders can have high confidence in the MCP's compliance with the standards review.

Table 41 includes MHP ABH SPR results of all standards within the last three-year review period.

Table 41. MHP SPR Results of All Standards

Standard	Performance Period	Review Timeframe	MHP ABH
§438.10 Information Requirements	MY 2022	2023	100%
§438.56 Disenrollment Requirements and Limitations	MY 2022	2023	100%
§438.100 - §438.114 Enrollee Rights and Protections+	MY 2022	2023	100%
§438.206 - §438.242 MCO Standards (see Table 42 for additional detail)	MY 2023	2024	100%
§438.330 Quality Assessment and Performance Improvement Program	MY 2024	2025	100%
§438.402 - §438.424 Grievance and Appeal System	MY 2024	2025	100%
§438.608 Program Integrity Requirements Under the Contract	MY 2023	2024	100%

+The Enrollee Rights and Protections Standard includes Enrollee Rights Requirements (438.100) and Emergency and Post-Stabilization Services (438.114).

Table 42 details the results of the MCO Standards (§438.206 - §438.242) from the 2024 SPR (MY 2023). Performance for each area of review is reported as met, partially met, or not met.

Table 42. §438.206 - §438.242 MCO Standards – 2024 MHP ABH SPR Results (MY 2023 Compliance)

MCO Standards	MHP ABH
438.206 Availability of Services	Met
438.207 Assurances of Adequate Capacity and Services	Met
438.208 Coordination and Continuity of Care	Met
438.210 Coverage and Authorization of Services	Met
438.214 Provider Selection	Met
438.224 Confidentiality	Met
438.228 Grievance and Appeal Systems (Standard reviewed separately in 2025*)	Met
438.230 Subcontractual Relationships and Delegation	Met
438.236 Practice Guidelines	Met
438.242 Health Information Systems+	Met

* See Table 41 for MHP ABH MCP Grievance and Appeal System Standard results.
+ MCP Health Information Systems were evaluated as part of the PMV activity.

Conclusion

Summary conclusions for the SPR activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 96-100 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- The MHT MCPs all received an overall weighted score of 98.5% for the 2025 SPR, which evaluated MY 2024 compliance with the Quality Assessment and Performance Improvement Program and Grievance and Appeal System standards.
- Stakeholders can have high confidence in the MHT MCPs' level of compliance.
- The MHP MCP achieved 100% compliance in the standards reviewed, yielding high confidence in its level of compliance.

Network Adequacy Validation

Objective

CMS requires states to ensure their MCPs maintain provider networks sufficient to provide timely and accessible care to their members across the continuum of services. As set forth in 42 CFR §438.68, states are required to establish quantitative network adequacy standards for specified provider types and all geographic areas covered by MCP contracts. Network adequacy standards must account for regional factors and the needs of the managed care membership. BMS contracts with a vendor to conduct a comprehensive annual provider network adequacy assessment for all MCPs, on their behalf. The objective of the NAV activity is to validate the network adequacy assessment data, methods, and results produced by the state. This activity allows BMS and other stakeholders to have a level of confidence in the network adequacy assessment.

Methodology

The 2025 validation activities served as the first reassessment of provider network adequacy and evaluated analyses of compliance with provider network standards defined in the state fiscal year (SFY) 2025 MCP contract. Provider-to-enrollee ratio and time and distance standards identified in the MCP contract are displayed in Table 43 and Table 44, respectively. A complete list of network adequacy indicators, provider types, and validation findings is displayed in Appendix 3 – Network Adequacy Indicators and Validation Findings.

Table 43. Provider-to-Enrollee Ratio Standards for SFY 2025

Provider Category	Enrollee Standards	Regional Standards
Primary care provider (PCP)	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
Obstetrician/Gynecologist (OB/GYN) or Certified Nurse Midwife (CNM)	(1) All enrollees	(1) Statewide

The MCP contract specified that only unique providers located within a county may be included in provider-to-enrollee ratio calculations. Standards were consistent statewide, meaning BMS did not identify separate standards for rural and urban regions.

Table 44. Time and Distance Standards for SFY 2025

Provider Category	Enrollee Standards	Regional Standards
PCP	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
OB/GYN	(1) All enrollees	(1) Statewide
Frequently-used specialist	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
Other specialist	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
Hospital	(1) Adult enrollees (2) Pediatric enrollees	(1) Rural standard (2) Urban standard
Essential community provider (ECP)	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
Behavioral health (BH) provider	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
BH facility	(1) Adult enrollees	(1) Rural standard (2) Urban standard
Substance use disorder (SUD) provider	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
SUD facility	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
General dentist	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide
Dental specialist	(1) Adult enrollees (2) Pediatric enrollees	(1) Statewide

Geographic accessibility standards defined in the MCP contract specified that all provider locations within the county or within the appropriate travel time from the county border may be included in travel time and distance calculations. The state defined separate rural and urban region standards for hospitals and BH facilities. For all other provider categories, network standards were consistent statewide.

Qlarant conducts NAV in a manner consistent with *CMS EQR Protocol 4 – Validation of Network Adequacy.* Activities include:

- Defining the scope of the validation of quantitative network adequacy standards
- Identifying data sources for validation
- Reviewing information systems underlying network adequacy monitoring
- Validating network adequacy assessment data, methods, and results
- Communicating preliminary findings to the state and MCPs
- Submitting findings to the state

Description of Data Obtained. To complete the NAV activity, Qlarant requested the data files and documentation identified in Table 45.

Table 45. Data and Documentation Obtained by Source

Source	Data and Documentation
MCP Data and Documentation	• Provider network data files • Provider-to-enrollee ratio worksheet • ISCA and supporting documents • Beneficiary enrollment files • Data dictionaries
State Data and Documentation	• Provider Network Adequacy (PNA) Review of Managed Care Organizations reports for Medicaid and CHIP • Provider-to-enrollee ratio calculation data • Geographic accessibility percentage calculation data • Esri geographic information system software time and distance results • Data dictionaries

Technical Methods of Data Collection and Analysis. BMS contracts with a vendor to conduct annual comprehensive assessments of provider network adequacy for each MCP using data submitted by the MCP and data produced by the state. The vendor calculates MCP compliance with current contract standards and reports annual results to the state.

Qlarant evaluates the capability of MCP information systems to collect and report high quality network adequacy data. Qlarant reviews the most recently completed MCP information system capacity assessment (ISCA) and interviews MCP personnel as part of PMV site review activities.

Qlarant assesses the reliability and validity of MCP network adequacy data and the methods used by the state to assess network adequacy. Qlarant then reviews datasets for completeness and accuracy and validates network adequacy results produced by the state. Unless otherwise specified, references to state methodologies and results include information produced by the state's vendor. In accordance with *CMS EQR Protocol 4*, Qlarant validates indicators produced by the state as if they were calculated by the MCP. Qlarant scores findings for each validated indicator and assigns a confidence rating using the scoring methodology provided by CMS and displayed in Table 46.

Table 46. Network Adequacy Indicator Validation Scoring

Score	Level of Confidence
90.0% - 100%	**High confidence** in assessment methodology
50.0% - 89.9%	**Moderate confidence** in assessment methodology
10.0% - 49.9%	**Low confidence** in assessment methodology
<10.0%	**No confidence** in assessment methodology

After each indicator is validated, Qlarant aggregates the results to calculate an overall validation score and identify an overall confidence rating. The overall validation rating provides BMS and other stakeholders with a level of confidence in provider network adequacy compliance and monitoring activities.

To meet network adequacy requirements, BMS required MCPs to meet state-defined provider access standards in each county. Access standards included metrics for network capacity (provider-to-enrollee ratio) and geographic accessibility (time and distance) standards for adult enrollees and pediatric enrollees in each county. BMS defines adequate access as ninety percent (90%) of enrollees in each county have access to every provider type within the specified time and travel distance standards.

Qlarant aggregated metrics used by the state to measure MCP compliance with network capacity and geographic accessibility standards defined in the MCP contract. In total, BMS identified 94 indicators of network adequacy for EQR validation.

Results

Information Systems Assessment

Qlarant used ISCA tools submitted by each MCP and information obtained during PMV site visit interviews to evaluate the capability of MCP information systems to collect and report high quality network adequacy data. Table 47 includes Qlarant's assessment for each MCP regarding the adequacy of their information systems and processes for collecting and reporting accurate data for each network adequacy indicator.

Table 47. MCP Information Systems Assessment

2025 NAV for SFY 2024	ABH*	HHO	THP	WWV
Information Systems Assessment	Met Requirements	Met Requirements	Met Requirements	Met Requirements

*Assessment applies to both MHT and MHP programs.

All MCPs had information systems and processes that were assessed as meeting requirements to collect and report accurate data for each network adequacy indicator.

Qlarant interviewed BMS staff and the state's PNA vendor to gather information about state compliance specifications, data transfer processes, and network analysis methodologies. Qlarant's assessment did not identify concerns with state information systems and processes that collect, store, and process network adequacy data.

Network Adequacy Indicator Validation Results

To validate the state's PNA analyses and results, Qlarant evaluated each network adequacy indicator against 28 review elements specified by CMS in EQR Protocol 4. Validation findings for each indicator are presented by provider category in Appendix 3.

Aggregated validation results were used to generate comprehensive ratings across three assessment categories:

- Assessment of state and MCP data collection procedures
- Assessment of state network adequacy methods
- Assessment of state network adequacy results

Table 48 displays aggregated validation results and confidence ratings for 2025. Results apply to each MCP.

Table 48. Aggregated Network Adequacy Validation Results

Validation Assessment	Data Collection Procedures	Network Adequacy Methods	Network Adequacy Results
Compliant elements	470	567	108
Assessed elements	564	655	376
Validation score	83%	87%	29%
Confidence rating	Moderate confidence	Moderate confidence	Low confidence

Rating/Level of confidence scale: High Confidence - 90.0% to 100%; Moderate Confidence - 50.0% to 89.9%; Low Confidence - 10.0% to 49.9%, No Confidence - <10.0%.

Assessment of State and MCP Data Collection Procedures. The assessment of state and MCP data collection procedures resulted in a moderate confidence validation rating of 83%. This score was attributed to state MCP data not enabling valid, reliable, and timely calculation of indicators.

The state assessed the quality of MCP network data as part of the annual PNA analysis and excluded records that did not qualify for inclusion in the analysis. The percentage of records excluded from the PNA analysis by the state for each MCP is presented in Table 49.

Table 49. State Assessment of MCP Data Quality

State Finding	ABH*	HHO	THP	WWV
Provider not enrolled with BMS as Medicaid/CHIP provider	7%	2%	<1%	5%
Provider did not qualify for the BMS MMIS network for which it was submitted	25%	34%	11%	19%

*Assessment applies to both MHT and MHP programs.

Qlarant's quarterly Provider Directory Validation (PDV) focus study includes an assessment of MCP provider networks and has identified data quality issues in both MCP network files and electronic provider directories (EPDs). The PDV study aims to validate 200 provider records for each MCP. Validation results for calendar year 2025 are presented in Table 50.

Table 50. Provider Directory Validation Results

Qlarant Finding	ABH*	HHO	THP	WWV
Provider record accuracy verified with office staff	21%	33%	25%	28%
Provider record included in the network file was not found in the MCP's electronic directory	14%	9%	4%	19%
Telephone contact with the provider was unsuccessful or office staff refused to participate	28%	29%	29%	30%
Provider was retired or not with the practice	15%	8%	9%	2%
Provider was not at office location listed in the directory	11%	14%	21%	8%
Provider specialty listed in the directory is inaccurate	2%	1%	1%	2%
Provider network status and/or whether provider is accepting new patients was inaccurate or unknown by office staff	10%	8%	12%	12%

*Assessment applies to both MHT and MHP programs.

Assessment of State Network Adequacy Methods. The assessment of state network adequacy methods resulted in a moderate confidence validation rating of 87%. Findings contributing to this rating include:

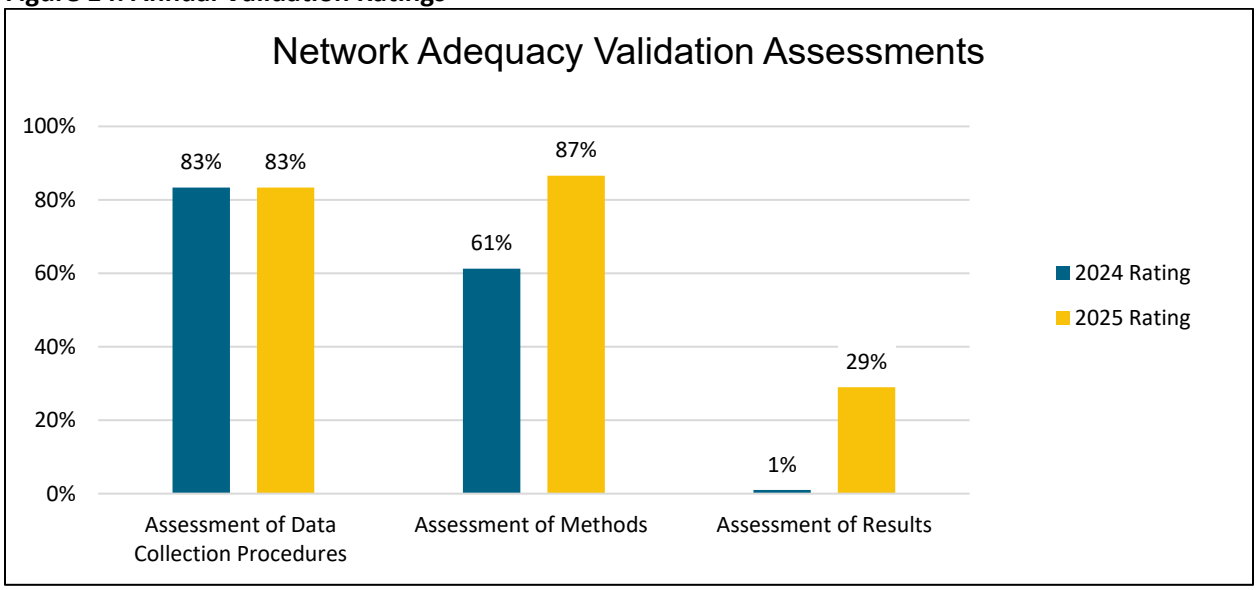
- For network capacity indicators, the PNA analysis was consistent with state requirements to:
    - Evaluate compliance separately for adult enrollees and pediatric enrollees
    - Evaluate compliance separately for Medicaid enrollees and CHIP enrollees
    - Evaluate compliance in each county
    - Exclude providers who are not accepting new patients
    - Consider provider age restrictions
- For most geographic accessibility indicators, the PNA analysis was inconsistent with state requirements to evaluate compliance separately for adult and pediatric enrollees. However, the PNA analysis was consistent with state requirements to:
    - Evaluate compliance in each county
    - Exclude providers who are not accepting new patients
    - Evaluate compliance separately for Medicaid enrollees and CHIP enrollees
    - Use driving time and driving distance to measure accessibility
    - Assign providers to networks based on BMS MMIS provider type and specialty
    - Exclude three (3) provider types from the PNA assessment, at the request of MCPs: anesthesiologists, pathologists, and radiologists

Assessment of State Network Adequacy Results. The assessment of state network adequacy results concluded a low confidence validation rating of 29%. Findings contributing to this rating include:

- For most geographic accessibility indicators, the PNA analysis was inconsistent with state requirements to evaluate compliance separately for adult and pediatric enrollees. For these indicators, Qlarant was unable to confirm the validity and accuracy of the state's results or evaluate whether results were accurately interpreted.
- For five (5) of 94 indicators, methods used for the PNA analysis were consistent with state requirements and the results produced for these indicators appear to be valid, accurate, and accurately interpreted. These indicators include:
    - One (1) PCP provider for every 250 pediatric enrollees per county
    - One (1) OB/GYN or CNM provider for every 1,000 enrollees per county
    - Two (2) OB/GYN or CNM providers within 25 miles or 30 minutes travel time for all enrollees in every county
    - One (1) hospital within 30 miles or 45 minutes travel time for adult enrollees in every urban county
    - One (1) hospital within 60 miles or 90 minutes travel time for adult enrollees in every rural county

Figure 14 illustrates validation ratings for 2024 and 2025, across three assessment categories. The validation scores for assessment of network adequacy methods and network adequacy results improved by 26 and 28 percentage points, respectively.

Figure 14. Annual Validation Ratings



Detailed findings from Qlarant's validation of network adequacy are presented in Appendix 3 – Comprehensive Validation Assessment Results.

The state's PNA vendor did not calculate unique network adequacy rates for the MHP program. While MHT and MHP share the same ABH provider network, they have separate and distinct populations. Appendix 3 identifies indicators where separate MHP calculations are missing.

Network compliance outcome data for Medicaid and CHIP by MCP are included in Appendix 3 – Comprehensive Validation Assessment Results.

Conclusion

Summary conclusions for the NAV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 96-100 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- Qlarant concluded MCP information systems and processes are capable of collecting and reporting accurate data.
- Of 94 network adequacy indicators validated:
  - Five (5) indicators received a validation rating of high confidence.
  - Eighty-nine (89) indicators received a validation rating of moderate confidence.
- Qlarant's comprehensive assessment produced the following confidence ratings:
  - Data collection procedures: 83% (moderate confidence)
  - Network adequacy methods: 87% (moderate confidence)
  - State network adequacy results: 29% (low confidence)
- These findings indicate significant opportunities for improvement.
  - MCPs should collaborate with BMS to resolve provider qualification discrepancies and continue efforts to improve provider network data quality.

- BMS should separate compliance calculations (MHT and MHP), maintain exclusion of providers not accepting new patients, clarify provider network definitions, review and reevaluate specialty standards, and clarify network adequacy specifications.

Encounter Data Validation

Objective

States rely on valid and reliable encounter/claims data submitted by MCPs to make key decisions.[18] For example, states may use data to establish goals, assess and improve the quality of care, monitor program integrity, and set capitation payment rates. As payment methodologies evolve and incorporate value-based payment elements, collecting complete and accurate encounter data is critical. Results of the EDV study provide BMS with a level of confidence in the completeness and accuracy of encounter data submitted by the MCPs.

Methodology

Qlarant's 2025 EDV activities focused on an evaluation of provider office encounters including claims paid during MY 2024.

Description of Data Obtained. Qlarant obtained the following data to complete the EDV study:

- Claims data from BMS's fiscal agent, which included provider office claims paid January 1, 2024 through December 31, 2024
- Information Systems Capabilities Assessment and other supporting documentation from the MCPs
- Medical records from providers

Technical Methods of Data Collection and Analysis. Qlarant completed validation activities in a manner consistent with the *CMS EQR Protocol 5 – Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*. To assess the completeness and accuracy of MCP encounter data, Qlarant completes the following activities:

- Reviews state requirements for collecting and submitting encounter data
- Reviews each MCP's capability to produce accurate and complete encounter data, which includes an evaluation of the MCP's Information Systems Capabilities Assessment, and conducts interviews with key MCP staff
- Analyzes MCP electronic encounter data for accuracy and completeness including an examination for consistency, accuracy, and completeness
- Reviews medical records gathered from provider offices to confirm electronic encounter data accuracy

Only valid medical records are reviewed for the study; medical records are assessed as valid if they are legible and the patient demographic information submitted in the medical record matches information in the encounter data file.

[18] Encounter data consists of claims; therefore, these terms, encounter data and claims, are used interchangeably in this report.

To complete the validation activity, Qlarant reviewers compare medical record documentation to electronic encounter data to confirm the accuracy of reported encounters. Specifically, reviewers evaluate the accuracy of diagnosis and procedure codes for the randomly selected provider office encounters. When documentation supports the diagnosis and procedure codes for the encounter under review, results are assessed as matching. When documentation does not support the diagnosis or procedure codes, results are assessed as not matching (or deemed as "no match").

Validation results include a score and level of confidence for the diagnosis code match rate, procedure code match rate, and overall match rate. Qlarant's scoring system is identified in Table 51.

Table 51. Compliance Ratings

Score	Level of Confidence
95.0% - 100%	**High confidence** in data accuracy
85.0% - 94.9%	**Moderate confidence** in data accuracy
75.0% - 84.9%	**Low confidence** in data accuracy
<75.0%	**No confidence** in data accuracy

BMS established a compliance threshold of 95.0%, which corresponds to having a high level of confidence in MCP encounter data accuracy.

Results

MHT Encounter Data Validation Results

MCP Capability to Produce Accurate and Complete Encounter Data. Qlarant evaluated each MHT MCP's data collection, processing, and reporting systems through an Information Systems Capabilities Assessment (ISCA) and MCP personal interview. Results of the ISCA and interview process revealed that each MCP's information systems can capture and assimilate information from multiple sources; no significant issues were identified that may contribute to inaccurate or incomplete encounter data.

Analysis of MCP Electronic Data. Qlarant received an electronic encounter data file from BMS's fiscal agent that contained 1,816,818 unique provider office claims. The file included total MCP paid provider office claims, excluding dental claims, for 2024. Qlarant concluded:

- Encounter volume was reasonable.
- Encounter submissions appeared timely.
- Required data fields contained complete and/or valid values.
- Diagnosis and procedure codes were appropriate according to members' age and/or gender.

Medical Record Procurement and Verification. Qlarant set a minimum sample size of 271 encounters to achieve a 90% level of confidence with 5% margin of error for all MCPs, except HHO where a minimum sample of 238 encounters was established. HHO had fewer encounters due to their contract effective date of August 1, 2024. An oversample was requested for each MCP to increase the likelihood of receiving a sufficient number of medical records to produce statistically significant results. Table 52 includes results of the medical record procurement and verification process.

Table 52. MHT Medical Record Procurement and Verification Results

Medical Records	ABH	HHO	THP	WWV	MHT Average
Total Records Requested	353	353	353	353	353
Valid Records Received	147	238	271	271	232
Invalid Records Received	11	28	17	12	17
No Records Received	195	NA^	NA^	NA^	NA^

^Not applicable (NA). No records were categorized as "no record received" for MCPs that met the minimum sample of valid records. Three of four MHT MCPs met the minimum sample of valid records, therefore, an average could not be calculated.

Only valid records were reviewed for the EDV study. Medical records were deemed valid when they were assessed as legible and the member name, date of birth, gender, and date of service matched the corresponding encounter data. Invalid records did not count toward the minimum sample and were not reviewed for the study. Most frequently, records were deemed invalid due to an incorrect or missing date of birth. All MHT MCPs except ABH met the minimum sample established for the study.

Validation of Encounter Data. Qlarant's medical record review evaluated the accuracy of diagnosis and procedure codes in the electronic encounter data. Each diagnosis code and procedure code is counted as an element and is reviewed individually. A match occurs when the electronic diagnosis and procedure codes are supported by medical record documentation.

Table 53 displays MCP compliance results for the diagnosis code validation process.

Table 53. MHT Diagnosis Code Match Rates

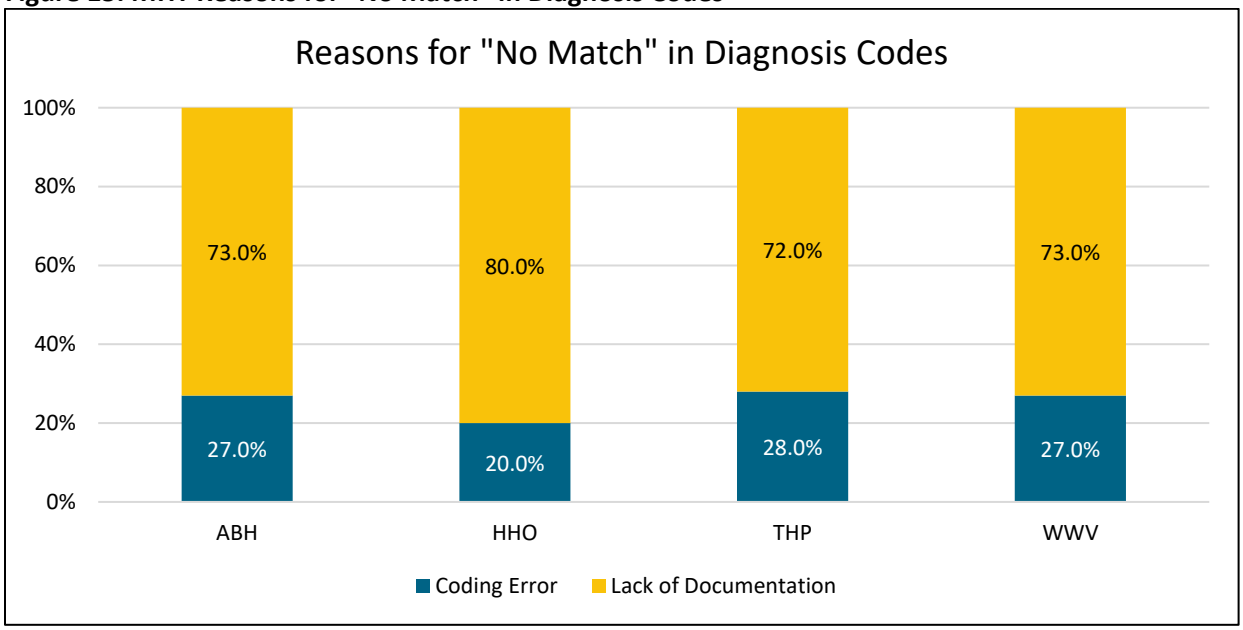
Diagnosis Codes	ABH	HHO	THP	WWV	MHT Average^
Total Elements Reviewed	359	547	660	726	573
Total Elements Matched	326	498	603	659	522
Diagnosis Match Rate	90.8%	91.0%	91.4%	90.8%	91.0%
Level of Confidence in MCP Data Accuracy	Moderate	Moderate	Moderate	Moderate	Moderate

Level of confidence scale for MCP data accuracy: High - 95.0% to 100%; Moderate - 85.0% to 94.9%; Low - 75.0% to 84.9%; None - <75.0%.
^Qlarant calculated the MHT average match rate using the total number of elements reviewed and elements matched for all MHT MCPs combined.

None of the MHT MCPs met the BMS established compliance threshold of 95.0%. The MHT MCP average diagnosis code match rate is 91.0%. Stakeholders can have moderate confidence in the MHT MCPs' diagnosis code accuracy.

Reasons for diagnosis code "no match" findings include coding errors and lack of documentation in the medical record. Figure 15 illustrates reasons for "no match" in diagnosis codes by MCP.

Figure 15. MHT Reasons for "No Match" in Diagnosis Codes



Most diagnosis code "no match" findings are due to lack of documentation; at least 72% of "no match" findings are due to this reason for each of the MHT MCPs.

Table 54 displays MCP compliance results for the procedure code validation process.

Table 54. MHT Procedure Code Match Rates

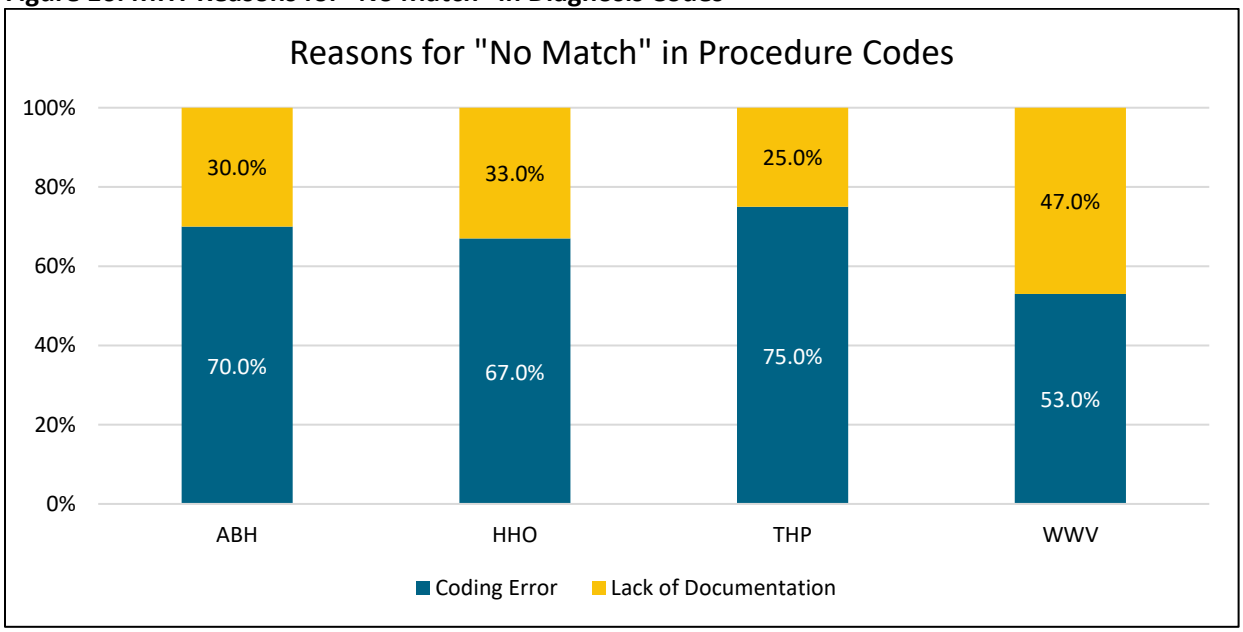
Procedure Codes	ABH	HHO	THP	WWV	MHT Average^
Total Elements Reviewed	253	439	446	485	406
Total Elements Matched	243	421	430	470	391
Procedure Match Rate	96.0%	95.9%	96.4%	96.9%	96.4%
Level of Confidence in MCP Data Accuracy	High	High	High	High	High

Level of confidence scale for MCP data accuracy: High - 95.0% to 100%; Moderate - 85.0% to 94.9%; Low - 75.0% to 84.9%; None - <75.0%.
^Qlarant calculated the MHT average match rate using the total number of elements reviewed and elements matched for all MHT MCPs combined.

All MHT MCPs exceeded the BMS established compliance threshold of 95.0%. The MHT MCP average procedure code match rate is 96.4%. Stakeholders can have high confidence in the MHT MCPs' procedure code accuracy.

Reasons for procedure code "no match" findings include coding errors and lack of documentation in the medical record. Figure 16 illustrates reasons for "no match" in procedure codes by MCP.

Figure 16. MHT Reasons for "No Match" in Diagnosis Codes



Most procedure code "no match" findings are due to coding errors; at least 53.0% of "no match" findings are due to this reason for each of the MHT MCPs.

Table 55 displays MHT MCP overall accuracy or "match rates," which combine diagnosis and procedure code validation results.

Table 55. MHT Overall Encounter Data Accuracy

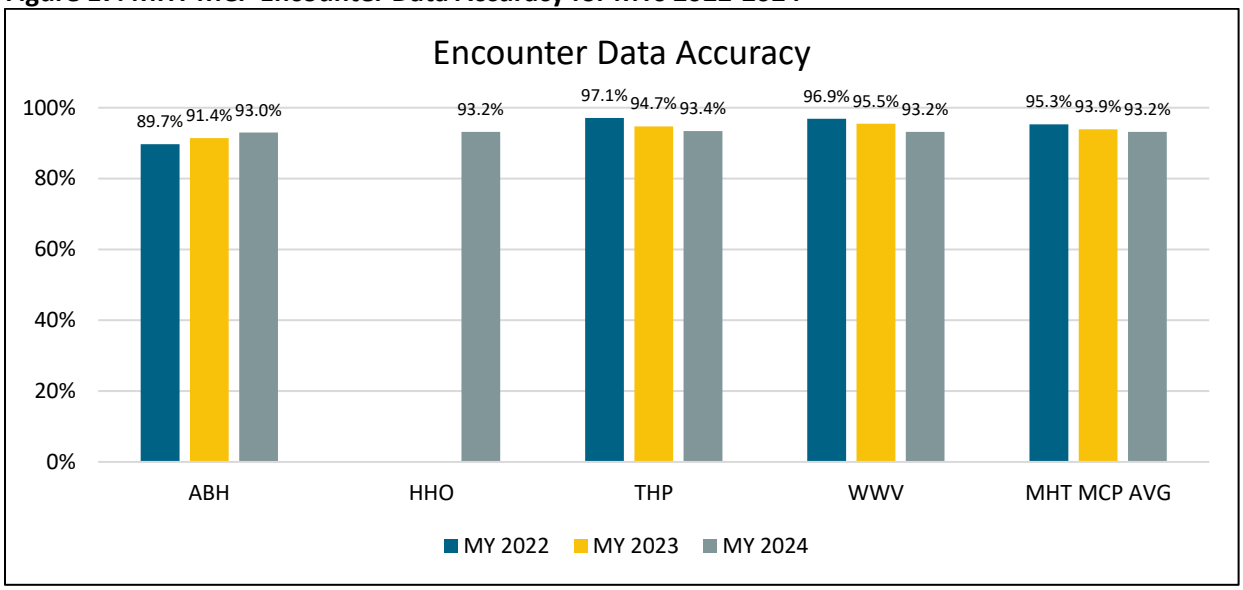
MY 2024 MHT EDV	ABH	HHO	THP	WWV	MHT Average^
Total Elements Reviewed	612	986	1,106	1,211	979
Total Elements Matched	569	919	1,033	1,129	913
Overall Match Rate	93.0%	93.2%	93.4%	93.2%	93.2%
Lovel of Confidence in MCP Data Accuracy	Moderate	Moderate	Moderate	Moderate	Moderate

Level of confidence scale for MCP data accuracy: High - 95.0% to 100%; Moderate - 85.0% to 94.9%; Low - 75.0% to 84.9%; None - <75.0%.
^Qlarant calculated the MHT average match rate using the total number of elements reviewed and elements matched for all MHT MCPs combined.

None of the MHT MCPs met the BMS established compliance threshold of 95.0%. The MHT MCP overall average match rate was 93.2%. Stakeholders can have moderate confidence in the MHT MCPs' overall encounter data accuracy.

Figure 17 illustrates overall encounter data accuracy for the last three years.

Figure 17. MHT MCP Encounter Data Accuracy for MYs 2022-2024



HHO's contract commenced on August 1, 2024. Prior years' results are not available.

All MHT MCPs achieved 89.7%, or greater, accuracy rates during the trended timeframe. The MHT MCP average experienced a negative trend in performance over the three-year period (MY 2022: 95.3%, MY 2023: 93.9%, MY 2024: 93.2%).

MHP Encounter Data Validation Results

MCP Capability to Produce Accurate and Complete Encounter Data. Qlarant evaluated MHP ABH's data collection, processing, and reporting systems through an ISCA and MCP personal interview. Results of the ISCA and interview process revealed that MHP ABH's information systems can capture and assimilate information from multiple sources; no significant issues were identified that may contribute to inaccurate or incomplete encounter data.

Analysis of MCP Electronic Data. Qlarant received an electronic encounter data file from BMS's fiscal agent that contained 200,008 unique provider office claims for MHP ABH. The file included total paid provider office claims, excluding dental claims, for 2024. Qlarant concluded:

- Encounter volume was reasonable.
- Encounter submissions appeared timely.
- Required data fields contained complete and/or valid values.
- Diagnosis and procedure codes were appropriate according to members' age and/or gender.

Medical Record Procurement and Verification. Qlarant set a minimum sample size of 271 encounters to achieve a 90% level of confidence with 5% margin of error. An oversample was requested to increase the likelihood of receiving a sufficient number of medical records to produce statistically significant results. Table 56 includes results of the medical record procurement.

Table 56. MHP Medical Record Procurement and Verification Results

Medical Records	MHP ABH	MHT Average^
Total Records Requested	353	353
Valid Records Received	187	232
Invalid Records Received	50	17
No Records Received	116	NA^

^Not applicable (NA). No records were categorized as "no record received" for MCPs that met the minimum sample of valid records. Three of four MHT MCPs met the minimum sample of valid records, therefore, an average could not be calculated.

Only valid records were reviewed for the EDV study. Invalid records did not count toward the minimum sample and were not reviewed for the study. Most frequently, records were deemed invalid due to an incorrect or missing date of birth. MHP ABH did not meet the minimum sample established for the study (271 encounters).

Validation of Encounter Data. Qlarant's medical record review evaluated the accuracy of diagnosis and procedure codes in the electronic encounter data. Table 57 displays MHP ABH compliance results for the diagnosis code validation process.

Table 57. MHP Diagnosis Code Match Rates

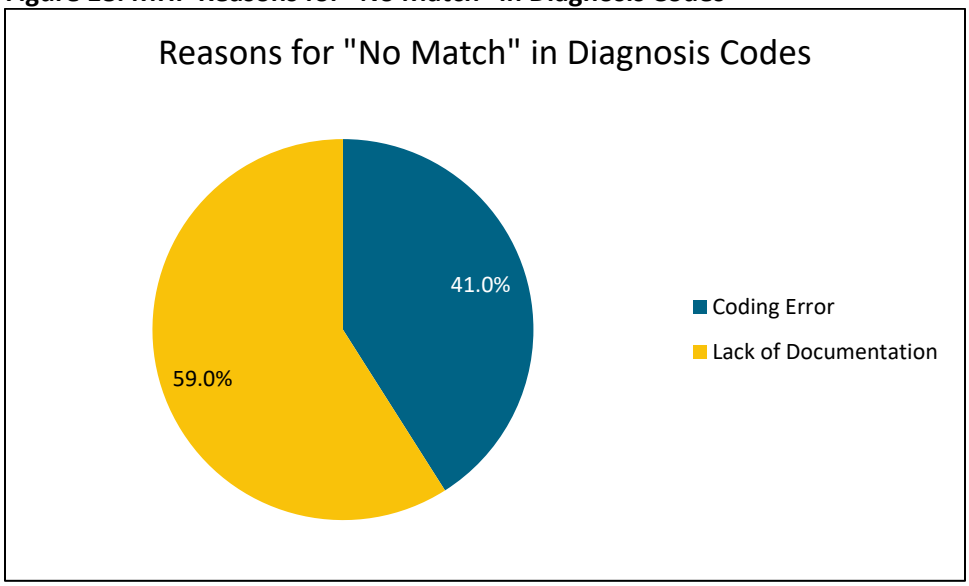
Diagnosis Codes	MHP ABH	MHT Average^
Total Elements Reviewed	407	573
Total Elements Matched	325	522
Diagnosis Match Rate	79.9%	91.0%
Level of Confidence in MCP Data Accuracy	Low	Moderate

Level of confidence scale for MCP data accuracy: High - 95.0% to 100%; Moderate - 85.0% to 94.9%; Low - 75.0% to 84.9%; None - <75.0%.
^Qlarant calculated the MHT average match rate using the total number of elements reviewed and elements matched for all MHT MCPs combined.

MHP ABH's diagnosis code match rate of 79.9% did not meet the BMS established compliance threshold of 95.0%, nor did it compare favorably to the MHT MCP average of 91.0%; it fell short by 15.1 and 10.1 percentage points, respectively. This result provides stakeholders with a low level of confidence in MHP ABH diagnosis code accuracy.

Reasons for diagnosis code "no match" findings include coding errors and lack of documentation in the medical record. Figure 18 illustrates reasons for "no match" in diagnosis codes for MHP ABH.

Figure 18. MHP Reasons for "No Match" in Diagnosis Codes



Most MHP ABH diagnosis code "no match" findings are due to a lack of documentation in the medical record (59.0%), compared to coding errors (41.0%).

Table 58 displays MHP ABH compliance results for the procedure code validation process.

Table 58. MHP Procedure Code Match Rates

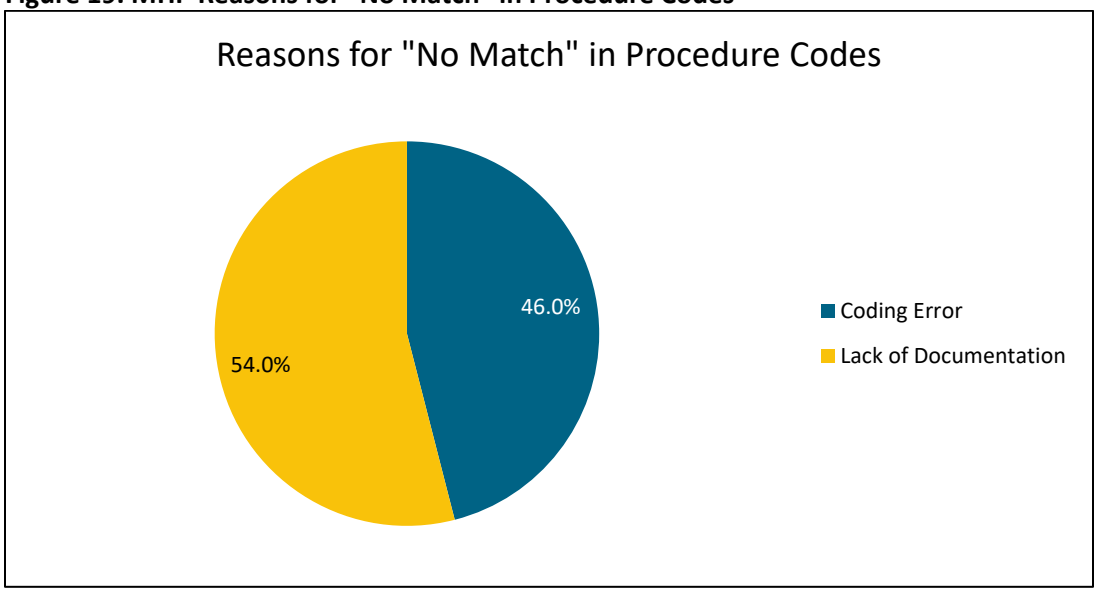
Procedure Codes	MHP ABH	MHT Average^
Total Elements Reviewed	284	406
Total Elements Matched	271	391
Procedure Match Rate	95.4%	96.4%
Leve of Confidence in MCP Data Accuracy	High	High

Level of confidence scale for MCP data accuracy: High - 95.0% to 100%; Moderate - 85.0% to 94.9%; Low - 75.0% to 84.9%; None - <75.0%.
^Qlarant calculated the MHT average match rate using the total number of elements reviewed and elements matched for all MHT MCPs combined.

MHP ABH's procedure code match rate of 95.4% exceeded the BMS established compliance threshold of 95.0%; stakeholders can have high confidence in MHP ABH's procedure code accuracy. This high level of performance, however, fell short when compared to the MHT MCP average of 96.4%.

Reasons for procedure code "no match" findings include coding errors and lack of documentation in the medical record. Figure 19 illustrates reasons for "no match" in procedure codes for MHP ABH.

Figure 19. MHP Reasons for "No Match" in Procedure Codes



Most MHP ABH procedure code "no match" findings are due to a lack of documentation in the medical record (54.0%), compared to coding errors (46.0%).

Table 59 displays MHP ABH's overall accuracy or "match rate," which combines diagnosis and procedure code validation results.

Table 59. MHP Overall Encounter Data Accuracy

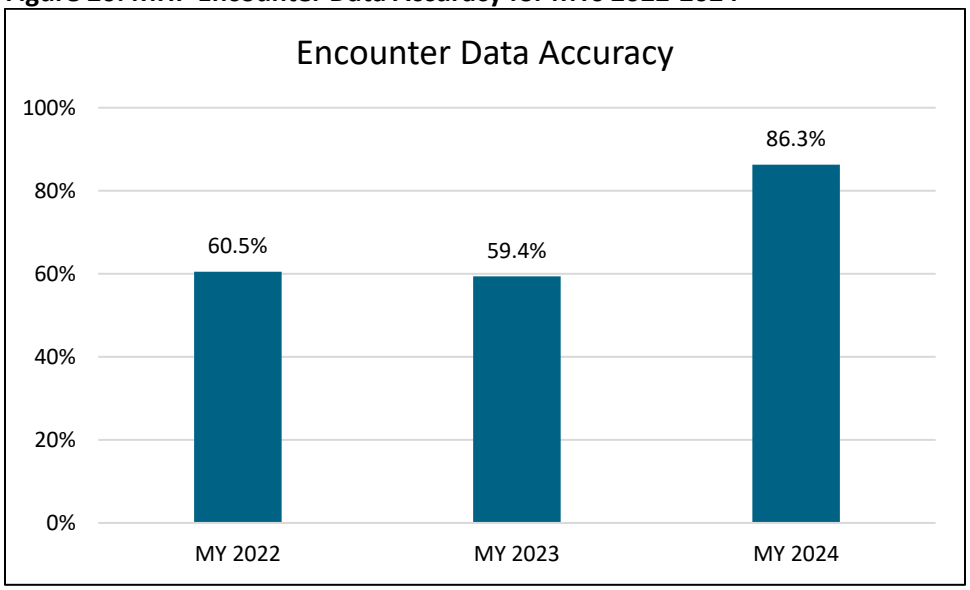
MY 2024 MHP EDV	MHP ABH	MHT Average^
Total Elements Reviewed	691	979
Total Elements Matched	596	913
Overall Match Rate	86.3%	93.2%
Level of Confidence in MCP Data Accuracy	Moderate	Moderate

Level of confidence scale for MCP data accuracy: High - 95.0% to 100%; Moderate - 85.0% to 94.9%; Low - 75.0% to 84.9%; None - <75.0%.
^Qlarant calculated the MHT average match rate using the total number of elements reviewed and elements matched for all MHT MCPs combined.

MHP ABH did not meet the BMS established compliance threshold of 95.0%, nor did it compare favorably to the MHT MCP average of 93.2%. Stakeholders can have moderate confidence in MHP ABH's overall encounter data accuracy.

Figure 20 illustrates overall encounter data accuracy for the last three years.

Figure 20. MHP Encounter Data Accuracy for MYs 2022-2024



MHP ABH's encounter data accuracy rate demonstrated significant improvement over this last year, improving from 59.4% in MY 2023 to 86.3% in MY 2024, a 26.9 percentage point increase in accuracy.

Conclusion

Aggregate summary conclusions for the EDV activity are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 96-100 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- An evaluation of each MCP's Information Systems Capabilities Assessment determined all MCPs had the capability to produce accurate and complete encounter data for 2024.
- Analysis of provider office claims paid in 2024 confirmed reasonable encounter volume, timely submission, complete and/or valid values, and appropriate usage of codes for all MCPs.
- A medical record review determined an overall encounter data accuracy average rate of 93.2% for MHT MCPs. The MCPs demonstrated a negative trend in overall encounter data accuracy over the last three years.
- The EDV audit for MHP ABH resulted in improvement over this last year. After previously demonstrating a negative trend in overall encounter data accuracy, performance improved from 59.4% in MY 2023 to 86.3% in MY 2024.

Grievance, Appeal, and Denial Focus Study

Objective

MCP members have the right to file a grievance when they are dissatisfied with care or services and the right to appeal an adverse benefit determination when they do not agree with a decision made by the MCP. The MCPs must follow federal and state requirements when:

- Responding to a member grievance

- Making a decision to deny, reduce, or terminate a member service or benefit (adverse determination)
- Reviewing a member appeal and upholding or overturning a decision to deny, reduce, or terminate a service or benefit

Qlarant conducts a focus study by collecting information on grievances, appeals, and denials from each MCP; completing random sample record reviews; and evaluating MCP compliance with federal and state requirements. The focus study activities and validation findings provide BMS with a level of confidence in MCP procedures and compliance with requirements.

Methodology

This annual study evaluates MCP compliance with state and federal requirements under 42 CFR §§438.400–438.424, in accordance with Centers for Medicare & Medicaid Service (CMS) *External Quality Review Protocol 9 – Conducting Focus Studies of Health Care Quality*.

Description of Data Obtained. Using Qlarant-developed reporting templates, MCPs submit the following data and information for use in the focus study:

- MCP-Reported Data: Quarterly and annual grievance, appeal, and denial statistics submitted via Qlarant templates.
- Universe File: The source file listing all eligible grievances, appeals, and denials for the review period.
- Records: MCP documentation for cases Qlarant randomly selects for review, including member notices and internal processing records.

Technical Methods of Data Collection and Analysis. To evaluate compliance with the Grievance and Appeal System Standard, Qlarant assesses records obtained from MCPs for timeliness, notification, and content requirements. This compliance review activity does not evaluate medical necessity or the appropriateness of MCP determinations or resolutions.

Grievances
Grievances are defined in 42 CFR 438.400(b) as expressions of dissatisfaction about any matter other than an adverse benefit determination. Examples include quality of care, provider interactions, or rights violations.

- MCP Requirements
  - Acknowledge receipt
  - Resolve and provide notice:
    - Within 90 calendar days (with possible 14-calendar day extension)
- Evaluation Criteria
  - Acknowledgement of receipt
  - Timeliness of resolution notice

Appeals
Appeals allow members to challenge adverse benefit determinations. Under 42 CFR 438.402(c)(2)(ii), members have 60 days from the notice date to file an appeal.

- MCP Requirements
  - Acknowledge receipt
  - Resolve and provide written notice:
    - Standard: within 30 calendar days (with possible 14-calendar day extension)
    - Expedited: within 72 hours (with possible 14-calendar day extension)
  - Include required content in written notice:
    - Resolution result
    - Resolution date
    - State fair hearing process
    - Right to request and receive benefits while state fair hearing is pending
    - Financial liability for cost of benefits if denial is upheld
- Evaluation Criteria
  - Acknowledgement of receipt
  - Timeliness of resolution notice
  - Content of required notice

Denials

An adverse benefit determination includes denial or limited authorization of requested services (42 CFR 438.400(b)). The MCP must ensure services are sufficient and not arbitrarily denied.

- MCP Requirements
  - Meet timely determination and notification standards:
    - Standard: within 5 business days (with possible 14-calendar day extension)
    - Expedited: within 2 business days (with possible 48-hour extension)
  - Include required content in written notice:
    - Benefit determination made
    - Denial reason and right to documents
    - Right to request appeal, including state fair hearing
    - Procedure to request appeal
    - Circumstances and process to expedite appeal
    - Right to benefits pending resolution
- Evaluation Criteria
  - Timeliness of adverse benefit determination notice
  - Content of required notice

To provide BMS and other stakeholders with confidence in MCP compliance with state and federal requirements, Qlarant uses record review findings to generate compliance scores for each review category. These scores are calculated on a 100-point scale, and a corresponding confidence level is assigned for each area of review. Table 60 outlines the scoring system Qlarant uses to determine compliance ratings.

Table 60. Qlarant Scoring System

Score	Level of Confidence
95.0% - 100%	**High confidence** in MCP compliance
85.0% - 94.9%	**Moderate confidence** in MCP compliance
75.0% - 84.9%	**Low confidence** in MCP compliance
<75.0%	**No confidence** in MCP compliance

Results

MHT Record Review Results

Grievance Results

Table 61 includes MCP grievance record review results including acknowledgement of grievance receipt and timely notice of grievance resolution for SFY 2025.

Table 61. MHT Grievance Record Review Results

Review Element	ABH	HHO	THP	WWV	MHT MCP Average
Acknowledgement of grievance receipt	100%	100%	100%	100%	100%
Timely notice of grievance resolution	100%	100%	100%	100%	100%
Overall compliance rating	100%	100%	100%	100%	100%
Level of confidence in MCP compliance	High	High	High	High	High

Overall scoring is based on the following maximum values: 20 points for acknowledgement of grievance receipt and 80 points for timely notice of grievance resolution.
Level of confidence in MCP compliance: High – 95.0% to 100%; Moderate – 85.0% to 94.9%; Low – 75.0% to 84.9%; None – <75.0%.

All MHT MCPs demonstrated full compliance with requirements for acknowledging receipt of grievances and providing timely notice of grievance resolutions in all records reviewed. These results provide BMS and other stakeholders with a high level of confidence in the MCPs' grievance processing procedures.

Table 62 displays overall compliance ratings for grievances over the last three years.

Table 62. MHT Overall Compliance Ratings for Grievances for SFYs 2023-2025

Review Year	ABH	HHO	THP	WWV	MHT MCP Average
SFY 2023	100%	NA	100%	100%	100%
SFY 2024	100%	NA	100%	100%	100%
SFY 2025	100%	100%	100%	100%	100%

NA – Not available. No HHO results are reported for SFYs 2023-2024 due to the MCP's contract start date of August 1, 2024.

All MCPs have maintained full compliance with grievance requirements over the three-year period.

Appeal Results

Table 63 includes MCP appeal record review results including acknowledgement of appeal receipt, timely notice of appeal resolution, and required notice content for SFY 2025.

Table 63. MHT Appeal Record Review Results

Review Element	ABH	HHO	THP	WWV	MHT MCP Average
Acknowledgement of appeal receipt	100%	100%	100%	100%	100%
Timely notice of appeal resolution	100%	100%	100%	100%	100%
Notice content	99%	84%	100%	94%	94.3%
Overall compliance rating	99.6%	92.0%	100%	97%	97.2%
Level of confidence in MCP compliance	High	Moderate	High	High	High

Scoring is based on the following maximum values: 10 points for acknowledgement of appeal receipt, 40 points for timely notice of appeal resolution, and 50 points for required notice content.
Level of confidence in MCP compliance: High – 95.0% to 100%; Moderate – 85.0% to 94.9%; Low – 75.0% to 84.9%; None – <75.0%.

The MHT MCP overall compliance rating for appeals is 97.2% for SFY 2025. All MCPs achieved a high level confidence rating, except HHO. BMS and other stakeholders can have a moderate level of confidence in HHO's appeal processing procedures. The moderate confidence rating is attributed to appeal notices not including all required content. Table 64 includes details of the appeal notice content assessment.

Table 64. MHT Compliance with Appeal Notice Content Requirements

Notice Content	ABH	HHO	THP	WWV	MHT MCP Average
Results of resolution process	100%	100%	100%	100%	100.0%
Date resolution was completed	97%	88%	100%	87%	93.0%
For appeals not resolved wholly in favor of the member, notice includes:					
Right to request a state fair hearing and how to do so	100%	100%	100%	95%	98.8%
Right to request and receive benefits while the hearing is pending and how to make the request	100%	100%	100%	95%	98.8%
Enrollee may be held liable for the cost of those benefits if the hearing decision upholds the MCP's adverse benefit determination	100%	0%	100%	95%	73.8%
Overall notice content compliance rating	99%	84%	100%	94%	94.3%

Table 65 displays overall compliance ratings for appeals over the last three years.

Table 65. MHT Overall Compliance Ratings for Appeals for SFYs 2023-2025

Review Year	ABH	HHO	THP	WWV	MHT MCP Average
SFY 2023	100%	NA	97.5%	100%	99.2%
SFY 2024	100%	NA	95.0%	100%	98.3%
SFY 2025	99.6%	92.0%	100%	97%	97.2%

NA – Not available. No HHO results are reported for SFYs 2023-2024 due to the MCP's contract start date of August 1, 2024.

A slight negative trend is observed in the MHT average for overall compliance with appeal requirements over the three-year period.

MHT Denial Results

Table 66 includes MCP denial record review results including timely notice of pre-service denial and required notice content for SFY 2025.

Table 66. MHT Denial Record Review Results

Review Element	ABH	HHO	THP	WWV	MHT MCP Average
Timely notice of denial	100%	88%	100%	100%	97.0%
Notice content	100%	64%	100%	100%	91.0%
Overall compliance rating	100%	76%	100%	100%	94.0%
Level of confidence in MCP compliance	High	Low	High	High	Moderate

Scoring is based on the following maximum values: 50 points for timely notice of denial and 50 points for required notice content.
Level of confidence in MCP compliance: High – 95.0% to 100%; Moderate – 85.0% to 94.9%; Low – 75.0% to 84.9%; None – <75.0%.

The MHT MCP overall compliance rating for denials is 94.0% for SFY 2025. All MCPs achieved a high level confidence rating, except HHO. BMS and other stakeholders can have a low level of confidence in HHO's denial processing procedures. The low confidence rating is primarily attributed to denial notices not including all required content. Table 67 includes details of the denial notice content assessment.

Table 67. MHT Compliance with Denial Notice Content Requirements

Notice Content	ABH	HHO	THP	WWV	MHT MCP Average
Benefit determination the MCP has made or intends to make	100%	96%	100%	100%	99.0%
Reason(s) for the adverse benefit determination, including the right of the member to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the member's adverse benefit determination	100%	0%	100%	100%	75.0%
Member's right to request an appeal of the MCP's adverse benefit determination, including information on exhausting the MCP's one level of appeal and the right to request a state fair hearing	100%	96%	100%	100%	99.0%
Procedures for exercising these rights	100%	96%	100%	100%	99.0%
Circumstances under which an appeal process can be expedited and how to request it	100%	96%	100%	100%	99.0%
The member's right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances, consistent with state policy, under which the member may be required to pay the costs of these services	100%	0%	100%	100%	75.0%
Overall notice content compliance rating	100%	64%	100%	100%	91.0%

Table 68 displays overall compliance ratings for denials over the last three years.

Table 68. MHT Overall Compliance Ratings for Denial for SFYs 2023 -2025

Review Year	ABH	HHO	THP	WWV	MHT MCP Average
SFY 2023	100%	NA	100%	98.3%	99.4%
SFY 2024	100%	NA	100%	100%	100%
SFY 2025	100%	76%	100%	100%	94.0%

NA – Not available. No HHO results are reported for SFYs 2023-2024 due to the MCP's contract start date of August 1, 2024.

ABH and THP have consistently achieved full compliance in meeting appeal requirements over the three-year period. WWV achieved 100% compliance over the last two years.

MHP Record Review Results

Grievance Results

Table 69 includes MHP ABH grievance record review results including acknowledgement of grievance receipt and timely notice of grievance resolution for SFY 2025.

Table 69. MHP Grievance Record Review Results

Review Element	MHP ABH	MHT MCP Average
Acknowledgement of grievance receipt	100%	100%
Timely notice of grievance resolution	100%	100%
Overall compliance rating	100%	100%
Level of confidence in MCP compliance	High	High

Overall scoring is based on the following maximum values: 20 points for acknowledgement of grievance receipt and 80 points for timely notice of grievance resolution.
Level of confidence in MCP compliance: High – 95.0% to 100%; Moderate – 85.0% to 94.9%; Low – 75.0% to 84.9%; None – <75.0%.

MHP ABH demonstrated full compliance with requirements for acknowledging receipt of grievances and providing timely notice of grievance resolutions in all records reviewed for SFY 2025. These results provide BMS and other stakeholders with a high level of confidence in the MCP's grievance processing procedures.

Table 70 displays overall compliance ratings for grievances over the last three years.

Table 70. MHP Overall Compliance Ratings for Grievances for SFYs 2023 -2025

Review Year	MHP ABH	MHT MCP Average
SFY 2023	100%	100%
SFY 2024	100%	100%
SFY 2025	100%	100%

MHP ABH maintained full compliance with grievance requirements over the three-year period.

Appeal Results

Table 71 includes MHP ABH appeal record review results including acknowledgement of appeal receipt, timely notice of appeal resolution, and required notice content for SFY 2025.

Table 71. MHP Appeal Record Review Results

Review Element	MHP ABH	MHT MCP Average
Acknowledgement of appeal receipt	100%	100%
Timely notice of appeal resolution	100%	100%
Notice content	100%	94.3%
Overall compliance rating	100%	97.2%
Level of confidence in MCP compliance	High	High

Scoring is based on the following maximum values: 10 points for acknowledgement of appeal receipt, 40 points for timely notice of appeal resolution, and 50 points for required notice content.
Level of confidence in MCP compliance: High – 95.0% to 100%; Moderate – 85.0% to 94.9%; Low – 75.0% to 84.9%; None – <75.0%.

MHP ABH's overall compliance rating for appeals is 100% for SFY 2025. BMS and other stakeholders can have a high level of confidence in the MCP's appeal processing procedures. Table 72 includes details of the appeal notice content assessment.

Table 72. MHP Compliance with Appeal Notice Content Requirements

Notice Content	MHP ABH	MHT MCP Average
Results of resolution process	100%	100.0%
Date resolution was completed	100%	93.0%
For appeals not resolved wholly in favor of the member, notice includes:		
Right to request a state fair hearing and how to do so	100%	98.8%
Right to request and receive benefits while the hearing is pending and how to make the request	100%	98.8%
Enrollee may be held liable for the cost of those benefits if the hearing decision upholds the MCP's adverse benefit determination	100%	73.8%
Overall notice content compliance rating	100%	94.3%

Table 73 displays overall compliance ratings for appeals over the last three years.

Table 73. MHP Overall Compliance Ratings for Appeals for SFYs 2023 -2025

Review Year	MHP ABH	MHT MCP Average
SFY 2023	100%	99.2%
SFY 2024	100%	98.3%
SFY 2025	100%	97.2%

MHP ABH maintained full compliance with appeal requirements over the three-year period.

Denial Results

Table 74 includes MHP ABH denial record review results including timely notice of pre-service denial and required notice content for SFY 2025.

Table 74. MHP Denial Record Review Results

Review Element	MHP ABH	MHT MCP Average
Timely notice of denial	100%	97.0%
Notice content	100%	91.0%
Overall compliance rating	100%	94.0%
Level of confidence in MCP compliance	High	Moderate

Scoring is based on the following maximum values: 50 points for timely notice of denial and 50 points for required notice content.
Level of confidence in MCP compliance: High – 95.0% to 100%; Moderate – 85.0% to 94.9%; Low – 75.0% to 84.9%; None – <75.0%.

MHP ABH's overall compliance rating for denials is 100% for SFY 2025. BMS and other stakeholders can have a high level of confidence in the MCP's denial processing procedures. Table 75 includes details of the denial notice content assessment.

Table 75. MHP Compliance with Denial Notice Content Requirements for SFY 2025

Notice Content	MHP ABH	MHT MCP Average
Benefit determination the MCP has made or intends to make	100%	99.0%
Reason(s) for the adverse benefit determination, including the right of the member to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the member's adverse benefit determination	100%	75.0%
Member's right to request an appeal of the MCP's adverse benefit determination, including information on exhausting the MCP's one level of appeal and the right to request a state fair hearing	100%	99.0%
Procedures for exercising these rights	100%	99.0%
Circumstances under which an appeal process can be expedited and how to request it	100%	99.0%
The member's right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances, consistent with state policy, under which the member may be required to pay the costs of these services	100%	75.0%
Overall notice content compliance rating	100%	91.0%

Table 76 displays overall compliance ratings for denials over the last three years.

Table 76. Overall Compliance Ratings for Denial for SFYs 2023 - 2025

Review Year	MHP ABH	MHT MCP Average
SFY 2023	100%	99.4%
SFY 2024	100%	100%
SFY 2025	100%	94.0%

MHP ABH maintained full compliance with denial requirements over the three-year period.

Conclusion

Aggregate summary conclusions for the focus study are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 96-100 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- All MHT MCPs achieved grievance compliance scores of 100% (high confidence).
- MHT MCP appeal compliance scores ranged from 92-100%; all MCPs achieved a high confidence rating except HHO (moderate confidence). HHO's moderate confidence rating is attributed to appeal notices not including all required content.
- MHT MCP denial compliance scores ranged from 74-100%; all MCPs achieved a high confidence rating except HHO (low confidence). HHO's low confidence rating is primarily attributed to denial notices not including all required content.
- MHP ABH achieved 100% compliance (high confidence) in all three areas for SFY 2024. Stakeholders can have high confidence in the MCP's procedures for processing and/or providing resolution notice of grievances, appeals, and denials.

Provider Directory Validation Focus Study

Objective

MCPs must maintain current provider directory information on their website, consistent with BMS and CMS requirements. Members use this information when selecting providers and contacting provider offices to schedule appointments. Accurate information facilitates timely access to care and services. The Provider Directory Validation (PDV) focus study assesses the accuracy of each MCP's electronic provider directory (EPD). Focus study results provide BMS and other stakeholders with a level of confidence in MCP compliance with state and federal provider directory requirements.

Methodology

Qlarant conducts quarterly PDV activities in accordance with *Centers for Medicare & Medicaid Services (CMS) External Quality Review (EQR) Protocol 9 – Conducting Focus Studies of Health Care Quality*. The scope of the study is defined using state-specific provider directory requirements and federal standards.

Under the West Virginia managed care contract provisions, each MCP must:

- Publish and maintain a current provider directory on its public website in a format that can be electronically retained and printed.
- Implement and maintain a publicly accessible standards-based application programming interface (API), in addition to paper and electronic directories.
- Submit the provider directory annually to BMS for review and approval.

Federal regulations (42 CFR §438.10(h)) require directories to include:

- Provider name, group affiliation, address, phone number, website URL, specialty, acceptance of new patients, cultural and linguistic capabilities, accessibility accommodations, and telehealth availability.
- These details for physicians, hospitals, pharmacies, mental health and substance use disorder providers, and Long-Term Services and Supports (LTSS) providers, as appropriate.
- Updates within 30 days of receiving new information, and availability in machine-readable formats.

Description of Data Obtained. Study data were obtained from two primary sources:

- **MCP Submissions**. The MCP submits its most current provider network file to Qlarant quarterly using a standardized Excel format.
- **Qlarant Validation Activities**. Qlarant reviews provider information on MCP websites for compliance and conducts revealed-caller surveys to verify details directly with provider offices.

Technical Methods of Data Collection and Analysis. To evaluate compliance with provider directory standards, Qlarant uses a rotational stratified sampling approach, sorting network data by provider type and sampling providers by category in a scheduled rotation. Provider types rotate quarterly to ensure comprehensive coverage annually.

- **Provider Selection.** Each quarter, Qlarant randomly selects 50 providers per MCP from the submitted network file. Qlarant uses stratified sampling to focus on specific state-defined provider types, rotating categories quarterly to ensure comprehensive coverage. For 2025, the following provider types were selected:
    - Quarter 1: Primary Care Providers (PCPs), Obstetrician/Gynecologists (OB/GYNs), and Certified Nurse-Midwives (CNMs)
    - Quarter 2: Frequently used specialist providers
    - Quarter 3: Behavioral health (BH) and substance use disorder (SUD) providers
    - Quarter 4: OB/GYN and CNM providers
- **Validation Phases.** Validation is conducted in two distinct phases, outlined in Table 77.

Table 77. Provider Directory Validation Activities by Phase

Phase	Activity

Phase 1	• Review the MCP's website each quarter to assess the availability and functionality of the provider directory in:
	  ○ Searchable electronic form
	  ○ A format that can be electronically retained and printed
	  ○ A machine-readable file and format
	• Review the most recently submitted network file for data completeness and evaluates adherence to submission instructions. If data concerns with potential to impact study results are identified, Qlarant requests the MCP to resubmit the network file.
	• Randomly select 50 providers from the network file based on state-defined criteria for the provider type in focus for the quarter.
	• Search the MCP's EPD for each sampled provider to verify:
	  ○ Provider name matches the network file
	  ○ Specific provider address matches the network file
	  ○ Provider telephone number is available
	• Determine compliance using the following criteria:

Phase	Activity
	○ Providers meeting all requirements are marked compliant and proceed to Phase 2 PDV activities ○ Providers failing to meet any requirement are marked noncompliant and excluded from further validation
Phase 2	• Assess each EPD entry against seven (7) required components to determine MCP compliance with state and federal provider directory information requirements. Components include: ○ Any group affiliations ○ Specialty, as appropriate ○ Website URL, as appropriate ○ Provider's cultural and linguistic capabilities ○ Whether the provider's office/facility has accommodations for individuals with physical disabilities ○ Whether the provider offers covered services via telehealth ○ Whether the provider will accept new enrollees • Conduct provider office survey calls to verify EPD accuracy for four (4) components: ○ Street address ○ Telephone number ○ Active network status with the MCP ○ Whether the provider is accepting new enrollees

Qlarant aggregates Phase 2 providers across MCPs and minimizes office staff disruption by verifying multiple providers during a single call when possible. Qlarant conducts revealed-caller surveys and does not employ a mystery or secret shopper approach. Calls are conducted during business hours, and surveyors identify themselves as part of an external quality review. If initial contact fails, a second attempt is made. Noncompliant findings are reviewed by the project lead, and follow-up assessments are completed as needed.

Table 78 displays the criteria Qlarant uses to classify provided contact attempts as successful or unsuccessful.

Table 78. Criteria for Successful and Unsuccessful Contact Attempts

Contact Attempt	Criteria
Successful	• Call answered by office staff for the intended provider • Call answered by answering service or call center for the intended provider • Call answered by hospital or medical center that manages calls for the intended provider • Call answered by automated prompts that successfully connect to the provider • Call answered by recorded message that confirms the location or practice has moved or closed

Contact Attempt	Criteria
Unsuccessful	• Phone number not in service or disconnected • Call not answered • Call answered by voicemail or recorded message with instructions to call back or leave a message • Call answered by an unrelated business or person • Call answered but put on hold for longer than five (5) minutes • Call answered by a recording with automated prompts and following the available prompts does not connect to the intended provider

To provide BMS and other stakeholders with a level of confidence in MCP compliance with state and federal provider directory requirements, Qlarant generates two compliance ratings each quarter:

- **EPD Assessment Rating.** This rating evaluates inclusion of seven required components in the EPD. Compliance ratings are calculated based on the proportion of included information components.
- **EPD Validation Rating.** This rating verifies four directory components with provider offices to confirm accuracy. Compliance ratings are calculated based on the proportion of accurate (verified) entries. Table 79 presents the scoring system.

Table 79 presents the scoring system Qlarant uses to determine compliance ratings.

Table 79. Compliance Ratings

Score	Level of Confidence
90.0% - 100%	**High confidence** in MCP compliance
75.0% - 89.9%	**Moderate confidence** in MCP compliance
60.0% - 74.9%	**Low confidence** in MCP compliance
<60.0%	**No confidence** in MCP compliance

Qlarant provides the State and MCP with detailed findings in an Excel file each quarter. The State expects the MCP to investigate discrepancies and update directory data promptly. When findings indicate improvement opportunities, the MCP submits a corrective action summary identifying areas of concern, root causes, corrective actions, and improvement strategies. BMS and Qlarant review the summaries and follow up as needed.

Results

MHT PDV

Phase 1

Assessment of Network File Data Quality. Across all four quarters, Qlarant randomly selected 200 providers per MCP from each network file to assess consistency between provider data in the network file and the MCP's EPD. Qlarant reviewed each MCP's public-facing EPD to confirm that sampled providers met the following criteria:

- Provider name matches the network file
- Specific provider address matches the network file
- Provider telephone number is available

Table 80 includes results of the assessment of network file data quality for 2025. The percentages of sampled providers found in the EPD (out of 50 providers) are displayed by MCP for each quarter.

Table 80. MHT Sampled Providers Found in EPD by Quarter and MCP

Sampled Providers by Quarter	ABH	HHO	THP	WWV	MHT MCP AVG
Q1 - PCPs and OB/GYNs	56%	88%	86%	82%	72%
Q2 - Specialists	98%	94%	98%	86%	95%
Q3 - BH and SUD	98%	84%	84%	60%	84%
Q4 - OB/GYNs	100%	98%	92%	96%	97%
2025 - All Providers	88%	91%	90%	81%	88%
Total number of providers found in EPD (out of 200)	176	182	180	162	175

On average, 88% of sampled providers were found in the EPD. Twelve percent (12%) of sampled providers in the network file could not be confirmed in the public-facing EPD that is accessed by members.

Phase 2

Assessment of Required EPD Information. Qlarant assessed seven additional EPD components for each provider retained in Phase 2. Each EPD entry was reviewed to verify the presence of a response for all required components.[19] The components include:

- Any group affiliations
- Specialty, as appropriate
- Website URL, as appropriate
- Provider's cultural and linguistic capabilities
- Whether the provider's office/facility has accommodations for individuals with physical disabilities
- Whether the provider offers covered services via telehealth
- Whether the provider will accept new enrollees

Table 81 includes results of the EPD information requirements review. Compliance rates are displayed by MCP and MHT MCP average for 2025.

[19] Responses such as Not Applicable, Not Available, No, and None were considered acceptable for compliance. At this stage, only inclusion was assessed; the accuracy of these components was not validated.

Table 81. MHT Compliance with EPD Information Requirements

EPD Information Requirements Assessment	ABH	HHO	THP	WWV	MHT MCP Average
Directory components assessed	1,232	1,274	1,260	1,134	1,225
Directory components compliant	1,078	1,193	1,259	959	1,122
Compliance rating	87.5%	93.6%	99.9%	84.6%	91.6%
Level of confidence	Moderate	High	High	Moderate	High

Level of Confidence Scale for MCP Compliance: High Confidence = 90.0% – 100%; Moderate Confidence = 75.0% – 89.9%; Low Confidence = 60.0% – 74.9%; No Confidence = Less than 60.0%.

The MHT MCP average compliance with EPD information requirements is 91.6% for 2025. This result provides BMS and other stakeholders with a high level of confidence in MCP compliance with state and federal requirements to include specific information in their EPDs. HHO and THP achieved a high level of confidence, while ABH and WWV each achieved a moderate level of confidence. Table 82 includes compliance with EPD information requirements by component for each MCP.

Table 82. MHT Compliance with EPD Information Requirements by Component

EPD Component	ABH	HHO	THP	WWV
Specialty	100%	100%	100%	100%
Group affiliations	100%	100%	99%	96%
Website URL	100%	100%	100%	52%
Cultural and linguistic capabilities	100%	100%	100%	100%
Accommodations for physical disabilities	40%	82%	100%	100%
Whether covered services offered via telehealth	72%	73%	100%	44%
Whether provider accepts new patients	100%	100%	100%	100%

All MCPs achieved full compliance with the following EPD components: specialty, cultural and linguistic capabilities, and whether provider accepts new patients. Table 83 identifies quarterly assessment rates for each MHT MCP. The BMS established target is 90% compliance.

Table 83. MHT Compliance with EPD Information Requirements by Quarter

Sampled Providers by Quarter	ABH	HHO	THP	WWV
Q1 - PCPs and OB/GYNs	89%	100%	100%	86%
Q2 - Specialists	87%	100%	100%	87%
Q3 - BH and SUD	78%	100%	100%	77%
Q4 - OB/GYNs	97%	76%	100%	86%

Only THP consistently met or exceeded the 90% compliance target each quarter. WWV did not meet the target in any quarter.

Validation of Required EPD Information. To assess MCP compliance with federal network adequacy standards (§438.68(f)(1)(ii)), Qlarant conducted telephonic surveys of all providers with compliant directory entries identified in Phase 1. Provider office staff were asked to verify four components:

- Phone number
- Street address
- Active network status
- Acceptance of new patients

All four components had to be accurate to qualify for full compliance. Verification of the phone number required successful contact with live provider office staff. Table 84 compares MCP compliance with accuracy requirements to the MHT average for 2025.

Table 84. MHT Compliance with EPD Accuracy Validation

EPD Accuracy Validation	ABH	HHO	THP	WWV	MHT MCP Average
Directory entries reviewed	176	182	180	162	175
Directory entries fully compliant	45	65	50	55	54
Compliance rating	25.6%	35.7%	27.8%	34.0%	30.7%
Level of confidence	No Confidence	No Confidence	No Confidence	No Confidence	No Confidence

Level of Confidence Scale for MCP Compliance: High Confidence = 90.0% – 100%; Moderate Confidence = 75.0% – 89.9%; Low Confidence = 60.0% – 74.9%; No Confidence = Less than 60.0%.

The 2025 MHT MCP average is 30.7%; this rate provides BMS and other stakeholders with no confidence in the accuracy of EPD information the MCP makes available to members.

Overall PDV Results

Two hundred (200) provider directory entries were sampled for each MCP, including 50 per quarter, during the 2025 focus study. Qlarant verified the accuracy of each entry. Verification involved locating the entry in the EPD, contacting the provider office, and confirming the address, network status, and acceptance of new patients. Table 85 displays the overall MCP EPD Accuracy for each MCP.

Table 85. MHT Overall MCP EPD Accuracy

Overall EPD Accuracy	ABH	HHO	THP	WWV	MHT MCP Average
Directory entries reviewed	200	200	200	200	200
Directory entries fully compliant	45	65	50	55	54
Directory entries noncompliant	155	135	150	145	146
Compliance rating	22.5%	32.5%	25.0%	27.5%	26.9%
Level of confidence	No Confidence	No Confidence	No Confidence	No Confidence	No Confidence

Level of Confidence Scale for MCP Compliance: High Confidence = 90.0% – 100%; Moderate Confidence = 75.0% – 89.9%; Low Confidence = 60.0% – 74.9%; No Confidence = Less than 60.0%.

The overall MHT MCP EPD average accuracy for 2025 is 26.9%, which provides no confidence in EPD accuracy. Table 86 provides overall MCP EPD accuracy based on quarterly results.

Table 86. MHT Overall MCP EPD Accuracy by Quarter

Sampled Providers by Quarter	ABH	HHO	THP	WWV	MHT MCP Average
Q1 - PCPs and OB/GYNs	4%	30%	22%	14%	18%
Q2 - Specialists	14%	28%	26%	26%	24%
Q3 - BH and SUD	28%	32%	14%	20%	24%
Q4 - OB/GYNs	44%	40%	38%	50%	43%

Despite quarterly improvements in directory accuracy, validation rates for provider information remained substantially below compliance expectations. Table 87 shows the reasons for inaccurate or unverified provider information by component. These reasons are not mutually exclusive; a single entry may have multiple issues.

Table 87. MHT Reasons for Inaccurate or Unverified Provider Directory Information

Provider Information	ABH	HHO	THP	WWV	MHT MCP Average
Name not in EPD	9%	13%	3%	23%	12%
Address not in EPD	6%	1%	3%	2%	3%
Phone number not in EPD	0%	0%	8%	0%	2%
Staff unavailable or refused	3%	5%	5%	1%	3%
Unsuccessful contact	27%	38%	24%	39%	32%
Retired or not with practice	16%	11%	11%	3%	13%
Not at location or office closed	15%	20%	26%	11%	17%
Address inaccurate	4%	2%	6%	9%	5%
Specialty inaccurate	3%	1%	1%	3%	2%
Not in MCP network	6%	2%	9%	7%	6%
New patient status incorrect	10%	8%	4%	3%	6%

Most frequent reasons for inaccurate or unverified information included: unsuccessful contact, not at location or office closed, and retired or not with practice.

MHP PDV

Phase 1

Assessment of Network File Data Quality. Across all four quarters, Qlarant randomly selected 200 providers per MCP from each network file to assess consistency between provider data in the network file and the MCP's EPD. Qlarant reviewed each MCP's public-facing EPD to confirm that sampled providers met the following criteria:

- Provider name matches the network file
- Specific provider address matches the network file
- Provider telephone number is available

Table 88 includes results of the assessment of network file data quality. The percentages of MHP ABH sampled providers (out of 50 providers) found in the EPD are displayed for each quarter.

Table 88. MHP ABH Sampled Providers Found in EPD by Quarter for MY 2025

Sampled Providers by Quarter	MHP ABH	MHT MCP AVG
Q1 - PCPs and OB/GYNs	46%	72%
Q2 - Specialists	100%	95%
Q3 - BH and SUD	96%	84%
Q4 - OB/GYNs	98%	97%
2025 - All Providers	85%	88%
Total number of providers found in EPD (out of 200)	170	175

Eighty-five percent (85%) of sampled providers were found in the EPD. Fifteen percent (15%) of sampled providers in the network file could not be confirmed in the public-facing EPD that is accessed by members. MHP ABH compared unfavorably to the MHT MCP average rate of 88%.

Phase 2

Assessment of Required EPD Information. Qlarant assessed seven additional EPD components for each provider retained in Phase 2. Each EPD entry was reviewed to verify the presence of a response for all required components.[20] The components include:

- Any group affiliations
- Specialty, as appropriate
- Website URL, as appropriate
- Provider's cultural and linguistic capabilities
- Whether the provider's office/facility has accommodations for individuals with physical disabilities
- Whether the provider offers covered services via telehealth
- Whether the provider will accept new enrollees

Table 89 includes results of the EPD information requirements review. Compliance rates are displayed by MHP ABH and MHT MCP average for 2025.

Table 89. MHP Compliance with EPD Information Requirements

EPD Information Requirements Assessment	MHP ABH	MHT MCP Average
Directory components assessed	1,190	1,225
Directory components compliant	1,009	1,122
Compliance rating	84.8%	91.6%
Level of confidence	Moderate	High

Level of Confidence Scale for MCP Compliance: High Confidence = 90.0% – 100%; Moderate Confidence = 75.0% – 89.9%; Low Confidence = 60.0% – 74.9%; No Confidence = Less than 60.0%.

MHP ABH compliance with EPD information requirements is 84.8% for 2025. This result provides BMS and other stakeholders with a moderate level of confidence in MCP compliance with state and federal requirements to include specific information in their EPDs. The MHT MCP average compliance rating is 91.6%. Table 90 includes compliance with EPD information requirements by component for MHP ABH.

Table 90. MHP Compliance with EPD Information Requirements by Component

EPD Component	ABH MHP
Specialty	100%
Group affiliations	100%
Website URL	100%
Cultural and linguistic capabilities	100%
Accommodations for physical disabilities	21%
Whether covered services offered via telehealth	72%
Whether provider accepts new patients	100%

[20] Responses such as Not Applicable, Not Available, No, and None were considered acceptable for compliance. At this stage, only inclusion was assessed; the accuracy of these components was not validated.

MHP ABH achieved full compliance with the following EPD components: specialty, group affiliations, website URL, cultural and linguistic capabilities, and whether provider accepts new patients. Table 91 identifies quarterly assessment rates for MHP ABH. The BMS established target is 90% compliance.

Table 91. MHP Compliance with EPD Information Requirements by Quarter

Sampled Providers by Quarter	MHP ABH
Q1 - PCPs and OB/GYNs	86%
Q2 - Specialists	86%
Q3 - BH and SUD	76%
Q4 - OB/GYNs	92%

MHP ABH met or exceeded the 90% compliance target for quarter 4 only.

Validation of Required EPD Information. To assess MCP compliance with federal network adequacy standards (§438.68(f)(1)(ii)), Qlarant conducted telephonic surveys of all providers with compliant directory entries identified in Phase 1. Provider office staff were asked to verify four components:

- Phone number
- Street address
- Active network status
- Acceptance of new patients

All four components had to be accurate to qualify for full compliance. Verification of the phone number required successful contact with live provider office staff. Table 92 compares MHP ABH compliance with accuracy requirements to the MHT average for the year.

Table 92. MHP Compliance with EPD Accuracy Validation

EPD Accuracy Validation	MHP ABH	MHT MCP Average
Directory entries reviewed	170	175
Directory entries fully compliant	37	54
Compliance rating	21.8%	30.7%
Level of confidence	No Confidence	No Confidence

Level of Confidence Scale for MCP Compliance: High Confidence = 90.0% – 100%; Moderate Confidence = 75.0% – 89.9%; Low Confidence = 60.0% – 74.9%; No Confidence = Less than 60.0%.

The 2025 MHP ABH compliance rate is 21.8%; this rate provides BMS and other stakeholders with no confidence in the accuracy of EPD information the MCP makes available to members.

Overall PDV Results

Two hundred (200) provider directory entries were sampled for each MCP, including 50 per quarter, during the 2025 focus study. Qlarant verified the accuracy of each entry. Verification involved locating the entry in the EPD, contacting the provider office, and confirming the address, network status, and acceptance of new patients. Table 93 displays the overall MCP EPD Accuracy for MHP ABH for 2025.

Table 93. MHP Overall EPD Accuracy

Overall EPD Accuracy	MHP ABH	MHT MCP Average
Directory entries reviewed	200	200
Directory entries fully compliant	37	54
Directory entries noncompliant	163	146
Compliance rating	18.5%	26.9%
Level of confidence	No Confidence	No Confidence

Level of Confidence Scale for MCP Compliance: High Confidence = 90.0% – 100%; Moderate Confidence = 75.0% – 89.9%; Low Confidence = 60.0% – 74.9%; No Confidence = Less than 60.0%.

MHP ABH's overall EPD accuracy for 2025 is 18.5%; this rate compares unfavorably to the MHT MCP average and provides no confidence in EPD accuracy. Table 94 provides overall MHP ABH EPD accuracy based on quarterly results.

Table 94. MHP Overall EPD Accuracy by Quarter

Sampled Providers by Quarter	MHP ABH	MHT MCP Average
Q1 - PCPs and OB/GYNs	6%	18%
Q2 - Specialists	20%	24%
Q3 - BH and SUD	14%	24%
Q4 - OB/GYNs	34%	43%

MHP ABH compares unfavorably to the MHT MCP average each quarter in 2025.

Table 95 shows the reasons for inaccurate or unverified provider information by component. These reasons are not mutually exclusive; a single entry may have multiple issues.

Table 95. MHP Reasons for Inaccurate or Unverified Provider Directory Information

Provider Information	MHP ABH	MHT MCP Average
Name not in EPD	13%	12%
Address not in EPD	5%	3%
Phone number not in EPD	0%	2%
Staff unavailable or refused	2%	3%
Unsuccessful contact	35%	32%
Retired or not with practice	20%	13%
Not at location or office closed	11%	17%
Address inaccurate	2%	5%
Specialty inaccurate	1%	2%
Not in MCP network	3%	6%
New patient status incorrect	7%	6%

Most frequent MHP ABH reasons for inaccurate or unverified information included: unsuccessful contact, retired or not with practice, and Name not in EPD.

Conclusion

Aggregate summary conclusions for the Provider Directory Validation Focus Study are described below. Specific MCP strengths, weaknesses, and recommendations are included in Tables 96-100 within the MCP Quality, Access, Timeliness Assessment section, later in the report.

- On average, 88% of sampled MHT MCP providers were found in their respective EPDs. The MHP ABH rate was the same (88%).
- The MHT MCP average compliance with including the required EPD information is 91.6% (high confidence). All MHT MCPs achieved full compliance with including the following EPD components: specialty, cultural and linguistic capabilities, and whether provider accepts new patients. The MHP ABH compliance rate is 84.8%; this moderate confidence rating is primarily due to noncompliance with reporting accommodations for physical disabilities.
- The validation of the accuracy of required EPD information yielded low compliance rates for all MHT and MHP MCPs. The MHT MCP average is 30.7% and the MHP ABH rate is almost nine percentage points lower at 21.8%. BMS and other stakeholders should have no confidence in the accuracy of required EPD information.
- Overall MHT MCP and MHP ABH PDV results are poor. This assessment, which involved locating the entry in the EPD, contacting the provider office, and confirming the address, network status, and acceptance of new patients, resulted in no confidence ratings for all MCPs (MHT MCP average: 26.9% and MHP ABH: 18.5%). The primary reason for inaccurate or unverified provider directory information is unsuccessful contact while attempting surveys.

MCP Quality, Access, Timeliness Assessment

Quality, Access, Timeliness

Qlarant identified strengths and weaknesses for each MCP based on the results of the EQR activities. These strengths and weaknesses correspond to the quality, access, and timeliness of services provided to members. Qlarant adopted the following definitions for these domains:

Quality, as stated in the federal regulations as it pertains to EQR, is the degree to which an MCP "increases the likelihood of desired outcomes of its enrollees through: (1) Its structural and operational characteristics. (2) The provision of services that are consistent with current professional, evidenced-based-knowledge. [and] (3) Interventions for performance improvement." [21]

Access (or accessibility), as it pertains to EQR, "means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services)." [22] Qlarant further defines enrollee access as ease of ability to schedule provider appointments, obtain health plan or provider information, and receive communications on enrollee rights and grievance and appeal procedures.

Timely, as defined by the Institute of Medicine is "reducing waits and sometimes harmful delays for those who receive and those who give care." [23] Long waits to obtain care in provider offices or emergency departments and long waits to obtain procedures or results may result in physical harm. Qlarant expands the timeliness definition to encompass meeting state standards and timeframes for obtaining provider appointments and resolving and issuing notice for standard and expedited grievances and appeals.

[21] CFR's quality definition
[22] CFR's access definition
[23] Timeliness definition from the National Center for Biotechnology Information at the National Library of Medicine

Tables 96-100 highlight strengths and weaknesses for each MCP identified during the 2025 EQR activities. The strengths and weaknesses correspond to the quality, access, and/or timeliness of services delivered to MCP enrollees. Strengths identified may positively impact the quality, access, and/or timeliness of care and services delivered, while weaknesses may negatively impact the quality, access, and/or timeliness of care and services delivered.

MHT ABH

Table 96. MHT ABH Strengths, Weaknesses, and Recommendations

Domain	Assessment
MHT ABH – PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Lead Screening in Children PIP	
Quality Access Timeliness	**Strength.** ABH received an overall PIP validation score of 94.7% (high confidence). ABH implemented targeted interventions that addressed barriers to improvement. The MCP improved performance in the first year of remeasurement in the Well-Child Visits in the First 30 Months of Life: 15-30 Months measure.
Quality Access Timeliness	**Weakness.** While ABH improved performance in one measure; the MCP did not achieve statistically significant improvement. **Recommendation.** ABH should evaluate intervention strategies and make adjustments as needed by using Plan-Do-Study-Act, or a similar quality improvement approach, to achieve statistically significant improvement in at least one PIP measure.
Follow-Up After Emergency Department Visit for Mental Illness PIP	
Quality Access Timeliness	**Weakness.** ABH received an overall PIP validation score of 89.5% (moderate confidence). While MY 2024 performance improved compared to baseline (MY 2022) in the Follow-Up After Emergency Department Visit for Mental Illness measure, the MCP failed to achieve statistically significant and sustained improvement in the PIP measure. **Recommendation.** ABH should evaluate intervention strategies and make adjustments as needed by using Plan-Do-Study-Act, or a similar quality improvement approach, to achieve statistically significant improvement in the PIP measure.
Care for Adolescents PIP	
Quality Access Timeliness	**Strength.** ABH received an overall PIP validation score of 100% (high confidence). ABH implemented targeted interventions that addressed barriers to improvement. The MCP improved performance in all three PIP measures; improvement was statistically significant in both Child and Adolescent Well-Care Visits measures (12-17 Years and 18-21 Years). ABH sustained improvement in the Child and Adolescent Well-Care Visits measure (12-17 Years).
MHT ABH – PERFORMANCE MEASURE VALIDATION	
Quality	**Strength.** ABH received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as “reportable.”
MHT ABH – SYSTEMS PERFORMANCE REVIEW	
Quality Assessment and Performance Improvement Program Standards	
Quality	**Strength.** ABH received a score of 100% (high confidence) in the Quality Assessment and Performance Improvement Program standard. The MCP demonstrated a commitment to quality and monitored performance.
Grievance and Appeal System Standards	
Quality Access Timeliness	**Strength.** ABH received a score of 100% (high confidence) in the Grievance and Appeal System Standard. The MCP’s policies and procedures demonstrated compliance with resolving grievances and appeals, and providing enrollee notification of resolution, consistent with state and federal requirements.
MHT ABH – NETWORK ADEQUACY VALIDATION	

Domain	Assessment
Quality	**Strength.** ABH maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
MHT ABH – ENCOUNTER DATA VALIDATION	
Quality	**Weakness.** ABH scored 93.0% in the encounter data validation study; this score provides a moderate level of confidence in the MCP's encounter data. While there is an improvement over the MY 2023 rate of 91.4%, there is still an opportunity for improvement. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. **Recommendation.** ABH should follow up and educate noncompliant providers with diagnosis documentation requirements.
MHT ABH – GRIEVANCE, APPEAL, AND DENIAL FOCUS STUDY	
Grievance Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** ABH scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Appeal Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** ABH scored a 99.6% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.
Denial Resolution Notification	
Quality Access Timeliness	**Strength.** ABH scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
MHT ABH – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
Quality Access	**Weakness.** Just 88% of ABH's sampled providers were found within the EPD. **Recommendation.** ABH should monitor and maintain an accurate EPD and remove providers from the directory that are unresponsive or unable to be verified.
Quality Access	**Weakness.** ABH included 87.5% of required information in their EPD. This result provides BMS and other stakeholders with a moderate level of confidence in MCP compliance with state and federal requirements to include specific information in their EPDs. **Recommendation.** ABH should focus efforts on capturing provider accommodations for physical disabilities and whether covered services are offered via telehealth.
Quality Access	**Weakness.** ABH's EPD accuracy is 25.6%. This result provides no confidence in the MCP's EPD accuracy. **Recommendation.** ABH should monitor, update, and maintain accurate EPD information. The MCP should educate providers on federal network adequacy standards and the importance of accurate provider data.

MHT HHO

Table 97. MHT HHO Strengths, Weaknesses, and Recommendations

Domain	Assessment
MHT HHO – PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Lead Screening in Children PIP	
Quality Access Timeliness	**Strength.** HHO received an overall PIP validation score of 100% (high confidence). The MCP's aim statement, performance measures, and data collection plan were appropriate. HHO additionally identified barriers to target.
Follow-Up After Emergency Department Visit for Mental Illness PIP	
Quality Access Timeliness	**Strength.** HHO received an overall PIP validation score of 97.1% (high confidence). The MCP identified performance measures, an appropriate data collection plan, and barriers to target.
Quality	**Weakness.** HHO failed to clearly identify the PIP population within its aim statement. **Recommendation.** HHO should amend its aim statement and identify the specific population for which the PIP is relevant and targets.
Promoting Treatment for Individuals with Opioid Use Disorder PIP	
Quality Access Timeliness	**Strength.** HHO received an overall PIP validation score of 91.4% (high confidence). The MCP identified performance measures, an appropriate data collection plan, and barriers to target.
Quality	**Weakness.** HHO failed to identify an aim statement that is both answerable and measurable. **Recommendation.** HHO should amend its aim statement to specify the population and clarify the focus of the PIP by establishing a framework for data collection and analysis.
MHT HHO – PERFORMANCE MEASURE VALIDATION	
HHO did not participate in the PMV activity due to its contract start date of August 1, 2024.	
MHT HHO – SYSTEMS PERFORMANCE REVIEW	
Quality Assessment and Performance Improvement Program Standards	
Quality	**Strength.** HHO received a score of 100% (high confidence) in the Quality Assessment and Performance Improvement Program standard. The MCP demonstrated a commitment to quality and monitored performance.
Grievance and Appeal System Standards	
Quality Access Timeliness	**Strength.** HHO received a score of 95.6% in the Grievance and Appeal System Standard, contributing to the MCP's overall high confidence score. Most MCP policies and procedures demonstrated compliance with resolving grievances and appeals, and providing enrollee notification of resolution, consistent with state and federal requirements
Access	**Weakness.** HHO's Utilization Management Decision Response Times Policy did not adequately address all notice of adverse benefit determination requirements. **Recommendation.** HHO should amend its Utilization Management Decision Response Times Policy and state the written adverse benefit determination notification must include the right of the enrollee to be provided, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the enrollee's adverse benefit determination. Additionally, the MCP's adverse benefit determination letter must be amended to include this information.
Access	**Weakness.** HHO's Utilization Management Decision Response Times Policy did not adequately address all notice of adverse benefit determination requirements. **Recommendation.** HHO should amend its Utilization Management Decision Response Times Policy and state the written adverse benefit determination notification must include the enrollee's right to have benefits continue pending resolution of the appeal and include procedures on how to request that benefits be continued.

Domain	Assessment
Timeliness	**Weakness.** HHO's Utilization Management Decision Response Times Policy did not adequately address all notice of adverse benefit determination requirements. **Recommendation.** HHO should amend its Utilization Management Decision Response Times Policy and clearly state, "Any denial notice for termination, suspension, or reduction of previously authorized Medicaid-covered services must be mailed at least ten (10) calendar days before the date of action."
Access Timeliness	**Weakness.** HHO's Utilization Management Authorization Extension Letter template did not include all enrollee notice requirements. **Recommendation.** HHO should amend its Utilization Management Authorization Extension Letter template and provide notice of the enrollee right to file a grievance if he or she disagrees with the decision to extend the timeframe for authorization.
Quality	**Weakness.** HHO did not adequately document its appeal monitoring procedures. **Recommendation.** HHO should amend its Implementation and Evaluation of Quality Improvement Activities Policy and require appeal monitoring and follow-up, similar to how HHO includes complaint and grievance monitoring as part of the Quality Improvement Plan.
MHT HHO – NETWORK ADEQUACY VALIDATION	
Quality	**Strength.** HHO maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
MHT HHO – ENCOUNTER DATA VALIDATION	
Quality	**Weakness.** HHO scored 93.2% in the encounter data validation study; this score provides a moderate level of confidence in the MCP's encounter data. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. **Recommendation.** HHO should follow up and educate noncompliant providers with diagnosis documentation requirements.
MHT HHO – GRIEVANCE, APPEAL, AND DENIAL FOCUS STUDY	
Grievance Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** HHO scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Appeal Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Weakness.** HHO scored 92% (moderate confidence) for processing appeals. The MCP did not include all required content in their appeal notices. **Recommendation.** HHO should ensure the following information is consistently included in appeal notices, as applicable: the date the resolution was completed and notice the enrollee may be held liable for the cost of benefits if the hearing decision upholds the MCP's adverse benefit determination.
Denial Resolution Notification	
Quality Access Timeliness	**Weakness.** HHO scored 76% (low confidence) for processing denials. Not all notices were timely and many did not include all required content. **Recommendation.** HHO should ensure the following information is consistently included in denial notices: reason(s) for the adverse benefit determination, including the right of the member to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the member's adverse benefit determination and the member's right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances, consistent with state policy, under which the member may be required to pay the costs of these services.
MHT HHO – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	

Domain	Assessment
Quality Access	**Strength.** Approximately 91.0% of HHO's sampled providers were found within their EPD. This result indicates a relatively high level of network file quality.
Quality Access	**Strength.** HHO included 93.6% of required information in their EPD. This result provides BMS and other stakeholders with a high level of confidence in MCP compliance with state and federal requirements to include specific information in their EPDs.
Quality Access	**Weakness.** HHO's EPD accuracy is 35.7% (no confidence). This result provides no confidence in the MCP's EPD accuracy. **Recommendation.** HHO should monitor, update, and maintain accurate EPD information. The MCP should educate providers on federal network adequacy standards and the importance of accurate provider data.

MHT THP

Table 98. MHT THP Strengths, Weaknesses, and Recommendations

Domain	Assessment
MHT THP – PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Lead Screening in Children PIP	
Quality Access Timeliness	**Strength.** THP received an overall PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. THP improved performance in all three PIP measures; improvement was statistically significant in the Well-Child Visits in the First 30 Months of Life measures (0-15 Months and 15-30 Months).
Follow-Up After Emergency Department Visit for Mental Illness PIP	
Quality Access Timeliness	**Strength.** THP received an overall PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. THP achieved statistically significant and sustained improvement in the Follow-Up After Emergency Department Visit for Mental Illness PIP measure.
Promoting Health and Wellness in Children and Adolescents	
Quality Access Timeliness	**Strength.** THP received an overall PIP validation score of 100% (high confidence). The MCP implemented system-level interventions targeting member, provider, and MCP barriers to improvement. THP achieved statistically significant and sustained improvement in all three PIP measures.
MHT THP – PERFORMANCE MEASURE VALIDATION	
Quality	**Strength.** THP received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHT THP – SYSTEMS PERFORMANCE REVIEW	
Quality Assessment and Performance Improvement Program Standards	
Quality	**Strength.** THP received a score of 100% (high confidence) in the Quality Assessment and Performance Improvement Program standard. The MCP demonstrated a commitment to quality and monitored performance.
Grievance and Appeal System Standards	
Quality Access Timeliness	**Strength.** THP received a score of 98.3% in the Grievance and Appeal System Standard, contributing to the MCP's overall high confidence score. Most MCP policies and procedures demonstrated compliance with resolving grievances and appeals, and providing enrollee notification of resolution, consistent with state and federal requirements.

Domain	Assessment
Access Timeliness	**Weakness.** THP did not provide evidence of enrollee written notice for extending standard service authorization decision timeframes. **Recommendation.** THP should provide the enrollee written notice of the reason for the decision to extend the standard service authorization decision timeframe and inform the enrollee of the right to file a grievance if he or she disagrees with that decision.
MHT THP – NETWORK ADEQUACY VALIDATION	
Quality	**Strength.** THP maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
MHT THP – ENCOUNTER DATA VALIDATION	
Quality	**Weakness.** THP scored 93.4% in the encounter data validation study; this score provides a moderate level of confidence in the MCP's encounter data. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. **Recommendation.** THP should follow up and educate noncompliant providers with diagnosis documentation requirements.
MHT THP – GRIEVANCE, APPEAL, AND DENIAL FOCUS STUDY	
Grievance Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** THP scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Appeal Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** THP scored a 100% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.
Denial Resolution Notification	
Quality Access Timeliness	**Strength.** THP scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
MHT THP – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
Quality Access	**Strength.** Approximately 90.0% of THP's sampled providers were found within their EPD. This result indicates a relatively high level of network file quality.
Quality Access	**Strength.** THP included 99.9% of required information in their EPD. This result provides BMS and other stakeholders with a high level of confidence in MCP compliance with state and federal requirements to include specific information in their EPDs.
Quality Access	**Weakness.** THP's EPD accuracy is 27.8%. This result provides no confidence in the MCP's EPD accuracy. **Recommendation.** THP should monitor, update, and maintain accurate EPD information. The MCP should educate providers on federal network adequacy standards and the importance of accurate provider data.

MHT WWV

Table 99. MHT WWV Strengths, Weaknesses, and Recommendations

Domain	Assessment
MHT WWV – PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Lead Screening in Children PIP	
Quality Access Timeliness	**Weakness.** WWV received an overall PIP validation score of 87.8% (moderate confidence). Despite achieving statistically significant improvement in all three PIP measures, the MCP did not comply with all PIP reporting requirements. The MCP's PIP analysis did not account for factors that may influence the comparability of initial and repeat measurements, identify causes for performance, or provide sufficient information to evaluate whether strategies were reasonable or tests of change were likely to lead to improved outcomes. WWV did not include details that provide a comprehensive description of actions taken to improve performance. The limited information provided by the MCP did not identify the barrier(s) addressed by each intervention. **Recommendation.** WWV should provide additional details to describe its quality improvement process and strategy to address root causes or barriers; monitor member, provider, and MCP barriers; and evaluate the success of improvement strategies through root cause analysis or other quality improvement processes. The MCP should continue with intervention strategies and make adjustments as needed by using Plan-Do-Study-Act or a similar quality improvement approach.
Follow-Up After Emergency Department Visit for Mental Illness PIP	
Quality Access Timeliness	**Weakness.** WWV received an overall PIP validation score of 86.3% (moderate confidence). While the MCP's MY 2024 performance improved compared to the MY 2022 baseline rate, the improvement was not statistically significant. The MCP did not identify use of a quality improvement tool or process or describe analyses conducted to identify root causes and barriers. WWV provided a list of interventions, however, some interventions did not articulate how the barrier was being addressed. **Recommendation.** WWV should provide additional details to describe its quality improvement process and strategy to address root causes or barriers. Additionally, intervention descriptions should address how barriers are being addressed. The intervention should tie directly to the barrier. WWV should use the Plan-Do-Study-Act or a similar quality improvement approach to analyze the success of current intervention strategies and make adjustments as needed to improve performance.
Immunizations for Adolescents	
Quality Access Timeliness	**Weakness.** WWV received an overall PIP validation score of 82.0% (moderate confidence). The MCP's MY 2024 performance in both PIP measures declined compared to the MY 2020 baseline rates. **Recommendation.** WWV should use the Plan-Do-Study-Act or a similar quality improvement approach to analyze barriers and the success of current intervention strategies and make adjustments as needed to improve performance.
MHT WWV – PERFORMANCE MEASURE VALIDATION	
Quality	**Strength.** WWV received an overall PMV score of 95.2% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
Quality	**Weakness.** Qlarant required WWV resubmit data on multiple occasions in order to acquire information necessary to complete validation activities. There is opportunity to improve the quality and accuracy of documents submitted to Qlarant. **Recommendation.** WWV should conduct data quality checks and evaluate compliance with instructions prior to finalizing data submissions to Qlarant.

Domain	Assessment
MHT WWV – SYSTEMS PERFORMANCE REVIEW	
Quality Assessment and Performance Improvement Program Standards	
Quality	**Strength.** WWV received a score of 100% (high confidence) in the Quality Assessment and Performance Improvement Program standard. The MCP demonstrated a commitment to quality and monitored performance.
Grievance and Appeal System Standards	
Quality Access Timeliness	**Strength.** WWV received a score of 99.1% in the Grievance and Appeal System Standard, contributing to the MCP's overall high confidence score. Most MCP policies and procedures demonstrated compliance with resolving grievances and appeals, and providing enrollee notification of resolution, consistent with state and federal requirements
Quality	**Weakness.** WWV's Enrollee Appeals Policy specified an incorrect timeframe for maintaining appeal records. **Recommendation.** WWV should amend its Enrollee Appeals Policy to require appeal record retention for a minimum of 10 years.
MHT WWV – NETWORK ADEQUACY VALIDATION	
Quality	**Strength.** WWV maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
MHT WWV – ENCOUNTER DATA VALIDATION	
Quality	**Weakness.** WWV scored 93.2% in the encounter data validation study; this score provides a moderate level of confidence in the MCP's encounter data. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. **Recommendation.** WWV should follow up and educate noncompliant providers with diagnosis documentation requirements.
MHT WWV – GRIEVANCE, APPEAL, AND DENIAL FOCUS STUDY	
Grievance Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** WWV scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Appeal Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** WWV scored a 97% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.
Denial Resolution Notification	
Quality Access Timeliness	**Strength.** WWV scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
MHT WWV – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
Quality Access	**Weakness.** Just 81.0% of WWV's sampled providers were found within the EPD. **Recommendation.** WWV should monitor and maintain an accurate EPD and remove providers from the directory that are unresponsive or unable to be verified.
Quality Access	**Weakness.** WWV included 84.6% of required information in their EPD. This result provides BMS and other stakeholders with a moderate level of confidence in MCP compliance with state and federal requirements to include specific information in their EPDs. **Recommendation.** WWV should focus efforts on capturing group affiliations, website URL, and whether covered services are offered via telehealth.

Domain	Assessment
Quality Access	**Weakness.** WWV's EPD accuracy is 34.0%. This result provides no confidence in the MCP's EPD accuracy. **Recommendation.** WWV should monitor, update, and maintain accurate EPD information. The MCP should educate providers on federal network adequacy standards and the importance of accurate provider data.

MHP ABH

Table 100. MHP ABH Strengths, Weaknesses, and Recommendations

Domain	Assessment
MHP ABH – PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Lead Screening in Children PIP	
Quality Access Timeliness	**Strength.** MHP ABH received an overall PIP validation score of 94.7% (high confidence). ABH implemented targeted interventions that addressed barriers to improvement. The MCP improved performance in the first year of remeasurement in the Lead Screening for Children and Well-Child Visits in the First 30 Months of Life: 15-30 Months measures.
Care for Adolescents PIP	
Quality Access Timeliness	**Strength.** MHP ABH received an overall PIP validation score of 95.0% (high confidence). ABH implemented targeted interventions that addressed barriers to improvement. The MCP improved performance in all three PIP measures. Improvement was statistically significant in both Child and Adolescent Well-Care Visits measures (12-17 Years and 18-21 Years).
Reducing Out-of-State Placements for Children in Foster Care PIP	
Quality Access Timeliness	**Weakness.** MHP ABH received an overall PIP validation score of 81.1% (moderate confidence). The MCP failed to improve performance in its Reducing Out-of-State Placement for Children in Foster Care measure. **Recommendation.** MHP ABH should evaluate intervention strategies and make adjustments as needed by using Plan-Do-Study-Act, or a similar quality improvement approach, to achieve statistically significant improvement in the PIP measure.
MHP ABH – PERFORMANCE MEASURE VALIDATION	
Quality	**Strength.** MHP ABH received an overall PMV score of 100% (high confidence). Information systems were adequate and all measure rates were assessed as "reportable."
MHP ABH – SYSTEMS PERFORMANCE REVIEW	
Quality Assessment and Performance Improvement Program Standards	
Quality	**Strength.** MHP ABH received a score of 100% (high confidence) in the Quality Assessment and Performance Improvement Program standard. The MCP demonstrated a commitment to quality and monitored performance.
Grievance and Appeal System Standards	
Quality Access Timeliness	**Strength.** MHP ABH received a score of 100% (high confidence) in the Grievance and Appeal System Standard. The MCP's policies and procedures demonstrated compliance with resolving grievances and appeals, and providing enrollee notification of resolution, consistent with state and federal requirements.
MHP ABH – NETWORK ADEQUACY VALIDATION	
Quality	**Strength.** MHP ABH maintains information systems and processes that are capable of collecting and reporting accurate data for each provider network adequacy indicator.
MHP ABH – ENCOUNTER DATA VALIDATION	

Domain	Assessment
Quality	**Weakness.** MHP ABH scored 86.3% in the encounter data validation study; this score provides a moderate level of confidence in the MCP's encounter data. While a significant improvement over the MY 2023 rate of 59.4%, there is still an opportunity for improvement. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. **Recommendation.** MHP ABH should follow up and educate noncompliant providers with diagnosis documentation requirements.
MHP ABH – GRIEVANCE, APPEAL, AND DENIAL FOCUS STUDY	
Grievance Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** MHP ABH scored a 100% compliance rating (high confidence) for processing grievances, including timely acknowledgment and resolution.
Appeal Acknowledgement and Resolution Notification	
Quality Access Timeliness	**Strength.** MHP ABH scored a 100% compliance rating (high confidence) for processing appeals. The MCP provided timely acknowledgement and resolution notification. The right to and procedures for requesting a state fair hearing were also communicated to members.
Denial Resolution Notification	
Quality Access Timeliness	**Strength.** MHP ABH scored a 100% compliance rating (high confidence) for processing denials. The MCP provided timely resolution notification and communicated all required information to members, including the right to request an appeal.
MHP ABH – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
Quality Access	**Weakness.** Just 85.0% of MHP ABH's sampled providers were found within the EPD. **Recommendation.** MHP ABH should monitor and maintain an accurate EPD and remove providers from the directory that are unresponsive or unable to be verified.
Quality Access	**Weakness.** MHP ABH included 84.8% of required information in their EPD. This result provides BMS and other stakeholders with a moderate level of confidence in MCP compliance with state and federal requirements to include specific information in their EPDs. **Recommendation.** MHP ABH should focus efforts on capturing provider accommodations for physical disabilities and whether covered services are offered via telehealth.
Quality Access	**Weakness.** MHP ABH's EPD accuracy is 21.8%. This result provides no confidence in the MCP's EPD accuracy. **Recommendation.** MHP ABH should monitor, update, and maintain accurate EPD information. The MCP should educate providers on federal network adequacy standards and the importance of accurate provider data.

Assessment of Previous Recommendations

During the course of conducting 2025 EQR activities, Qlarant evaluated MCP compliance with addressing previous annual recommendations.[24] MCPs were expected to remedy 2024 deficiencies and demonstrate full compliance. MCPs not addressing deficiencies are at risk of not being compliant with their contracts. Assessment outcomes, included in Tables 101-105, identify if the MCP adequately addressed 2024 recommendations.

- Assessments highlighted in green indicate the MCP adequately addressed the recommendation.

[24] In some instances one recommendation may summarize or capture multiple, but similar, issues. The number of recommendations per MCP should not be used to gauge MCP performance alone.

- Assessments highlighted in yellow indicate the MCP demonstrated some improvement but did not fully address the recommendation.
- Assessments highlighted in red indicate the MCP did not adequately address the recommendation.

MHT ABH

Qlarant made recommendations for ABH during the 2024 EQR. The 2025 assessment evaluated the MCP's response to these recommendations. Table 101 includes follow-up assessment results.

Table 101. MHT ABH Assessment of Previous Annual Recommendations

2024 Recommendation	2025 Assessment
MHT ABH - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Follow-Up After Emergency Department Visit for Mental Illness PIP	
ABH's MY 2023 performance in the PIP measure declined compared to the MY 2022 baseline rate. ABH should use the Plan-Do-Study-Act or a similar quality improvement approach to analyze barriers and the success of current intervention strategies and make adjustments to intervention strategies as needed to improve performance.	ABH's MY 2024 PIP measure results improved; however, the improvement was not statistically significant. The MCP continues to have opportunity for improvement. This recommendation remains in place.
MHT ABH - PERFORMANCE MEASURE VALIDATION	
There were no formal 2024 recommendations for ABH.	
MHT ABH - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2024 recommendations for ABH.	
MHT ABH - NETWORK ADEQUACY VALIDATION	
There were no formal 2024 recommendations for ABH.	
MHT ABH - ENCOUNTER DATA VALIDATION	
ABH scored 91.4% in the 2024 (MY 2023) encounter data validation study; this score provided a moderate level of confidence in the MCP's encounter data. While there was an improvement over the MY 2022 rate of 89.7%, there was still an opportunity for improvement. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. ABH should follow up and educate noncompliant providers with diagnosis documentation requirements.	ABH scored 93.0% in the 2025 (MY 2024) encounter data validation study. While performance improved compared to the previous annual rate, there continues to be opportunity for improvement. This recommendation remains in place.
MHT ABH - GRIEVANCE, APPEAL, AND DENIAL FOCUS STUDY	
There were no formal 2024 recommendations for ABH.	
MHT ABH – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
The PDV was conducted for the first time in 2025. This focus study replaced the 24/7 Access to Care Focus Study.	

MHT HHO

Qlarant did not evaluate HHO during 2024 due to the MCP's contract start date of August 1, 2024. Table 102 indicates no follow-up assessments were required for the EQR activities.

Table 102. MHT HHO Assessment of Previous Annual Recommendations

2024 Recommendation	2025 Assessment
MHT HHO - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
There were no formal 2024 recommendations for HHO. There was no PIP activity due to the MCP contract start date of August 1, 2024.	
MHT HHO - PERFORMANCE MEASURE VALIDATION	
There were no formal 2024 recommendations for HHO. There was no PMV activity due to the MCP contract start date of August 1, 2024.	
MHT HHO - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2024 recommendations for HHO. There was no SPR activity due to the MCP contract start date of August 1, 2024.	
MHT HHO – NETWORK ADEQUACY VALIDATION	
There were no formal 2024 recommendations for HHO. There was no NAV activity due to the MCP contract start date of August 1, 2024.	
MHT HHO – ENCOUNTER DATA VALIDATION	
There were no formal 2024 recommendations for HHO. There was no EDV activity due to the MCP contract start date of August 1, 2024.	
MHT HHO – GRIEVANCE, APPEAL, AND DENIAL FOCUS STUDY	
There were no formal 2024 recommendations for HHO. There was no GAD activity due to the MCP contract start date of August 1, 2024.	
MHT HHO – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
The PDV was conducted for the first time in 2025. This focus study replaced the 24/7 Access to Care Focus Study.	

MHT THP

Qlarant made recommendations for THP during the 2024 EQR. The 2025 assessment evaluated the MCP's response to these recommendations. Table 103 includes follow-up assessment results.

Table 103. MHT THP Assessment of Previous Annual Recommendations

2024 Recommendation	2025 Assessment
MHT THP - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Follow-Up After Emergency Department Visit for Mental Illness PIP	
THP failed to achieve statistically significant improvement in the PIP measure. The MCP should use the Plan-Do-Study-Act or a similar quality improvement approach to further analyze barriers and the success of current intervention strategies and make adjustments to intervention strategies as needed to achieve statistically significant improvement.	THP achieved statistically significant improvement in the PIP measure in MY 2024.
MHT THP - PERFORMANCE MEASURE VALIDATION	
There were no formal 2024 recommendations for THP.	

2024 Recommendation	2025 Assessment
MHT THP - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2024 recommendations for THP.	
MHT THP - NETWORK ADEQUACY VALIDATION	
There were no formal 2024 recommendations for THP.	
MHT THP - ENCOUNTER DATA VALIDATION	
THP scored 94.7% in the 2024 (MY 2023) encounter data validation study; this score provided a moderate level of confidence in the MCP's encounter data. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. THP should follow up and educate noncompliant providers with diagnosis documentation requirements.	THP scored 93.4% in the 2025 (MY 2024) encounter data validation study. Performance declined over this last year. There continues to be opportunity for improvement; this recommendation remains in place.
MHT THP - GRIEVANCE, APPEAL, AND DENIAL FOCUS STUDY	
Appeal Acknowledgement and Resolution Notification	
THP did not consistently include the date of appeal resolution within its letters to members. THP should ensure all appeal resolution templates, including those used by delegates, include a field for the date of appeal resolution.	A random sample review found THP consistently included the date of appeal resolution within its appeal resolution notices to members.
MHT THP – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
The PDV was conducted for the first time in 2025. This focus study replaced the 24/7 Access to Care Focus Study.	

MHT WWV

Qlarant made recommendations for WWV during the 2024 EQR. The 2025 assessment evaluated the MCP's response to these recommendations. Table 104 includes follow-up assessment results.

Table 104. MHT WWV Assessment of Previous Annual Recommendations

2024 Recommendation	2025 Assessment
MHT WWV - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Lead Screening in Children PIP	
WWV provided an aim statement that was not answerable or measurable; the statement did not clearly specify the population or the time period. WWV should revise the PIP aim statement to clarify the focus of the PIP and establish the	WWV amended its aim statement. The aim statement is now answerable and measurable.
Follow-Up After Emergency Department Visit for Mental Illness PIP	

2024 Recommendation	2025 Assessment
WWV did not report using a quality improvement tool or conduct a root cause analysis to identify root causes and barriers to improvement. The MCP did not fully articulate how some interventions addressed barriers. WWV should provide additional details to describe its quality improvement process and strategy to address root causes or barriers. Additionally, intervention descriptions should address how barriers are being addressed. The intervention should tie directly to the barrier.	WWV did not identify use of a quality improvement tool or process or describe analyses conducted to identify root causes and barriers. WWV provided a list of interventions, however, some interventions did not articulate how the barrier was being addressed. This recommendation remains in place.
WWV failed to achieve statistically significant improvement in the PIP measure. WWV should use the Plan-Do-Study-Act or a similar quality improvement approach to analyze barriers and the success of current intervention strategies and make adjustments to intervention strategies as needed to achieve statistically significant improvement.	While WWV improved performance in the PIP measure, it did achieve statistically significant improvement. This recommendation remains in place.
Immunizations for Adolescents PIP	
WWV's MY 2023 performance in the PIP measures declined compared to the MY 2020 baseline rates. WWV should use the Plan-Do-Study-Act or a similar quality improvement approach to analyze barriers and the success of current intervention strategies and make adjustments to intervention strategies as needed to improve performance.	WWV did not improve performance in either PIP measure in MY 2024. This recommendation remains in place.
MHT WWV - PERFORMANCE MEASURE VALIDATION	
There were no formal 2024 recommendations for WWV.	
MHT WWV - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2024 recommendations for WWV.	
MHT WWV - NETWORK ADEQUACY VALIDATION	
There were no formal 2024 recommendations for WWV.	
MHT WWV - ENCOUNTER DATA VALIDATION	
There were no formal 2024 recommendations for WWV.	
MHT WWV - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY	
There were no formal 2024 recommendations for WWV.	
MHT WWV – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
The PDV was conducted for the first time in 2025. This focus study replaced the 24/7 Access to Care Focus Study.	

MHP ABH

Qlarant made recommendations for MHP ABH during the 2024 EQR. The 2025 assessment evaluated the MCP's response to these recommendations. Table 105 includes follow-up assessment results.

Table 105. MHP ABH Assessment of Previous Annual Recommendations

2024 Recommendation	2025 Assessment
MHP ABH - PERFORMANCE IMPROVEMENT PROJECT VALIDATION	
Reducing Out-of-State Placement for Children in Foster Care PIP	
MHP ABH received an overall PIP validation score of 81.1% (moderate confidence). The MCP failed to improve performance in its Reducing Out-of-State Placement for Children in Foster Care measure. ABH should continue with intervention strategies and make adjustments as needed by using a Plan-Do-Study-Act or similar quality improvement approach.	MHP ABH's PIP measure results did not improve or compare favorably to baseline performance. The MCP continues to have opportunity for improvement. This recommendation remains in place.
MHP ABH - PERFORMANCE MEASURE VALIDATION	
There were no formal 2024 recommendations for MHP ABH.	
MHP ABH - SYSTEMS PERFORMANCE REVIEW	
There were no formal 2024 recommendations for MHP ABH.	
MHP ABH - NETWORK ADEQUACY VALIDATION	
There were no formal 2024 recommendations for MHP ABH.	
MHP ABH - ENCOUNTER DATA VALIDATION	
MHP ABH scored 59.4% in the encounter data validation study; this score provides no level of confidence in the MCP's encounter data. Most "No Match" findings were due to lack of supporting documentation for diagnosis codes in the medical record. ABH should follow up and educate the noncompliant providers with diagnosis documentation requirements.	MHP ABH scored 86.3% in the 2025 (MY 2024) encounter data validation study. While performance significantly improved compared to the previous annual rate, there continues to be opportunity for improvement. This recommendation remains in place.
MHP ABH - GRIEVANCE, DENIAL, AND APPEAL FOCUS STUDY	
There were no formal 2024 recommendations for ABH.	
MHP ABH – PROVIDER DIRECTORY VALIDATION FOCUS STUDY	
The PDV was conducted for the first time in 2025. This focus study replaced the 24/7 Access to Care Focus Study.	

State Recommendations

As identified in the introduction of this report, the State aims to deliver high quality, accessible care to managed care members. To achieve this goal, BMS and WVCHIP developed a framework to focus quality improvement efforts for the managed care programs. Table 106 identifies goals and objectives described in the *West Virginia Managed Care Quality Strategy*, published in 2024.

Table 106. West Virginia Managed Care Program Goals and Objectives

Goal	Objective
1. Improve the health and wellness of West Virginia's Medicaid and WVCHIP populations through use of preventive services.	**1.** Increase the number of enrollees receiving preventive care to meet or exceed the NCQA Quality Compass National Medicaid Average. **2.** Increase the number of enrollees attending well and preventive visits to meet or exceed the NCQA Quality Compass National Medicaid Average. **3.** Increase the usage of timely maternal and child health services.
2. Reduce the burden of chronic disease.	**1.** Increase the number of enrollees receiving treatment for respiratory conditions to meet or exceed the NCQA Quality Compass National Medicaid Average. **2.** Increase the number of enrollees receiving diabetes care to meet or exceed the NCQA Quality Compass National Medicaid Average. **3.** Increase the number of enrollees receiving treatment for hypertension to meet or exceed the NCQA Quality Compass National Medicaid Average.
3. Improve behavioral health outcomes.	**1.** Increase the number of enrollees receiving follow up care after behavioral health treatment to meet or exceed the NCQA Quality Compass National Medicaid Average. **2.** Increase the number of enrollees receiving behavioral health care and treatment.
4. Reduce the burden of substance use disorders.	**1.** Increase the number of enrollees receiving treatment for substance use disorders to meet or exceed the NCQA Quality Compass National Medicaid Average. **2.** Improve the coordination of care for enrollees receiving substance use disorder treatment.
5. Provide supports for whole-person wellness and empower individuals to self-manage their health.	**1.** Increase the number of enrollees receiving smoking cessation services to meet or exceed the NCQA Quality Compass National Medicaid Average. **2.** Increase the number of enrollees receiving weight management counseling to meet or exceed the NCQA Quality Compass National Medicaid Average.

Source: *West Virginia Department of Human Services Managed Care Quality Strategy*[25]

[25] WV Managed Care Quality Strategy, 2024-2027

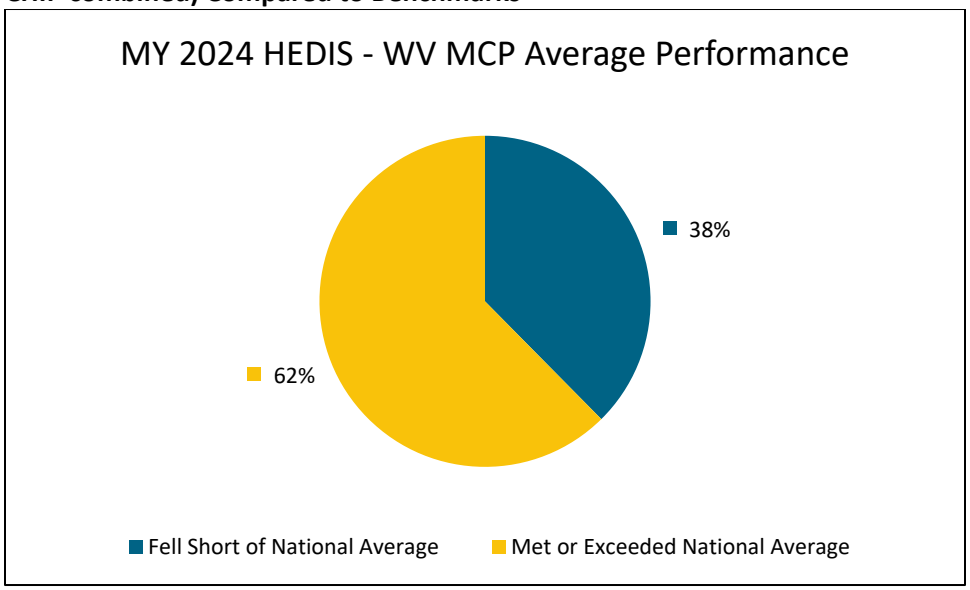
Recommendations on How the State Can Target Quality Strategy Goals and Objectives

The intent of the Quality Strategy is to provide an overarching framework for BMS to drive quality and performance improvement among its contracted MCPs, with the ultimate goal of improving health outcomes for its members. In many instances, MCPs have developed strategies to meet and achieve goals. An analysis of HEDIS and CAHPS survey measures included in Appendix A1 and A2, respectively, demonstrate MCP averages are meeting and exceeding national average benchmarks in many measures relating to the effectiveness of care, access and availability of services, preventive care utilization, and member experience.

HEDIS and CAHPS Measure Performance

Figure 21 illustrates equal to or better than national average performance for the WV MCPs in select HEDIS measures.

Figure 21. MY 2024 HEDIS – WV MCP Average Performance (Medicaid and CHIP combined) Compared to Benchmarks

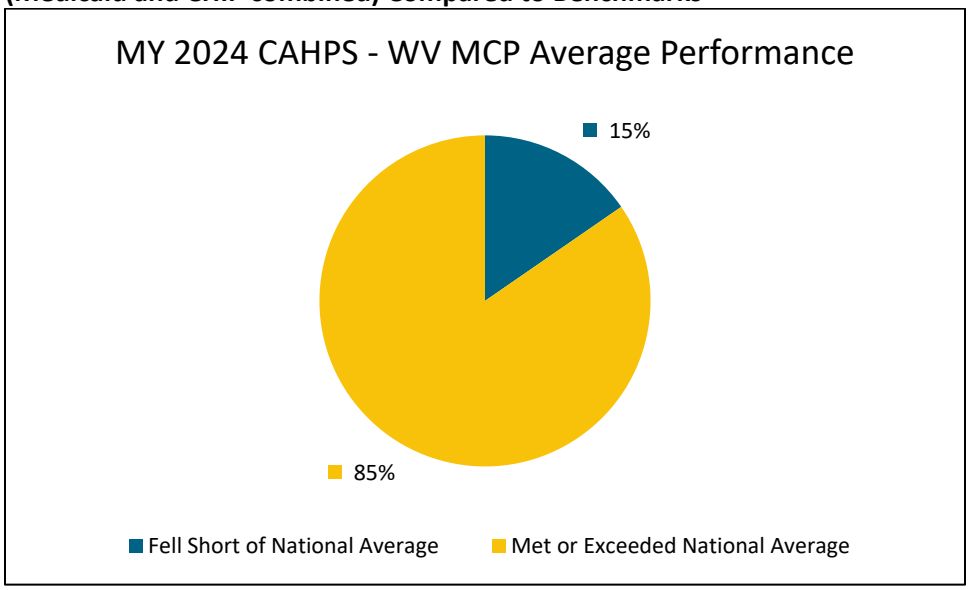


Benchmark: NCQA Quality Compass HMO national average

The WV Medicaid MCP averages performed as well as or better than national average benchmarks in 62% of publicly reported HEDIS measures.

Figure 22 illustrates equal to or better than national average performance for WV MCPs in select CAHPS survey measures.

Figure 22. MY 2024 CAHPS Survey – WV MCP Average Performance (Medicaid and CHIP combined) Compared to Benchmarks



Benchmark: NCQA Quality Compass HMO national average

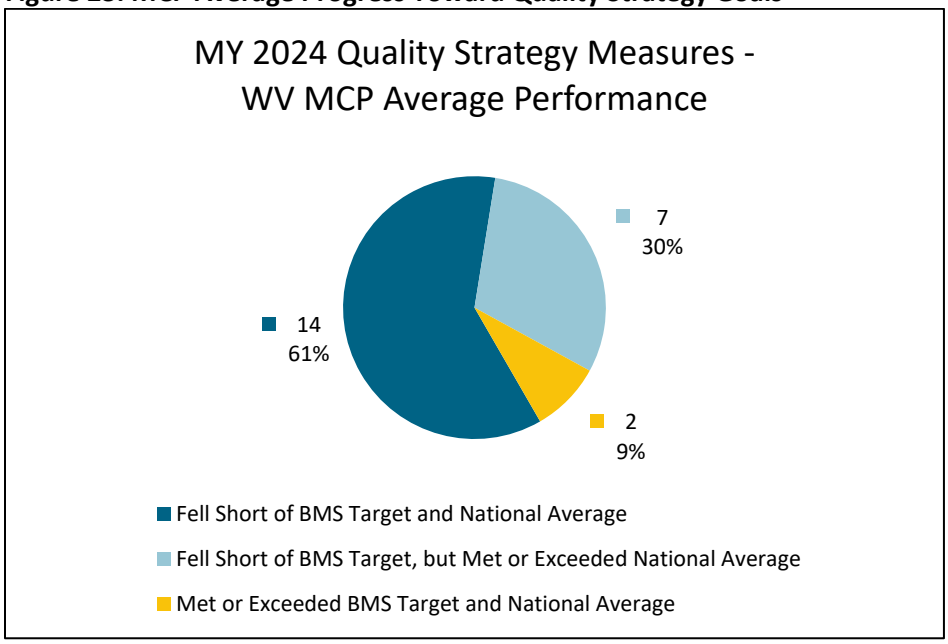
The West Virginia Medicaid MCP averages performed as well as or better than national average benchmarks in 85% of select CAHPS survey measures.

Progress Toward Meeting Quality Strategy Goals

The 2024 – 2027 West Virginia Quality Strategy identifies 45 total indicators distributed across 5 goals. BMS identified a performance target for each indicator; BMS targets included the NCQA National HMO 66.67th, 75th, 90th, and 95th percentile benchmarks. For a few indicators, target performance is identified as "TBD" or "maintain."

Qlarant evaluated the state's progress in achieving quality strategy goals by comparing MY 2024 WV MCP average performance to the NCQA National HMO benchmark percentile (BMS performance target) identified in the quality strategy, for 23 measures. These results are displayed in Figure 23.

Figure 23. MCP Average Progress Toward Quality Strategy Goals



WV MCP average performance met or exceeded the BMS performance target for 2 measures (9%):

- (WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)
- (WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)

WV MCP average performance fell short of the BMS performance target for 21 measures (91%), with 7 measures meeting or exceeding the national average and 14 measures falling short:

- Fell Short of BMS Target, but Met or Exceeded National Average
  - (CBP) Controlling High Blood Pressure
  - (CWP) Appropriate Testing for Pharyngitis (Total)
  - (FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (Total)
  - (FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (Total)
  - (OED) Oral Evaluation, Dental Services (Total)
  - (W30) Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)
  - (WCV) Child and Adolescent Well-Care Visits (3-11)
- Fell Short of BMS Target and National Average
  - (BCS-E) Breast Cancer Screening
  - (CCS) Cervical Cancer Screening
  - (IMA) Immunizations for Adolescents - Combination 2
  - (LSC) Lead Screening in Children
  - (MSC) Medical Assistance With Smoking and Tobacco Use Cessation - Advising Smokers to Quit
  - (MSC) Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Medications

  - (MSC) Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Strategies
  - (POD) Pharmacotherapy for Opioid Use Disorder (Total)
  - (URI) Appropriate Treatment for Upper Respiratory Infection (18-64)
  - (URI) Appropriate Treatment for Upper Respiratory Infection (3 Months-17 Years)
  - (URI) Appropriate Treatment for Upper Respiratory Infection (Total)
  - (W30) Well-Child Visits in the First 30 Months of Life (First 15 Months)
  - (WCV) Child and Adolescent Well-Care Visits (12-17)
  - (WCV) Child and Adolescent Well-Care Visits (18-21)

For the remaining quality strategy measures (22 of 45), performance could not be evaluated for MY 2024. Reasons are listed below.

- NCQA retired 3 measures:
  - (ADD) Follow-Up Care for Children Prescribed ADHD Medication – Continuation & Maintenance Phase
  - (ADD) Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase
  - (COL) Colorectal Cancer Screening
- NCQA did not publicly report measure data in MY 2024 for 1 measure:
  - (TFC) Topical Fluoride for Children (Ages 1 through 4)
- NCQA advised a break in trending or cautioned trending with prior years for 19 measures:
  - (AMM) Antidepressant Medication Management - Effective Acute Phase Treatment
  - (AMM) Antidepressant Medication Management - Effective Continuation Phase Treatment
  - (APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
  - (COU) Risk of Continued Opioid Use - >=31 Days (Total)
  - (EED) Eye Exam for Patients With Diabetes
  - (FUA) Follow-Up After Emergency Department Visit for Substance Use - 30 days (13-17)
  - (FUA) Follow-Up After Emergency Department Visit for Substance Use - 30 days (18+)
  - (GSD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status <8.0%
  - (KED) Kidney Health Evaluation for Patients With Diabetes (Total)
  - (PPC) Prenatal and Postpartum Care - Postpartum Care
  - (PPC) Prenatal and Postpartum Care - Timeliness of Prenatal Care
  - (PRS-E) Prenatal Immunization Status - Combination
  - (SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Data for the measurement year was unavailable due to the measure being a CMS Core Set indicator that is calculated by CMS or the state:
  - (CDF-AD) Screening for Depression and Follow-Up Plan: Age 18+
  - (CDF-CH) Screening for Depression and Follow-Up Plan: Ages 12–17
  - (LBW-CH) Live Births Weighing <2,500 Grams
  - (LRCD-CH) Low-Risk Cesarean Delivery
  - Preventative Care & Screening: Tobacco Use – Screening and Cessation Intervention

Quality Strategy Recommendations

Analysis of HEDIS and CAHPS measures shows that MCPs often meet or exceed national performance benchmarks in several areas of care effectiveness, access, preventive service utilization, and member

experience. However, statewide progress toward achieving BMS quality targets underscores the need for adjusted strategies and targeted interventions. Additionally, EQR validation results identify opportunities for improvement in areas such as PIP execution, encounter data accuracy, provider directory integrity, and network adequacy.

Qlarant makes several recommendations for how the State can target Quality Strategy goals and objectives to better support improvement in the quality, timeliness, and accessibility of health care services furnished to managed care members. To further strengthen statewide performance and advance progress toward Quality Strategy goals, BMS should consider the following recommendations:

Address Limitations Resulting From NCQA Measure Retirements and Trending Breaks
A substantial number of Quality Strategy indicators could not be evaluated for MY 2024 due to NCQA measure retirements or replacements, breaks in trending requirements, or the absence of publicly reported data. **Qlarant recommends** that BMS:

- Identify and adopt replacement measures for all NCQA retired indicators;
- Establish new BMS performance targets consistent with current NCQA guidance for measures affected by trending breaks; and
- Annually revise MCP contracts to clearly specify all required quality measures and reporting expectations.

These steps will ensure the Quality Strategy framework remains current, actionable, and aligned with evolving national standards.

Strengthen PIPs to Align with High-Priority Quality Strategy Indicators
MY 2024 results reveal significant statewide gaps in preventive health, adolescent care, cancer screening, and immunization performance. Twenty one of the 23 evaluated Quality Strategy indicators (91%) fell short of BMS performance targets, with many also below national averages. **Qlarant recommends** that BMS require MCPs to implement or revise PIPs that directly target high priority Quality Strategy measures – particularly cancer screening, adolescent immunizations, adolescent well care, and infant well child visit rates – to drive measurable, statewide improvement.

Ensure MCP Access to the State Immunization Registry and Improve Data Connectivity
MCP performance on adolescent and prenatal immunization measures lagged significantly behind national averages. **Qlarant recommends** that BMS ensure MCPs and key stakeholders have direct, reliable, and consistent access to the West Virginia state immunization registry. Strengthening data connectivity will support targeted outreach efforts and more accurate assessment of immunization gaps.

Continue and Enhance the MCP Withhold Program
Because WV MCP performance fell short of BMS targets for nearly all evaluated Quality Strategy indicators, the withhold program remains a critical mechanism for improving outcomes. **Qlarant recommends** that BMS:

- Maintain or increase the weighting of high-priority, low-performing measures within the withhold structure; and
- Link incentives and penalties to statistically significant improvement, rather than raw rate fluctuations.

This approach aligns financial accountability with EQR PIP validation principles and helps ensure MCP improvement efforts produce meaningful, sustained results.

Strengthen MCP Quality QAPI Alignment With the State's Quality Strategy
Although MCPs demonstrate a general commitment to QAPI requirements, alignment between QAPI activities and Quality Strategy goals remains inconsistent. **Qlarant recommends** that BMS clarify QAPI expectations and require MCPs to explicitly map QAPI interventions, monitoring strategies, and evaluation activities to corresponding Quality Strategy goals and performance indicators. This will improve transparency and ensure quality improvement efforts are strategically focused.

Improve State Network Adequacy Standards Through Clarification and Enhanced Data Requirements
EQR findings identified low confidence (29%) in statewide network adequacy results, driven by inaccurate provider directories, inconsistent provider information, and misalignment among MCPs, the state, and the network adequacy vendor. **Qlarant recommends** that BMS:

- Clarify provider network definitions and adequacy standards;
- Analyze MHT and MHP provider network adequacy compliance separately, improving data accuracy and reducing contamination; and
- Strengthen oversight and accountability mechanisms across all MCPs.

These actions support Quality Strategy Goals by improving provider availability, timely access, and network transparency.

Implement Statewide Provider Education and Engagement Initiatives
Provider level issues – including documentation errors, incomplete directory information, and limited participation in quality improvement efforts – were common across MCPs. **Qlarant recommends** that BMS:

- Sponsor statewide provider training sessions focused on medical record documentation, quality measure specifications, and quality improvement best practices; and
- Require MCPs to track and report improvements in provider directory verification rates to help resolve ongoing data accuracy challenges.

These initiatives will strengthen provider engagement and improve the validity of quality and access metrics statewide.

Conclusion

As West Virginia's contracted EQRO, Qlarant evaluated the MHT and MHP managed care programs to assess compliance with federal and state-specific requirements. Review and validation activities occurred over the course of 2025 and assessed MY 2024 and MY 2025 performance, as applicable. Qlarant evaluated each participating MCP and found:

- MCPs conduct PIPs in a methodical manner.
    - MHT MCPs reported their first remeasurement results for their Lead Screening in Children PIP. The MHT MCP average increased in all three PIP measures. The PIP validation average rating is 96% (high confidence).

  - MHT MCPs reported their second remeasurement results for the Follow-Up After Emergency Department Visit for Mental Illness PIP. The MHT average for the PIP measure improved year over year. The PIP validation average rating is 93% (high confidence).
  - For the MCP-selected PIPs reporting measurement results, two of three MHT MCPs demonstrated improvement.
    - ABH achieved statistically significant improvement in two of its Care for Adolescents PIP measures: Adolescents Well-Care Visits 12-17 Year Olds and 18-21 Year Olds. The MCP's PIP validation rating is 100% (high confidence).
    - THP achieved statistically significant improvement in all of its Promoting Health and Wellness in Children and Adolescents PIP measures. The MCP's PIP validation rating is 100% (high confidence).
    - WWV failed to improve in its Immunizations for Adolescents PIP when comparing MY 2024 performance to baseline. The MCP's PIP validation rating is 82% (moderate confidence).
    - HHO submitted a PIP proposal for Promoting Treatment for Individuals with Opioid Use Disorder and received a PIP validation rating of 91% (high confidence).
  - MHP ABH reported its first remeasurement results for the Lead Screening in Children PIP. The MCP improved performance in two measures: Lead Screening in Children and Well-Child Visits 15-30 Months. MHP ABH's PIP validation rating is 95% (high confidence).
  - MHP ABH achieved improvement in all three Care for Adolescents PIP measures; improvement was statistically significant in two of the measures, including Adolescents Well-Care Visits 12-17 Year Olds and 18-21 Year Olds. MHP ABH's PIP validation rating is 95% (high confidence).
  - MHP ABH failed to improve in its Reducing Out-of-State Placement for Foster Care PIP. MHP ABH's PIP validation rating is 81% (moderate confidence).
- MCPs had appropriate systems in place to process accurate claims and encounters, as demonstrated in the PMV activity. Measure results were assessed as "reportable." All reporting MCPs achieved validation scores of 100%, except WWV scored 95.2%.
- The MHT MCPs all received an overall weighted score of 98.5% for the 2025 SPR, which evaluated compliance with the Quality Assessment and Performance Improvement Program and Grievance and Appeal System standards. All MHT MCPs achieved full compliance with the Quality Assessment and Performance Improvement Program Standard. Performance ranged from 95.6%-100% in the Grievance and Appeal System Standard. MHP ABH achieved full compliance with both standards.
- Qlarant validated 94 network adequacy indicators to provide BMS with a level of confidence in their vendor's provider network assessment; five (5) indicators received a validation rating of high confidence and 89 indicators received a validation rating of moderate confidence. Qlarant's assessment of all indicators generated a rating of moderate confidence in state and MCP data collection procedures (83%), moderate confidence in state network adequacy methods (87%), and low confidence in state network adequacy results (29%). These results identify significant opportunity for improvement. MCPs should collaborate with BMS to resolve provider qualification discrepancies and continue efforts to improve provider network data quality. BMS should separate compliance calculations (MHT and MHP), maintain exclusion of providers not accepting new patients, clarify provider network definitions, review and reevaluate specialty standards, and clarify network adequacy specifications.

- An evaluation of claim data yielded an overall moderate level of encounter data accuracy, as evidenced by supporting medical record documentation in the EDV activity. The MHT MCP average match rate was 93.2%. MHP ABH's performance was also assessed as moderate (86.3%); this is a significant improvement over their last annual assessment of 59.4%.
- Overall, the MHT MCPs performed well in resolving and/or providing timely notice to members for grievances, appeals, and denials, having scored averages of 100%, 97.2%, and 94.0%, respectively. MHP ABH's performance was assessed as 100% for each of the review categories.
- Overall MHT MCP and MHP ABH PDV results were poor. The overall assessment, which involved locating each sampled provider entry in the EPD, contacting the provider office, and confirming the address, network status, and acceptance of new patients, resulted in no confidence ratings for all MCPs (MHT MCP average: 26.9% and MHP ABH: 18.5%). The primary reason for inaccurate or unverified provider directory information was unsuccessful contact while attempting surveys.
- MCP averages for the selected HEDIS and CAHPS survey measures, identified in Appendix A1 and A2, respectively, compared favorably to national average benchmarks for many measures.

West Virginia's managed care programs continue to make strides and improve the quality of and access to health care services for its Medicaid and CHIP members. These beneficial gains are expected to improve health outcomes in the populations served. All MCPs demonstrate their commitment to quality and quickly respond to recommendations or requests for corrective actions. BMS should continue to monitor, assess, and improve priority areas and consider Qlarant recommendations, which target Quality Strategy goals and objectives to better support improvement in the quality, timeliness, and accessibility of health care services furnished to West Virginia's managed care members.

Appendix 1 – HEDIS® Rates

The West Virginia Bureau for Medical Services requires managed care plans (MCPs) to maintain NCQA Health Plan Accreditation and submit annual HEDIS® rates to NCQA.[26] All MCPs complied with the submission requirement for measurement year (MY) 2024.[27,28]

The HEDIS rates presented in this appendix were sourced from NCQA's Quality Compass 2025 (MY 2024) Medicaid publication.[29] These rates include combined Medicaid and Children's Health Insurance Program populations for all MCPs; for Aetna Better Health of West Virginia (ABH), the Quality Compass rate also includes its Mountain Health Promise population. Qlarant used these NCQA-published health plan HEDIS rates to calculate the simple MCP average for each indicator. Qlarant then compared each rate to NCQA's Quality Compass National Medicaid Health Maintenance Organization (HMO) benchmarks for MY 2024 and applied a diamond rating, as defined below, to indicate performance.[30]

Qlarant Diamond Rating System

♦♦♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national 90th percentile.

♦♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national 75th percentile, but does not meet the 90th percentile.

♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national average, but does not meet the 75th percentile.

♦ Rate is below the NCQA Quality Compass HMO national average.

Table A1-1 displays MY 2024 HEDIS rates, Qlarant's diamond rating for each MCP, and the West Virginia MCP average (WV MCP AVG).

Table A1-1. MY 2024 HEDIS Rates

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (3 Months-17 Years)	Admin	58.77 ♦	66.69 ♦	62.91 ♦	62.79 ♦
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (18-64)	Admin	30.29 ♦	36.87 ♦	35.89 ♦	34.35 ♦

[26] The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications were developed by and are owned by NCQA.
[27] Highmark Health Options West Virginia did not submit HEDIS rates for MY 2024 due to its contract start date of August 1, 2024.
[28] The Health Plan (THP) did not report the following measures to NCQA in its MY 2024 IDSS submission: AXR; CCS-E; CIS-E; COU; DMH; DSU; IMA-E; LSC; OED; PDS-E; PND-E; SMC; SMD; URI; W30; and WCV. To meet state reporting requirements, THP calculated rates for these measures, and an NCQA-licensed organization reviewed them for compliance with specifications and attested that the audit followed NCQA HEDIS Compliance Audit standards.
[29] Quality Compass is a registered trademark of NCQA.
[30] DMH and MSC (% Current Smokers) indicators measure prevalence, and neither a higher nor lower rate indicates better performance. For these measures, a diamond rating was not assigned.

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (65+)	Admin	SD	SD	SD	NC
(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (Total)	Admin	48.00 ♦	52.01 ♦	50.89 ♦	50.30 ♦
(AAP) Adults' Access to Preventive/Ambulatory Health Services (20-44)	Admin	77.19 ♦♦	75.82 ♦♦	78.27 ♦♦	77.09 ♦♦
(AAP) Adults' Access to Preventive/Ambulatory Health Services (45-64)	Admin	82.64 ♦♦	81.16 ♦	82.02 ♦	81.94 ♦
(AAP) Adults' Access to Preventive/Ambulatory Health Services (65+)	Admin	67.27 ♦	62.69 ♦	65.08 ♦	65.01 ♦
(AAP) Adults' Access to Preventive/Ambulatory Health Services (Total)	Admin	79.39 ♦♦	77.98 ♦♦	79.68 ♦♦	79.02 ♦♦
(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	ECDS	58.52 ♦♦♦♦	50.53 ♦♦	53.04 ♦♦♦	54.03 ♦♦♦
(ADD-E) Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	ECDS	66.28 ♦♦♦♦	58.06 ♦♦	60.00 ♦♦	61.45 ♦♦♦
(AIS-E) Adult Immunization Status - Influenza (19-65)	ECDS	13.40 ♦	12.98 ♦	13.26 ♦	13.21 ♦
(AIS-E) Adult Immunization Status - Influenza (66+)	ECDS	SD	SD	SD	NC
(AIS-E) Adult Immunization Status - Influenza (Total)	ECDS	13.40 ♦	12.98 ♦	13.27 ♦	13.22 ♦
(AIS-E) Adult Immunization Status - Td/Tdap (19-65)	ECDS	44.67 ♦♦	43.46 ♦	46.20 ♦♦	44.78 ♦♦
(AIS-E) Adult Immunization Status - Td/Tdap (66+)	ECDS	SD	SD	SD	NC
(AIS-E) Adult Immunization Status - Td/Tdap (Total)	ECDS	44.66 ♦♦	43.45 ♦	46.19 ♦♦	44.77 ♦♦
(AIS-E) Adult Immunization Status - Zoster (50-65)	ECDS	9.55 ♦	9.85 ♦	8.90 ♦	9.43 ♦
(AIS-E) Adult Immunization Status - Zoster (66+)	ECDS	SD	SD	SD	NC
(AIS-E) Adult Immunization Status - Zoster (Total)	ECDS	9.55 ♦	9.86 ♦	8.93 ♦	9.45 ♦
(AIS-E) Adult Immunization Status - Pneumococcal (66+)	ECDS	SD	SD	SD	NC
(AMM) Antidepressant Medication Management - Effective Acute Phase Treatment	Admin	65.92 ♦♦	75.16 ♦♦♦	63.94 ♦	68.34 ♦♦
(AMM) Antidepressant Medication Management - Effective Continuation Phase Treatment	Admin	46.25 ♦	59.51 ♦♦♦	44.98 ♦	50.25 ♦♦
(AMR) Asthma Medication Ratio (5-11)	Admin	81.79 ♦♦♦	77.00 ♦♦♦	81.75 ♦♦♦	80.18 ♦♦♦
(AMR) Asthma Medication Ratio (12-18)	Admin	76.15 ♦♦♦	68.28 ♦♦	74.50 ♦♦♦	72.98 ♦♦♦
(AMR) Asthma Medication Ratio (19-50)	Admin	68.91 ♦♦♦	54.64 ♦	67.11 ♦♦	63.55 ♦♦
(AMR) Asthma Medication Ratio (51-64)	Admin	64.45 ♦♦	59.58 ♦	63.35 ♦	62.46 ♦
(AMR) Asthma Medication Ratio (Total)	Admin	72.38 ♦♦♦	60.87 ♦	69.80 ♦♦	67.68 ♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (1-11)	ECDS	80.06 ♦♦♦♦	64.29 ♦♦♦	74.13 ♦♦♦♦	72.83 ♦♦♦♦
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (12-17)	ECDS	83.67 ♦♦♦♦	78.30 ♦♦♦♦	78.42 ♦♦♦♦	80.13 ♦♦♦♦
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose Testing (Total)	ECDS	82.54 ♦♦♦♦	73.08 ♦♦♦♦	76.96 ♦♦♦♦	77.53 ♦♦♦♦
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (1-11)	ECDS	68.15 ♦♦♦♦	50.00 ♦♦♦	65.03 ♦♦♦♦	61.06 ♦♦♦♦
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (12-17)	ECDS	70.61 ♦♦♦♦	51.42 ♦♦♦	61.87 ♦♦♦♦	61.30 ♦♦♦♦
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Cholesterol Testing (Total)	ECDS	69.84 ♦♦♦♦	50.89 ♦♦♦	62.95 ♦♦♦♦	61.23 ♦♦♦♦
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (1-11)	ECDS	67.56 ♦♦♦♦	48.41 ♦♦♦	63.64 ♦♦♦♦	59.87 ♦♦♦♦
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (12-17)	ECDS	70.20 ♦♦♦♦	51.42 ♦♦♦	61.15 ♦♦♦♦	60.92 ♦♦♦♦
(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (Total)	ECDS	69.37 ♦♦♦♦	50.30 ♦♦♦	62.00 ♦♦♦♦	60.56 ♦♦♦♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1-11)	Admin	66.44 ♦♦♦	50.88 ♦	52.17 ♦	56.50 ♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (12-17)	Admin	65.43 ♦♦	44.55 ♦	49.66 ♦	53.21 ♦
(APP) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Total)	Admin	65.73 ♦♦	46.84 ♦	50.47 ♦	54.35 ♦
(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up - Alcohol Counseling or Other Follow-Up Care (18-44)	ECDS	0.00 ♦	SD	SD	NC
(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up - Alcohol Counseling or Other Follow-Up Care (45-64)	ECDS	1.67 ♦♦	SD	SD	NC
(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up - Alcohol Counseling or Other Follow-Up Care (65+)	ECDS	SD	SD	SD	NC
(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up - Alcohol Counseling or Other Follow-Up Care (Total)	ECDS	0.91 ♦	SD	SD	NC
(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up - Unhealthy Alcohol Use Screening (18-44)	ECDS	4.57 ♦♦♦♦	0.00 ♦	0.47 ♦	1.68 ♦♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up - Unhealthy Alcohol Use Screening (45-64)	ECDS	7.62 ♦♦♦♦	0.00 ♦	0.81 ♦	2.81 ♦♦♦
(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up - Unhealthy Alcohol Use Screening (65+)	ECDS	SD	SD	SD	NC
(ASF-E) Unhealthy Alcohol Use Screening and Follow-Up - Unhealthy Alcohol Use Screening (Total)	ECDS	5.68 ♦♦♦♦	0.00 ♦	0.59 ♦	2.09 ♦♦♦
(AXR) Antibiotic Utilization for Respiratory Conditions (3m-17)	Admin	37.15 ♦♦♦♦	35.75 ♦♦♦	39.59 ♦♦♦♦	37.50 ♦♦♦♦
(AXR) Antibiotic Utilization for Respiratory Conditions (18-64)	Admin	30.64 ♦♦♦♦	32.59 ♦♦♦♦	34.43 ♦♦♦♦	32.55 ♦♦♦♦
(AXR) Antibiotic Utilization for Respiratory Conditions (65+)	Admin	30.19 ♦♦♦♦	25.00 ♦♦♦♦	20.75 ♦♦♦	25.31 ♦♦♦♦
(AXR) Antibiotic Utilization for Respiratory Conditions (Total)	Admin	35.05 ♦♦♦♦	34.37 ♦♦♦♦	37.57 ♦♦♦♦	35.66 ♦♦♦♦
(BCS-E) Breast Cancer Screening	ECDS	49.15 ♦	49.59 ♦	50.43 ♦	49.72 ♦
(BPD) Blood Pressure Control for Patients With Diabetes	Hybrid	67.64 ♦	68.86 ♦	74.45 ♦♦	70.32 ♦♦
(CBP) Controlling High Blood Pressure	Hybrid	71.78 ♦♦♦	68.61 ♦♦	69.10 ♦♦	69.83 ♦♦
(CCS) Cervical Cancer Screening	Hybrid	45.50 ♦	46.96 ♦	54.01 ♦	48.82 ♦
(CCS-E) Cervical Cancer Screening	ECDS	46.89 ♦	41.68 ♦	48.82 ♦	45.80 ♦
(CHL) Chlamydia Screening in Women (16-20)	Admin	37.54 ♦	33.89 ♦	35.62 ♦	35.68 ♦
(CHL) Chlamydia Screening in Women (21-24)	Admin	57.20 ♦	54.51 ♦	55.17 ♦	55.63 ♦
(CHL) Chlamydia Screening in Women (Total)	Admin	43.81 ♦	43.52 ♦	44.25 ♦	43.86 ♦
(CIS) Childhood Immunization Status - Combo 3	Hybrid	70.80 ♦♦	72.26 ♦♦♦	70.80 ♦♦	71.29 ♦♦
(CIS) Childhood Immunization Status - Combo 7	Hybrid	60.83 ♦♦	62.04 ♦♦	61.80 ♦♦	61.56 ♦♦
(CIS) Childhood Immunization Status - Combo 10	Hybrid	21.90 ♦	17.76 ♦	24.09 ♦	21.25 ♦
(CIS) Childhood Immunization Status - DTaP	Hybrid	76.16 ♦♦	77.13 ♦♦	76.16 ♦♦	76.48 ♦♦
(CIS) Childhood Immunization Status - Hepatitis A	Hybrid	85.89 ♦♦	89.29 ♦♦♦♦	88.81 ♦♦♦	88.00 ♦♦♦
(CIS) Childhood Immunization Status - Hepatitis B	Hybrid	94.40 ♦♦♦♦	92.70 ♦♦♦♦	92.70 ♦♦♦♦	93.27 ♦♦♦♦
(CIS) Childhood Immunization Status - HiB	Hybrid	89.54 ♦♦♦	88.56 ♦♦♦	89.29 ♦♦♦	89.13 ♦♦♦
(CIS) Childhood Immunization Status - Influenza	Hybrid	27.98 ♦	24.33 ♦	30.66 ♦	27.66 ♦
(CIS) Childhood Immunization Status - IPV	Hybrid	90.51 ♦♦♦	90.51 ♦♦♦	90.75 ♦♦♦	90.59 ♦♦♦
(CIS) Childhood Immunization Status - MMR	Hybrid	86.13 ♦♦	88.81 ♦♦♦	89.29 ♦♦♦	88.08 ♦♦
(CIS) Childhood Immunization Status - Pneumococcal Conjugate	Hybrid	76.40 ♦♦	78.83 ♦♦♦	78.35 ♦♦♦	77.86 ♦♦♦
(CIS) Childhood Immunization Status - Rotavirus	Hybrid	72.99 ♦♦	74.94 ♦♦♦	74.21 ♦♦♦	74.05 ♦♦
(CIS) Childhood Immunization Status - VZV	Hybrid	86.86 ♦♦	87.59 ♦♦	87.83 ♦♦	87.43 ♦♦
(CIS-E) Childhood Immunization Status - Combo 3	ECDS	62.33 ♦♦	64.14 ♦♦	59.17 ♦	61.88 ♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(CIS-E) Childhood Immunization Status - Combo 7	ECDS	53.83 ♦♦	55.42 ♦♦	51.91 ♦♦	53.72 ♦♦
(CIS-E) Childhood Immunization Status - Combo 10	ECDS	20.15 ♦	17.93 ♦	17.60 ♦	18.56 ♦
(CIS-E) Childhood Immunization Status - DTaP	ECDS	71.64 ♦♦	71.51 ♦♦	69.99 ♦♦	71.05 ♦♦
(CIS-E) Childhood Immunization Status - Hepatitis A	ECDS	87.07 ♦♦♦	86.84 ♦♦♦	86.12 ♦♦♦	86.68 ♦♦♦
(CIS-E) Childhood Immunization Status - Hepatitis B	ECDS	87.47 ♦♦	89.03 ♦♦♦	83.28 ♦♦	86.59 ♦♦
(CIS-E) Childhood Immunization Status - HiB	ECDS	85.82 ♦♦	85.28 ♦♦	85.24 ♦♦	85.45 ♦♦
(CIS-E) Childhood Immunization Status - Influenza	ECDS	27.24 ♦	24.54 ♦	26.10 ♦	25.96 ♦
(CIS-E) Childhood Immunization Status - IPV	ECDS	84.89 ♦♦	85.89 ♦♦	83.32 ♦♦	84.70 ♦♦
(CIS-E) Childhood Immunization Status - MMR	ECDS	86.99 ♦♦♦	86.43 ♦♦	86.52 ♦♦	86.65 ♦♦
(CIS-E) Childhood Immunization Status - Pneumococcal Conjugate	ECDS	69.70 ♦♦	71.37 ♦♦	69.99 ♦♦	70.35 ♦♦
(CIS-E) Childhood Immunization Status - Rotavirus	ECDS	69.14 ♦♦	70.69 ♦♦	69.77 ♦♦	69.87 ♦♦
(CIS-E) Childhood Immunization Status - VZV	ECDS	86.10 ♦♦	85.21 ♦♦	85.60 ♦♦	85.64 ♦♦
(COL-E) Colorectal Cancer Screening (46-50)	ECDS	24.27 ♦	23.35 ♦	26.68 ♦	24.77 ♦
(COL-E) Colorectal Cancer Screening (51-75)	ECDS	37.30 ♦	37.12 ♦	38.14 ♦	37.52 ♦
(COL-E) Colorectal Cancer Screening (Total)	ECDS	33.74 ♦	33.38 ♦	34.87 ♦	34.00 ♦
(COU) Risk of Continued Opioid Use >= 15 Days (18-64 Yrs) ❖	Admin	6.27 ♦♦	7.37 ♦	6.46 ♦♦	6.70 ♦
(COU) Risk of Continued Opioid Use >= 15 Days (65 Yrs) ❖	Admin	SD	SD	SD	NC
(COU) Risk of Continued Opioid Use >= 15 Days (Total) ❖	Admin	6.27 ♦♦	7.36 ♦	6.45 ♦♦	6.69 ♦♦
(COU) Risk of Continued Opioid Use >= 31 Days (18-64 Yrs) ❖	Admin	3.40 ♦♦	3.54 ♦♦	3.59 ♦♦	3.51 ♦♦
(COU) Risk of Continued Opioid Use >= 31 Days (65 Yrs) ❖	Admin	SD	SD	SD	NC
(COU) Risk of Continued Opioid Use >= 31 Days (Total) ❖	Admin	3.40 ♦♦	3.54 ♦♦	3.58 ♦♦	3.51 ♦♦
(CRE) Cardiac Rehabilitation - Achievement (18-64)	Admin	3.32 ♦♦♦	2.86 ♦♦♦	2.04 ♦♦	2.74 ♦♦♦
(CRE) Cardiac Rehabilitation - Achievement (65+)	Admin	SD	SD	SD	NC
(CRE) Cardiac Rehabilitation - Achievement (Total)	Admin	3.32 ♦♦♦	2.85 ♦♦♦	2.04 ♦♦	2.74 ♦♦
(CRE) Cardiac Rehabilitation - Engagement1 (18-64)	Admin	5.36 ♦♦	4.29 ♦	4.54 ♦	4.73 ♦
(CRE) Cardiac Rehabilitation - Engagement1 (65+)	Admin	SD	SD	SD	NC
(CRE) Cardiac Rehabilitation - Engagement1 (Total)	Admin	5.36 ♦♦	4.27 ♦	4.54 ♦	4.72 ♦
(CRE) Cardiac Rehabilitation - Engagement2 (18-64)	Admin	4.34 ♦♦	4.29 ♦♦	4.76 ♦♦	4.46 ♦♦
(CRE) Cardiac Rehabilitation - Engagement2 (65+)	Admin	SD	SD	SD	NC
(CRE) Cardiac Rehabilitation - Engagement2 (Total)	Admin	4.34 ♦♦	4.27 ♦	4.76 ♦♦	4.46 ♦♦
(CRE) Cardiac Rehabilitation - Initiation (18-64)	Admin	3.06 ♦	3.43 ♦	4.31 ♦	3.60 ♦
(CRE) Cardiac Rehabilitation - Initiation (65+)	Admin	SD	SD	SD	NC

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(CRE) Cardiac Rehabilitation - Initiation (Total)	Admin	3.06 ♦	3.42 ♦	4.31 ♦	3.60 ♦
(CWP) Appropriate Testing for Pharyngitis (3-17)	Admin	83.70 ♦	83.94 ♦	85.36 ♦♦	84.33 ♦
(CWP) Appropriate Testing for Pharyngitis (18-64)	Admin	72.23 ♦	75.07 ♦♦	76.40 ♦♦	74.57 ♦♦
(CWP) Appropriate Testing for Pharyngitis (65+)	Admin	SD	SD	SD	NC
(CWP) Appropriate Testing for Pharyngitis (Total)	Admin	81.68 ♦♦	81.38 ♦♦	83.15 ♦♦	82.07 ♦♦
(DMH) Diagnosed Mental Health Disorders (1-17)	Admin	37.02	28.14	28.54	31.23
(DMH) Diagnosed Mental Health Disorders (18-64)	Admin	47.50	45.26	45.47	46.08
(DMH) Diagnosed Mental Health Disorders (65+)	Admin	36.72	33.79	40.71	37.07
(DMH) Diagnosed Mental Health Disorders (Total)	Admin	42.33	39.10	38.13	39.85
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period1 (12-17)	ECDS	1.49 ♦	0.00 ♦	6.44 ♦♦♦	2.64 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period1 (18-44)	ECDS	0.37 ♦	0.00 ♦	9.10 ♦♦	3.16 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period1 (45-64)	ECDS	0.51 ♦	0.00 ♦	10.57 ♦♦	3.69 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period1 (65+)	ECDS	SD	SD	SD	NC
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period1 (Total)	ECDS	0.70 ♦	0.00 ♦	9.18 ♦♦	3.29 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period2 (12-17)	ECDS	1.91 ♦	0.00 ♦	9.77 ♦♦♦	3.89 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period2 (18-44)	ECDS	8.61 ♦♦	0.00 ♦	11.83 ♦♦♦	6.81 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period2 (45-64)	ECDS	14.89 ♦♦	0.00 ♦	14.25 ♦♦	9.71 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period2 (65+)	ECDS	SD	SD	SD	NC
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period2 (Total)	ECDS	9.03 ♦♦	0.00 ♦	12.33 ♦♦♦	7.12 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period3 (12-17)	ECDS	1.11 ♦	0.00 ♦	8.84 ♦♦♦	3.32 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period3 (18-44)	ECDS	16.93 ♦♦♦	0.00 ♦	10.43 ♦♦	9.12 ♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period3 (45-64)	ECDS	22.61 ♦♦♦	0.00 ♦	12.66 ♦♦	11.76 ♦♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period3 (65+)	ECDS	SD	SD	SD	NC
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Period3 (Total)	ECDS	15.02 ♦♦♦	0.00 ♦	10.91 ♦♦	8.64 ♦♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Total (12-17)	ECDS	1.50 ♦	0.00 ♦	8.34 ♦♦♦	3.28 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Total (18-44)	ECDS	8.89 ♦♦	0.00 ♦	10.46 ♦♦♦	6.45 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Total (45-64)	ECDS	13.09 ♦♦	0.00 ♦	12.49 ♦♦	8.53 ♦
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Total (65+)	ECDS	SD	SD	SD	NC
(DMS-E) Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults - Utilization of PHQ-9-Total (Total)	ECDS	8.40 ♦♦	0.00 ♦	10.80 ♦♦	6.40 ♦
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Response (12-17)	ECDS	SD	SD	SD	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Response (18-44)	ECDS	SD	SD	6.67 ♦	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Response (45-64)	ECDS	SD	SD	21.95 ♦♦♦	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Response (65+)	ECDS	SD	SD	SD	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Response (Total)	ECDS	SD	SD	14.05 ♦♦	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Remission (12-17)	ECDS	SD	SD	SD	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Remission (18-44)	ECDS	SD	SD	3.33 ♦	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Remission (45-64)	ECDS	SD	SD	19.51 ♦♦♦♦	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Remission (65+)	ECDS	SD	SD	SD	NC

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(DRR-E) Depression Remission or Response for Adolescents and Adults - Depression Remission (Total)	ECDS	SD	SD	11.57 ♦♦♦	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Follow-Up PHQ-9 (12-17)	ECDS	SD	SD	SD	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Follow-Up PHQ-9 (18-44)	ECDS	SD	SD	16.67 ♦	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Follow-Up PHQ-9 (45-64)	ECDS	SD	SD	36.59 ♦♦	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Follow-Up PHQ-9 (65+)	ECDS	SD	SD	SD	NC
(DRR-E) Depression Remission or Response for Adolescents and Adults - Follow-Up PHQ-9 (Total)	ECDS	SD	SD	24.79 ♦	NC
(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - Depression Screening (12-17)	ECDS	0.61 ♦	0.18 ♦	12.28 ♦♦♦	4.36 ♦
(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - Depression Screening (18-64)	ECDS	6.23 ♦	4.12 ♦	10.87 ♦♦♦	7.07 ♦
(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - Depression Screening (65+)	ECDS	SD	SD	SD	NC
(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - Depression Screening (Total)	ECDS	4.46 ♦	3.34 ♦	11.24 ♦♦♦	6.35 ♦
(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - Follow-Up on Positive Screen (12-17)	ECDS	SD	SD	80.58 ♦♦	NC
(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - Follow-Up on Positive Screen (18-64)	ECDS	86.71 ♦♦♦♦	43.22 ♦	70.99 ♦♦	66.97 ♦
(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - Follow-Up on Positive Screen (65+)	ECDS	SD	SD	SD	NC
(DSF-E) Depression Screening and Follow-Up for Adolescents and Adults - Follow-Up on Positive Screen (Total)	ECDS	85.80 ♦♦♦♦	43.22 ♦	72.93 ♦♦	67.32 ♦
(DSU) Diagnosed Substance Use Disorders - Any (13-17)	Admin	2.62 ♦♦♦♦	0.97 ♦	0.93 ♦	1.51 ♦♦
(DSU) Diagnosed Substance Use Disorders - Any (18-64)	Admin	16.09 ♦♦♦♦	18.64 ♦♦♦♦	13.36 ♦♦♦	16.03 ♦♦♦♦
(DSU) Diagnosed Substance Use Disorders - Any (65+)	Admin	6.25 ♦♦	8.97 ♦♦♦	6.19 ♦♦	7.14 ♦♦
(DSU) Diagnosed Substance Use Disorders - Any (Total)	Admin	12.88 ♦♦♦♦	16.19 ♦♦♦♦	10.95 ♦♦♦	13.34 ♦♦♦♦
(DSU) Diagnosed Substance Use Disorders - Alcohol (13-17)	Admin	0.52 ♦♦♦	0.22 ♦	0.17 ♦	0.30 ♦♦
(DSU) Diagnosed Substance Use Disorders - Alcohol (18-64)	Admin	3.54 ♦♦	3.79 ♦♦	3.53 ♦♦	3.62 ♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(DSU) Diagnosed Substance Use Disorders - Alcohol (65+)	Admin	3.91 ♦♦♦	4.83 ♦♦♦♦	2.65 ♦	3.80 ♦♦♦
(DSU) Diagnosed Substance Use Disorders - Alcohol (Total)	Admin	2.82 ♦♦	3.30 ♦♦	2.88 ♦♦	3.00 ♦♦
(DSU) Diagnosed Substance Use Disorders - Opioid (13-17)	Admin	0.15 ♦♦♦♦	0.09 ♦♦♦	0.10 ♦♦♦	0.11 ♦♦♦♦
(DSU) Diagnosed Substance Use Disorders - Opioid (18-64)	Admin	11.23 ♦♦♦♦	13.47 ♦♦♦♦	8.51 ♦♦♦♦	11.07 ♦♦♦♦
(DSU) Diagnosed Substance Use Disorders - Opioid (65+)	Admin	1.56 ♦	4.14 ♦♦♦	3.54 ♦♦♦	3.08 ♦♦♦
(DSU) Diagnosed Substance Use Disorders - Opioid (Total)	Admin	8.59 ♦♦♦♦	11.61 ♦♦♦♦	6.88 ♦♦♦♦	9.03 ♦♦♦♦
(DSU) Diagnosed Substance Use Disorders - Other (13-17)	Admin	2.29 ♦♦♦♦	0.76 ♦	0.75 ♦	1.27 ♦♦
(DSU) Diagnosed Substance Use Disorders - Other (18-64)	Admin	8.75 ♦♦♦♦	10.51 ♦♦♦♦	8.04 ♦♦♦	9.10 ♦♦♦♦
(DSU) Diagnosed Substance Use Disorders - Other (65+)	Admin	1.56 ♦	3.45 ♦♦♦	0.88 ♦	1.96 ♦
(DSU) Diagnosed Substance Use Disorders - Other (Total)	Admin	7.21 ♦♦♦♦	9.15 ♦♦♦♦	6.62 ♦♦♦	7.66 ♦♦♦♦
(EED) Eye Exam for Patients With Diabetes	Hybrid	42.34 ♦	43.31 ♦	43.55 ♦	43.07 ♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 7 days (13-17)	Admin	20.97 ♦	SD	17.65 ♦	19.31 ♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 7 days (18+)	Admin	39.22 ♦♦♦	39.52 ♦♦♦♦	42.73 ♦♦♦♦	40.49 ♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 7 days (Total)	Admin	38.13 ♦♦♦	38.99 ♦♦♦	41.91 ♦♦♦♦	39.68 ♦♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30 days (13-17)	Admin	37.10 ♦♦	SD	29.41 ♦	33.26 ♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30 days (18+)	Admin	49.18 ♦♦♦	48.41 ♦♦♦	52.79 ♦♦♦♦	50.13 ♦♦♦
(FUA) Follow-Up After Emergency Department Visit for Substance Use - 30 days (Total)	Admin	48.46 ♦♦♦	47.91 ♦♦♦	52.02 ♦♦♦	49.46 ♦♦♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 7 days (6-17)	Admin	46.05 ♦	50.33 ♦♦	49.83 ♦♦	48.74 ♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 7 days (18-64)	Admin	38.99 ♦♦	36.97 ♦♦	40.35 ♦♦	38.77 ♦♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 7 days (65+)	Admin	SD	SD	SD	NC
(FUH) Follow-Up After Hospitalization for Mental Illness - 7 days (Total)	Admin	42.26 ♦♦	39.29 ♦	42.77 ♦♦	41.44 ♦♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 30 days (6-17)	Admin	74.00 ♦♦	79.08 ♦♦	79.38 ♦♦♦	77.49 ♦♦
(FUH) Follow-Up After Hospitalization for Mental Illness - 30 days (18-64)	Admin	58.94 ♦♦	60.00 ♦♦	61.41 ♦♦	60.12 ♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(FUH) Follow-Up After Hospitalization for Mental Illness - 30 days (65+)	Admin	SD	SD	SD	NC
(FUH) Follow-Up After Hospitalization for Mental Illness - 30 days (Total)	Admin	65.94 ♦♦	63.33 ♦♦	65.99 ♦♦	65.09 ♦♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (13-17)	Admin	SD	SD	SD	NC
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (18-64)	Admin	38.95 ♦♦	38.49 ♦♦	39.73 ♦♦	39.06 ♦♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (65+)	Admin	SD	SD	SD	NC
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 7 Days (Total)	Admin	38.64 ♦♦	38.30 ♦♦	39.77 ♦♦	38.90 ♦♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (13-17)	Admin	SD	SD	SD	NC
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (18-64)	Admin	57.89 ♦♦	62.32 ♦♦	60.73 ♦♦	60.31 ♦♦
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (65+)	Admin	SD	SD	SD	NC
(FUI) Follow-Up After High-Intensity Care for Substance Use Disorder - 30 days (Total)	Admin	57.44 ♦♦	62.34 ♦♦	60.91 ♦♦	60.23 ♦♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7 days (6-17)	Admin	52.12 ♦♦	40.87 ♦	44.44 ♦	45.81 ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7 days (18-64)	Admin	33.81 ♦	37.12 ♦	35.78 ♦	35.57 ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7 days (65+)	Admin	SD	SD	SD	NC
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 7 days (Total)	Admin	42.98 ♦♦	38.16 ♦	38.44 ♦	39.86 ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30 days (6-17)	Admin	77.62 ♦♦♦	73.91 ♦♦	71.11 ♦♦	74.21 ♦♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30 days (18-64)	Admin	48.30 ♦	51.25 ♦	50.25 ♦	49.93 ♦
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30 days (65+)	Admin	SD	SD	SD	NC

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(FUM) Follow-Up After Emergency Department Visit for Mental Illness - 30 days (Total)	Admin	62.98 ♦♦	56.81 ♦	56.63 ♦	58.81 ♦♦
(GSD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status <8.0%	Hybrid	63.99 ♦♦	62.29 ♦♦	65.94 ♦♦♦	64.07 ♦♦
(GSD) Glycemic Status Assessment for Patients With Diabetes - Glycemic Status >9.0% ❖	Hybrid	27.98 ♦♦	27.98 ♦♦	23.36 ♦♦♦♦	26.44 ♦♦♦
(HDO) Use of Opioids at High Dosage ❖	Admin	0.63 ♦♦♦	1.08 ♦♦♦	0.81 ♦♦♦	0.84 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Alcohol Use Disorder (13-17)	Admin	36.07 ♦	SD	26.47 ♦	31.27 ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Alcohol Use Disorder (18-64)	Admin	42.87 ♦	49.79 ♦♦♦	47.50 ♦♦	46.72 ♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Alcohol Use Disorder (65+)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Alcohol Use Disorder (Total)	Admin	42.56 ♦	49.39 ♦♦♦	46.94 ♦♦	46.30 ♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Opioid Use Disorder (13-17)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Opioid Use Disorder (18-64)	Admin	63.01 ♦♦	69.21 ♦♦♦	76.66 ♦♦♦♦	69.63 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Opioid Use Disorder (65+)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Opioid Use Disorder (Total)	Admin	62.71 ♦♦	69.15 ♦♦♦	76.16 ♦♦♦♦	69.34 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Other Drug Use Disorder (13-17)	Admin	42.47 ♦	23.21 ♦	35.48 ♦	33.72 ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Other Drug Use Disorder (18-64)	Admin	56.31 ♦♦♦♦	53.12 ♦♦♦	53.31 ♦♦♦	54.25 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Other Drug Use Disorder (65+)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Other Drug Use Disorder (Total)	Admin	54.56 ♦♦♦♦	52.29 ♦♦♦	52.43 ♦♦♦	53.09 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Total (13-17)	Admin	41.41 ♦	21.92 ♦	32.95 ♦	32.09 ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Total (18-64)	Admin	55.59 ♦♦♦	58.25 ♦♦♦♦	58.72 ♦♦♦♦	57.52 ♦♦♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Total (65+)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Initiation of SUD Treatment - Total (Total)	Admin	54.56 ♦♦♦	57.70 ♦♦♦♦	57.88 ♦♦♦♦	56.71 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Alcohol Use Disorder (13-17)	Admin	14.75 ♦♦♦	SD	2.94 ♦	8.85 ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Alcohol Use Disorder (18-64)	Admin	19.44 ♦♦♦	22.08 ♦♦♦	19.92 ♦♦♦	20.48 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Alcohol Use Disorder (65+)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Alcohol Use Disorder (Total)	Admin	19.17 ♦♦♦	21.88 ♦♦♦	19.47 ♦♦♦	20.17 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Opioid Use Disorder (13-17)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Opioid Use Disorder (18-64)	Admin	44.69 ♦♦♦	48.83 ♦♦♦	55.75 ♦♦♦♦	49.76 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Opioid Use Disorder (65+)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Opioid Use Disorder (Total)	Admin	44.30 ♦♦♦	48.80 ♦♦♦	55.19 ♦♦♦♦	49.43 ♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Other Drug Use Disorder (13-17)	Admin	15.38 ♦♦	1.79 ♦	12.10 ♦	9.76 ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Other Drug Use Disorder (18-64)	Admin	28.90 ♦♦♦♦	20.29 ♦♦♦	22.18 ♦♦♦	23.79 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Other Drug Use Disorder (65+)	Admin	SD	SD	SD	NC
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Other Drug Use Disorder (Total)	Admin	27.20 ♦♦♦♦	19.78 ♦♦♦	21.66 ♦♦♦	22.88 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total (13-17)	Admin	15.36 ♦♦	2.74 ♦	9.25 ♦	9.12 ♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total (18-64)	Admin	32.24 ♦♦♦♦	31.00 ♦♦♦♦	31.46 ♦♦♦♦	31.57 ♦♦♦♦
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total (65+)	Admin	SD	SD	SD	NC

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(IET) Initiation and Engagement of Substance Use Disorder Treatment - Engagement of SUD Treatment - Total (Total)	Admin	31.00 ♦♦♦♦	30.57 ♦♦♦♦	30.72 ♦♦♦♦	30.76 ♦♦♦♦
(IMA) Immunizations for Adolescents - Combination 1	Hybrid	85.64 ♦♦	85.16 ♦♦	86.86 ♦♦♦	85.89 ♦♦
(IMA) Immunizations for Adolescents - Combination 2	Hybrid	32.12 ♦	26.52 ♦	27.01 ♦	28.55 ♦
(IMA) Immunizations for Adolescents - HPV	Hybrid	33.09 ♦	27.01 ♦	27.01 ♦	29.04 ♦
(IMA) Immunizations for Adolescents - Meningococcal	Hybrid	85.89 ♦♦	85.40 ♦♦	86.86 ♦♦	86.05 ♦♦
(IMA) Immunizations for Adolescents - Tdap	Hybrid	87.35 ♦♦	86.62 ♦♦	88.32 ♦♦	87.43 ♦♦
(IMA-E) Immunizations for Adolescents - Combination 1	ECDS	80.09 ♦♦	80.46 ♦♦	80.11 ♦♦	80.22 ♦♦
(IMA-E) Immunizations for Adolescents - Combination 2	ECDS	28.56 ♦	25.53 ♦	24.74 ♦	26.28 ♦
(IMA-E) Immunizations for Adolescents - HPV	ECDS	29.63 ♦	25.99 ♦	25.59 ♦	27.07 ♦
(IMA-E) Immunizations for Adolescents - Meningococcal	ECDS	81.63 ♦♦	82.63 ♦♦	82.43 ♦♦	82.23 ♦♦
(IMA-E) Immunizations for Adolescents - Tdap	ECDS	82.98 ♦♦	83.29 ♦♦	82.84 ♦♦	83.04 ♦♦
(KED) Kidney Health Evaluation for Patients With Diabetes (18-64)	Admin	34.67 ♦	36.48 ♦	36.66 ♦	35.94 ♦
(KED) Kidney Health Evaluation for Patients With Diabetes (65-75)	Admin	SD	SD	SD	NC
(KED) Kidney Health Evaluation for Patients With Diabetes (76-85)	Admin	SD	SD	SD	NC
(KED) Kidney Health Evaluation for Patients With Diabetes (Total)	Admin	34.69 ♦	36.48 ♦	36.64 ♦	35.94 ♦
(LBP) Use of Imaging Studies for Low Back Pain (18-64)	Admin	64.64 ♦	61.90 ♦	66.45 ♦	64.33 ♦
(LBP) Use of Imaging Studies for Low Back Pain (65-75)	Admin	SD	SD	SD	NC
(LBP) Use of Imaging Studies for Low Back Pain (Total)	Admin	64.44 ♦	62.04 ♦	66.50 ♦	64.33 ♦
(LSC) Lead Screening in Children	Admin[31]	67.15 ♦♦	62.94 ♦	66.24 ♦	65.44 ♦
(MSC) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Advising Smokers to Quit	Survey	72.56 ♦	69.35 ♦	70.37 ♦	70.76 ♦
(MSC) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Medications	Survey	51.64 ♦	50.51 ♦	45.63 ♦	49.26 ♦
(MSC) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Discussing Cessation Strategies	Survey	44.39 ♦	41.92 ♦	43.40 ♦	43.24 ♦
(MSC) Adult Survey: Medical Assistance With Smoking and Tobacco Use Cessation - Supplemental Data - % Current Smokers	Survey	43.57	40.25	41.09	41.64
(OED) Oral Evaluation, Dental Services (0-2)	ECDS	19.65 ♦♦	16.67 ♦	20.72 ♦♦	19.01 ♦♦
(OED) Oral Evaluation, Dental Services (3-5)	ECDS	55.74 ♦♦	53.88 ♦♦	59.00 ♦♦♦	56.21 ♦♦
(OED) Oral Evaluation, Dental Services (6-14)	ECDS	57.89 ♦♦	57.20 ♦♦	61.67 ♦♦♦	58.92 ♦♦

[31] The Health Plan (THP) and Wellpoint West Virginia (WWV) elected to calculate and report this measure using administrative data only.

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(OED) Oral Evaluation, Dental Services (15-20)	ECDS	39.59 ♦♦	40.55 ♦♦	43.31 ♦♦	41.15 ♦♦
(OED) Oral Evaluation, Dental Services (Total)	ECDS	49.06 ♦♦	47.77 ♦♦	51.61 ♦♦♦	49.48 ♦♦
(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack	Admin	57.14 ♦♦	SD	47.22 ♦	52.18 ♦
(PCE) Pharmacotherapy Management of COPD Exacerbation - Bronchodilator	Admin	82.81 ♦♦	87.44 ♦♦	81.40 ♦	83.88 ♦♦
(PCE) Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid	Admin	86.10 ♦♦♦♦	85.35 ♦♦♦♦	72.10 ♦♦	81.18 ♦♦♦
(PCR) Plan All-Cause Readmissions (18-44) ❖	Admin	1.36 ♦	1.11 ♦♦	0.99 ♦♦♦	1.15 ♦♦
(PCR) Plan All-Cause Readmissions (45-54) ❖	Admin	1.45 ♦	1.05 ♦♦	1.07 ♦♦	1.19 ♦
(PCR) Plan All-Cause Readmissions (55-64) ❖	Admin	1.20 ♦	1.12 ♦	1.20 ♦	1.17 ♦
(PCR) Plan All-Cause Readmissions (18-64) ❖	Admin	1.33 ♦	1.10 ♦♦	1.09 ♦♦	1.17 ♦♦
(PDS-E) Postpartum Depression Screening and Follow-Up - Depression Screening	ECDS	23.25 ♦♦♦	15.71 ♦♦♦	7.85 ♦	15.60 ♦♦♦
(PDS-E) Postpartum Depression Screening and Follow-Up - Follow-Up on Positive Screen	ECDS	SD	SD	62.50 ♦	NC
(PND-E) Prenatal Depression Screening and Follow-Up - Depression Screening	ECDS	17.62 ♦♦	20.36 ♦♦	9.04 ♦	15.67 ♦♦
(PND-E) Prenatal Depression Screening and Follow-Up - Follow-Up on Positive Screen	ECDS	SD	SD	SD	NC
(POD) Pharmacotherapy for Opioid Use Disorder (16-64)	Admin	20.08 ♦	28.54 ♦♦	20.89 ♦	23.17 ♦
(POD) Pharmacotherapy for Opioid Use Disorder (65+)	Admin	SD	SD	SD	NC
(POD) Pharmacotherapy for Opioid Use Disorder (Total)	Admin	20.08 ♦	28.54 ♦♦	20.92 ♦	23.18 ♦
(PPC) Prenatal and Postpartum Care - Timeliness of Prenatal Care	Hybrid	89.05 ♦♦	88.56 ♦♦	92.94 ♦♦♦♦	90.18 ♦♦♦
(PPC) Prenatal and Postpartum Care - Postpartum Care	Hybrid	81.51 ♦♦	72.99 ♦	87.59 ♦♦♦	80.70 ♦
(PRS-E) Prenatal Immunization Status - Combination	ECDS	15.09 ♦	16.07 ♦	14.90 ♦	15.35 ♦
(PRS-E) Prenatal Immunization Status - Influenza	ECDS	18.43 ♦	19.01 ♦	18.43 ♦	18.62 ♦
(PRS-E) Prenatal Immunization Status - Tdap	ECDS	54.77 ♦	55.38 ♦	55.35 ♦	55.17 ♦
(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Admin	61.04 ♦	72.53 ♦♦♦	63.41 ♦	65.66 ♦♦
(SMC) Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Admin	89.19 ♦♦♦♦	86.05 ♦♦♦	91.30 ♦♦♦♦	88.85 ♦♦♦
(SMD) Diabetes Monitoring for People With Diabetes and Schizophrenia	Admin	80.18 ♦♦♦	75.80 ♦♦	85.26 ♦♦♦♦	80.41 ♦♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Female 40-75)	Admin	78.85 ♦♦	82.80 ♦♦♦	79.26 ♦♦	80.30 ♦♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Male 21-75)	Admin	79.37 ♦	83.33 ♦♦	84.52 ♦♦	82.41 ♦♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Received Statin Therapy (Total)	Admin	79.11 ♦	83.08 ♦♦	81.85 ♦♦	81.35 ♦♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (Female 40-75)	Admin	69.51 ♦	77.03 ♦♦	69.62 ♦	72.05 ♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (Male 21-75)	Admin	66.72 ♦	76.79 ♦♦♦	69.61 ♦	71.04 ♦
(SPC) Statin Therapy for Patients With Cardiovascular Disease - Statin Adherence 80% (Total)	Admin	68.11 ♦	76.90 ♦♦	69.61 ♦	71.54 ♦♦
(SPD) Statin Therapy for Patients With Diabetes - Received Statin Therapy	Admin	64.07 ♦	66.62 ♦♦	68.16 ♦♦	66.28 ♦♦
(SPD) Statin Therapy for Patients With Diabetes - Statin Adherence 80%	Admin	66.69 ♦	75.68 ♦♦♦	68.98 ♦	70.45 ♦♦
(SSD) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Admin	84.97 ♦♦	82.22 ♦	86.16 ♦♦♦	84.45 ♦♦
(UOP) Use of Opioids From Multiple Providers - Multiple Pharmacies ❖	Admin	1.73 ♦♦	2.10 ♦♦	0.88 ♦♦♦♦	1.57 ♦♦♦
(UOP) Use of Opioids From Multiple Providers - Multiple Prescribers ❖	Admin	8.80 ♦♦♦♦	10.15 ♦♦♦♦	10.46 ♦♦♦♦	9.80 ♦♦♦♦
(UOP) Use of Opioids From Multiple Providers - Multiple Prescribers and Multiple Pharmacies ❖	Admin	0.88 ♦♦	1.59 ♦♦	0.46 ♦♦♦♦	0.98 ♦♦
(URI) Appropriate Treatment for Upper Respiratory Infection (3 Months-17 Years)	Admin	84.65 ♦	87.47 ♦	83.40 ♦	85.17 ♦
(URI) Appropriate Treatment for Upper Respiratory Infection (18-64)	Admin	65.39 ♦	68.65 ♦	67.80 ♦	67.28 ♦
(URI) Appropriate Treatment for Upper Respiratory Infection (65+)	Admin	SD	SD	SD	NC
(URI) Appropriate Treatment for Upper Respiratory Infection (Total)	Admin	80.27 ♦	81.54 ♦	78.88 ♦	80.23 ♦
(W30) Well-Child Visits in the First 30 Months of Life (First 15 Months)	Admin	56.33 ♦	62.16 ♦♦	54.78 ♦	57.76 ♦
(W30) Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	Admin	77.98 ♦♦♦	72.93 ♦♦	79.15 ♦♦♦	76.69 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (3-11)	Hybrid	94.21 ♦♦♦♦	88.80 ♦♦	95.12 ♦♦♦♦	92.71 ♦♦♦♦

Indicator	Method	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (12-17)	Hybrid	94.67 ♦♦♦♦	90.13 ♦♦♦	92.12 ♦♦♦	92.31 ♦♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile (Total)	Hybrid	94.40 ♦♦♦♦	89.29 ♦♦♦	93.92 ♦♦♦♦	92.54 ♦♦♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (3-11)	Hybrid	84.30 ♦♦♦	74.90 ♦♦	75.20 ♦♦	78.13 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (12-17)	Hybrid	87.57 ♦♦♦♦	76.97 ♦♦	74.55 ♦♦	79.70 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (Total)	Hybrid	85.64 ♦♦♦♦	75.67 ♦♦	74.94 ♦♦	78.75 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (3-11)	Hybrid	81.40 ♦♦♦	74.13 ♦♦	69.92 ♦♦	75.15 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (12-17)	Hybrid	86.39 ♦♦♦♦	73.68 ♦♦	77.58 ♦♦	79.22 ♦♦
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (Total)	Hybrid	83.45 ♦♦♦	73.97 ♦♦	72.99 ♦♦	76.80 ♦♦
(WCV) Child and Adolescent Well-Care Visits (3-11)	Admin	68.34 ♦♦♦	62.01 ♦	64.90 ♦♦	65.08 ♦♦
(WCV) Child and Adolescent Well-Care Visits (12-17)	Admin	60.23 ♦♦	52.25 ♦	53.84 ♦	55.44 ♦
(WCV) Child and Adolescent Well-Care Visits (18-21)	Admin	32.77 ♦	29.24 ♦	28.49 ♦	30.17 ♦
(WCV) Child and Adolescent Well-Care Visits (Total)	Admin	60.85 ♦♦	54.40 ♦	55.73 ♦♦	56.99 ♦♦

Admin – Measure calculated using administrative data.
ECDS – Measure calculated using NCQA's electronic clinical data systems (ECDS) reporting standards.
Hybrid – Measure calculated using administrative and medical record review data.
Survey – Measure calculated using survey data.
❖ – A lower rate indicates better performance.
SD – Small denominator; MCP followed specifications, but the denominator was too small (fewer than 30) to report a valid rate.
ND – No data; MCP did not report measure data to NCQA.
NC – Not calculated; the average could not be calculated due to insufficient data for two or more MCPs.

Appendix 2 – CAHPS® Survey Results

The West Virginia Bureau for Medical Services (BMS) requires managed care plans (MCPs) to annually conduct the CAHPS Health Plan Survey 5.1H for its adult and child Medicaid populations.[32] All MCPs complied with the submission requirement for measurement year (MY) 2024.[33]

The CAHPS Survey results presented in this appendix were sourced from NCQA's Quality Compass 2025 (MY 2024) Medicaid publication.[34] These rates include combined Medicaid and Children's Health Insurance Program populations for all MCPs; for Aetna Better Health of West Virginia (ABH), the Quality Compass rate also includes its Mountain Health Promise population. Qlarant used these NCQA-published health plan CAHPS Survey results to calculate the simple MCP average for each indicator. Qlarant then compared each rate to NCQA's Quality Compass National Medicaid Health Maintenance Organization (HMO) benchmarks for MY 2024 and applied a diamond rating, as defined below, to indicate performance.

Qlarant Diamond Rating System

♦♦♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national 90th percentile.

♦♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national 75th percentile, but does not meet the 90th percentile.

♦♦ Rate is equal to or exceeds the NCQA Quality Compass HMO national average, but does not meet the 75th percentile.

♦ Rate is below the NCQA Quality Compass HMO national average.

Table A2-1 displays MY 2024 CAHPS Survey results, Qlarant's diamond rating for each MCP, and the West Virginia MCP average (WV MCP AVG).

Table A2-1. MY 2024 CAHPS Health Plan Survey Version 5.1 Results

CAHPS Health Plan Survey Indicator	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
Adult Medicaid 5.1				
Adult Survey: Rating of Health Plan (8+9+10)	76.76 ♦	76.99 ♦	69.35 ♦	74.37 ♦
Adult Survey: Rating of Health Plan (9+10)	55.60 ♦	61.51 ♦	52.26 ♦	56.46 ♦
Adult Survey: Rating of Personal Doctor (8+9+10)	84.10 ♦	83.90 ♦	86.75 ♦♦♦	84.92 ♦♦
Adult Survey: Rating of Personal Doctor (9+10)	71.28 ♦♦	68.78 ♦	74.10 ♦♦♦	71.39 ♦♦
Adult Survey: Rating of Specialist Seen Most Often (8+9+10)	75.00 ♦	85.59 ♦♦	SD	80.30 ♦
Adult Survey: Rating of Specialist Seen Most Often (9+10)	60.58 ♦	72.97 ♦♦♦	SD	66.78 ♦

[32] The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[33] Highmark Health Options West Virginia did not conduct CAHPS Surveys for MY 2024 due to its contract start date of August 1, 2024.
[34] Quality Compass is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS Health Plan Survey Indicator	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
Adult Survey: Rating of All Health Care (8+9+10)	71.69 ♦	76.70 ♦♦	79.17 ♦♦♦	75.85 ♦
Adult Survey: Rating of All Health Care (9+10)	45.78 ♦	56.82 ♦	58.33 ♦♦	53.64 ♦
Adult Survey: Coordination of Care (Usually + Always)	86.67 ♦♦	86.79 ♦♦	SD	86.73 ♦♦
Adult Survey: Customer Service (Usually + Always)	SD	SD	SD	NC
Adult Survey: Getting Care Quickly (Usually + Always)	87.82 ♦♦♦♦	89.87 ♦♦♦♦	SD	88.85 ♦♦♦♦
Adult Survey: Getting Needed Care (Usually + Always)	85.48 ♦♦♦	86.78 ♦♦♦♦	87.86 ♦♦♦♦	86.71 ♦♦♦
Adult Survey: How Well Doctors Communicate (Usually + Always)	92.59 ♦	93.96 ♦♦	95.88 ♦♦♦	94.14 ♦♦
Adult Survey: In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? (Usually + Always)	87.33 ♦♦♦♦	87.74 ♦♦♦♦	83.08 ♦♦	86.05 ♦♦♦♦
Adult Survey: In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? (Usually + Always)	82.41 ♦♦	86.55 ♦♦♦♦	SD	84.48 ♦♦♦
Adult Survey: In the last 6 months, how often did your health plan's customer service give you the information or help you needed? (Usually + Always)	SD	SD	SD	NC
Adult Survey: In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? (Usually + Always)	SD	SD	SD	NC
Adult Survey: In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? (Usually + Always)	93.83 ♦♦	93.94 ♦♦	94.78 ♦♦	94.18 ♦♦
Adult Survey: In the last 6 months, how often did your personal doctor listen carefully to you? (Usually + Always)	93.83 ♦♦	93.98 ♦♦	97.01 ♦♦♦♦	94.94 ♦♦
Adult Survey: In the last 6 months, how often did your personal doctor show respect for what you had to say? (Usually + Always)	94.44 ♦	94.55 ♦	97.74 ♦♦♦♦	95.58 ♦♦
Adult Survey: In the last 6 months, how often did your personal doctor spend enough time with you? (Usually + Always)	88.27 ♦	93.37 ♦♦♦	93.98 ♦♦♦	91.87 ♦♦
Adult Survey: In the last 6 months, how often was it easy to get the care, tests or treatment you needed? (Usually + Always)	88.55 ♦♦♦	87.01 ♦♦	90.34 ♦♦♦♦	88.63 ♦♦♦
Adult Survey: In the last 6 months, how often were the forms from your health plan easy to fill out? (No + Usually + Always)	95.83 ♦♦	93.59 ♦	95.96 ♦♦	95.13 ♦♦
Adult Survey: In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? (Usually + Always)	SD	92.00 ♦♦♦♦	SD	NC
Child Medicaid 5.1				
Child Survey - General Population: Rating of Health Plan (8+9+10)	88.19 ♦♦	87.93 ♦♦	79.80 ♦	85.31 ♦
Child Survey - General Population: Rating of Health Plan (9+10)	71.61 ♦	74.83 ♦♦	63.30 ♦	69.91 ♦
Child Survey - General Population: Rating of Personal Doctor (8+9+10)	90.61 ♦♦	91.67 ♦♦	92.76 ♦♦♦	91.68 ♦♦

CAHPS Health Plan Survey Indicator	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
Child Survey - General Population: Rating of Personal Doctor (9+10)	76.80 ♦	81.82 ♦♦♦	79.66 ♦♦	79.43 ♦♦
Child Survey - General Population: Rating of Specialist Seen Most Often (8+9+10)	SD	SD	SD	NC
Child Survey - General Population: Rating of Specialist Seen Most Often (9+10)	SD	SD	SD	NC
Child Survey - General Population: Rating of All Health Care (8+9+10)	88.70 ♦♦	90.09 ♦♦♦	84.33 ♦	87.71 ♦♦
Child Survey - General Population: Rating of All Health Care (9+10)	70.89 ♦	75.47 ♦♦♦	65.90 ♦	70.75 ♦
Child Survey - General Population: Coordination of Care (Usually + Always)	82.12 ♦	92.62 ♦♦♦♦	82.81 ♦	85.85 ♦♦
Child Survey - General Population: Customer Service (Usually + Always)	SD	SD	SD	NC
Child Survey - General Population: Getting Care Quickly (Usually + Always)	93.51 ♦♦♦♦	95.26 ♦♦♦♦	93.78 ♦♦♦♦	94.18 ♦♦♦♦
Child Survey - General Population: Getting Needed Care (Usually + Always)	91.51 ♦♦♦♦	89.39 ♦♦♦	85.94 ♦♦	88.95 ♦♦♦
Child Survey - General Population: How Well Doctors Communicate (Usually + Always)	96.88 ♦♦♦♦	97.67 ♦♦♦♦	97.14 ♦♦♦♦	97.23 ♦♦♦♦
Child Survey - General Population: In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (Usually + Always)	SD	SD	SD	NC
Child Survey - General Population: In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (Usually + Always)	SD	SD	SD	NC
Child Survey - General Population: In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? (Usually + Always)	88.18 ♦♦♦♦	SD	SD	NC
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand? (Usually + Always)	96.09 ♦♦♦	98.53 ♦♦♦♦	98.17 ♦♦♦♦	97.60 ♦♦♦♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor listen carefully to you? (Usually + Always)	97.14 ♦♦♦	97.55 ♦♦♦	97.26 ♦♦♦	97.32 ♦♦♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor show respect for what you had to say? (Usually + Always)	98.58 ♦♦♦	98.53 ♦♦♦	98.17 ♦♦♦	98.43 ♦♦♦
Child Survey - General Population: In the last 6 months, how often did your child's personal doctor spend enough time with your child? (Usually + Always)	95.70 ♦♦♦♦	96.08 ♦♦♦♦	94.98 ♦♦♦♦	95.59 ♦♦♦♦
Child Survey - General Population: In the last 6 months, how often was it easy to get the care, tests or treatment your child needed? (Usually + Always)	94.85 ♦♦♦♦	94.37 ♦♦♦	90.83 ♦♦	93.35 ♦♦♦
Child Survey - General Population: In the last 6 months, how often were the forms from your child's health plan easy to fill out? (No + Usually + Always)	97.19 ♦♦♦	95.60 ♦♦	97.32 ♦♦♦♦	96.70 ♦♦♦

CAHPS Health Plan Survey Indicator	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
Child Survey - General Population: In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? (Usually + Always)	91.70 ♦♦♦♦	92.23 ♦♦♦♦	91.83 ♦♦♦♦	91.92 ♦♦♦♦
Child Survey - General Population: In the last 6 months, when your child needed care right away, how often did you get care as soon as he or she needed? (Usually + Always)	95.31 ♦♦♦	98.29 ♦♦♦♦	95.73 ♦♦♦	96.44 ♦♦♦♦
Child Medicaid 5.1 Children with Chronic Conditions Supplemental Item Set				
Child Survey - CCC Population: Rating of Health Plan (8+9+10)	87.92 ♦♦♦	82.18 ♦	ND	85.05 ♦♦
Child Survey - CCC Population: Rating of Health Plan (9+10)	72.95 ♦♦♦	71.78 ♦♦♦	ND	72.37 ♦♦♦
Child Survey - CCC Population: Rating of Personal Doctor (8+9+10)	90.96 ♦♦♦	88.72 ♦	ND	89.84 ♦♦
Child Survey - CCC Population: Rating of Personal Doctor (9+10)	81.65 ♦♦♦♦	76.41 ♦	ND	79.03 ♦♦
Child Survey - CCC Population: Rating of Specialist Seen Most Often (8+9+10)	89.27 ♦♦♦	SD	ND	NC
Child Survey - CCC Population: Rating of Specialist Seen Most Often (9+10)	75.14 ♦♦	SD	ND	NC
Child Survey - CCC Population: Rating of All Health Care (8+9+10)	89.83 ♦♦♦♦	86.39 ♦♦	ND	88.11 ♦♦♦
Child Survey - CCC Population: Rating of All Health Care (9+10)	74.13 ♦♦♦♦	74.56 ♦♦♦♦	ND	74.35 ♦♦♦♦
Child Survey - CCC Population: Access to specialized services (Usually + Always)	78.37 ♦♦♦	SD	ND	NC
Child Survey - CCC Population: Coordination of Care (Usually + Always)	85.91 ♦♦	89.47 ♦♦♦♦	ND	87.69 ♦♦♦
Child Survey - CCC Population: Customer Service (Usually + Always)	SD	SD	ND	NC
Child Survey - CCC Population: Getting Care Quickly (Usually + Always)	95.70 ♦♦♦♦	92.48 ♦♦	ND	94.09 ♦♦♦♦
Child Survey - CCC Population: Getting Needed Care (Usually + Always)	90.41 ♦♦♦♦	87.86 ♦♦♦	ND	89.14 ♦♦♦
Child Survey - CCC Population: How Well Doctors Communicate (Usually + Always)	96.78 ♦♦♦	96.75 ♦♦♦	ND	96.77 ♦♦♦
Child Survey - CCC Population: In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (Usually + Always)	SD	SD	ND	NC
Child Survey - CCC Population: In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (Usually + Always)	SD	SD	ND	NC
Child Survey - CCC Population: In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? (Usually + Always)	84.90 ♦♦♦	SD	ND	NC
Child Survey - CCC Population: In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers? (Usually + Always)	95.63 ♦♦♦♦	91.76 ♦♦	ND	93.70 ♦♦♦

CAHPS Health Plan Survey Indicator	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand? (Usually + Always)	96.95 ♦♦♦	96.63 ♦♦♦	ND	96.79 ♦♦♦
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor listen carefully to you? (Usually + Always)	97.55 ♦♦♦	97.21 ♦♦♦	ND	97.38 ♦♦♦
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor show respect for what you had to say? (Usually + Always)	98.17 ♦♦♦	97.16 ♦♦	ND	97.67 ♦♦
Child Survey - CCC Population: In the last 6 months, how often did your child's personal doctor spend enough time with your child? (Usually + Always)	94.46 ♦♦♦♦	96.02 ♦♦♦♦	ND	95.24 ♦♦♦♦
Child Survey - CCC Population: In the last 6 months, how often was it easy to get prescription medications for your child through his or her plan? (Usually + Always)	91.51 ♦♦	89.84 ♦	ND	90.68 ♦♦
Child Survey - CCC Population: In the last 6 months, how often was it easy to get special medical equipment or devices for your child? (Usually + Always)	SD	SD	ND	NC
Child Survey - CCC Population: In the last 6 months, how often was it easy to get the care, tests or treatment your child needed? (Usually + Always)	95.93 ♦♦♦♦	88.76 ♦	ND	92.35 ♦♦
Child Survey - CCC Population: In the last 6 months, how often was it easy to get this therapy for your child? (Usually + Always)	SD	SD	ND	NC
Child Survey - CCC Population: In the last 6 months, how often was it easy to get this treatment or counseling for your child? (Usually + Always)	82.13 ♦♦♦♦	75.96 ♦♦	ND	79.05 ♦♦♦
Child Survey - CCC Population: In the last 6 months, how often were the forms from your child's health plan easy to fill out? (No + Usually + Always)	97.34 ♦♦♦♦	97.93 ♦♦♦♦	ND	97.64 ♦♦♦♦
Child Survey - CCC Population: In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? (Usually + Always)	93.25 ♦♦♦♦	90.91 ♦♦♦	ND	92.08 ♦♦♦♦
Child Survey - CCC Population: In the last 6 months, when your child needed care right away, how often did you get care as soon as he or she needed? (Usually + Always)	98.16 ♦♦♦♦	SD	ND	NC
Child Survey - CCC Population: Coordination of Care for Children with Chronic Conditions (Yes)	79.36 ♦♦♦♦	SD	ND	NC
Child Survey - CCC Population: Family-Centered Care: Personal Doctor Knows Child (Yes)	93.10 ♦♦♦	93.12 ♦♦♦	ND	93.11 ♦♦♦
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get special medical equipment or devices for your child? (Yes)	SD	SD	ND	NC
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get this therapy for your child? (Yes)	SD	SD	ND	NC

CAHPS Health Plan Survey Indicator	ABH MY 2024 (%)	THP MY 2024 (%)	WWV MY 2024 (%)	WV MCP AVG MY 2024 (%)
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get this treatment for your child? (Yes)	65.24 ♦♦♦♦	60.95 ♦♦	ND	63.10 ♦♦♦
Child Survey - CCC Population: Did anyone from your child's health plan, doctor's office or clinic help you get your child's prescription medicines? (Yes)	63.24 ♦	58.38 ♦	ND	60.81 ♦
Child Survey - CCC Population: Does your child's personal doctor understand how these medical, behavioral or other health conditions affect your child's day-to-day life? (Yes)	96.38 ♦♦♦♦	94.89 ♦♦	ND	95.64 ♦♦♦
Child Survey - CCC Population: Does your child's personal doctor understand how your child's medical, behavior or other health conditions affect your family's day-to-day life? (Yes)	92.08 ♦♦	91.37 ♦♦	ND	91.73 ♦♦
Child Survey - CCC Population: In the last 6 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services? (Yes)	64.49 ♦♦	61.47 ♦♦	ND	62.98 ♦♦
Child Survey - CCC Population: In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare? (Yes)	SD	SD	ND	NC
Child Survey - CCC Population: In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing or behaving? (Yes)	90.85 ♦♦	93.10 ♦♦♦♦	ND	91.98 ♦♦♦

SD – Small denominator; MCP followed specifications, but the denominator was too small (fewer than 100) to report a valid rate.
ND – No data; MCP did not report measure data to NCQA.
NC – Not calculated; the average could not be calculated due to insufficient data for two or more MCPs.

Appendix 3 – Network Adequacy Indicators and Validation Results

Network Adequacy Indicators

Qlarant validated 94 network adequacy indicators for state fiscal year 2025. Table A3-1 displays information about the selected indicators and detailed validation findings for each provider category.

The state's provider network analysis (PNA) vendor did not calculate unique network adequacy rates for the MHP program. While Mountain Health Trust (MHT) and Mountain Health Promise (MHP) share the same Aetna Better Health of West Virginia (ABH) provider network, they have separate and distinct populations. Table A3-1 identifies indicators where separate MHP calculations are missing.

Table A3-1. Network Adequacy Indicators and Validation Findings

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
Network Capacity: Provider-to-Enrollee Ratio Standard				
Primary Care Physician (PCP) (Adult enrollee standard)	PCP	One (1) age appropriate active provider who is accepting new patients for every 500 adult enrollees per county	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Addressed for MHT Medicaid and CHIP	69% - Moderate Confidence
PCP (Pediatric enrollee standard)	PCP	One (1) age appropriate active provider who is accepting new patients for every 250 pediatric enrollees per county	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Addressed for MHT Medicaid and CHIP	94% - High Confidence

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
Obstetrician/Gynecologist (OB/GYN) or Certified Nurse Midwife (CNM)	OB/GYN or CNM	One (1) active provider who is accepting new patients for every 1,000 enrollees per county	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP	94% - High Confidence
Geographic Accessibility: Time and Distance Standards				
PCP (Adult enrollee standard)	PCP	Two (2) active providers accepting new patients within 20 miles or 30 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
PCP (Pediatric enrollee standard)	PCP	Two (2) active providers accepting new patients within 20 miles or 30 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	94% - High Confidence
OB/GYN	OB/GYN or CNM	Two (2) active providers accepting new patients within 25 miles or 30 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP	94% - High Confidence

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
Frequently-Used Specialist (Adult enrollee standard)	Allergy, Audiology, Cardiology, Dermatology, Gastroenterology, General Surgery, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Medicine and Rehabilitation Specialist, Physical Therapy, Pulmonology, Speech Therapy	Two (2) active providers accepting new patients within 20 miles or 30 minutes travel time	Provider types, excluding orthopedics^ – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
Frequently-Used Specialist (Pediatric enrollee standard)	Allergy, Audiology, Cardiology, Dermatology, Gastroenterology, General Surgery, Neurology, Occupational Therapy, Oncology, Ophthalmology, Orthopedics, Orthopedic Surgeon, Otolaryngology/Otorhinolaryngology, Physical Medicine and Rehabilitation Specialist, Physical Therapy, Pulmonology, Speech Therapy	Two (2) active providers accepting new patients within 20 miles or 30 minutes travel time	Provider types, excluding orthopedics^ – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
Other Specialist (Adult enrollee standard)	Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment, Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, Urology	One (1) active provider accepting new patients within 20 miles or 30 minutes travel time	Provider types, excluding anesthesiology, pathology, and radiology^^ – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
Other Specialist (Pediatric enrollee standard)	Anesthesiology, Chiropractic, Dialysis, Durable Medical Equipment, Endocrinology, Hematology, Home Health Services, Nephrology, Neurosurgery, Orthotics and Prosthetics, Pathology, Plastic Surgery, Podiatry, Radiology, Thoracic Surgery, Urology	One (1) active provider accepting new patients within 20 miles or 30 minutes travel time	Provider types, excluding anesthesiology, pathology, and radiology^^ – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
Hospital (Adult enrollee standard - urban+)	Basic Hospital Services, Tertiary Hospital Services++	One (1) hospital within 30 miles or 45 minutes travel time	Provider types – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed Urban/rural standard – • Addressed for MHT Medicaid and CHIP	71% - Moderate Confidence

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
Hospital (Pediatric enrollee standard - urban[+])	Basic Hospital Services, Tertiary Hospital Services[++]	One (1) hospital within 30 miles or 45 minutes travel time	Provider types – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed Urban/rural standard – • Addressed for MHT Medicaid and CHIP	71% - Moderate Confidence
Hospital (Adult enrollee standard - rural[+])	Basic Hospital Services, Tertiary Hospital Services[++]	One (1) hospital within 60 miles or 90 minutes travel time	Provider types – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed Urban/rural standard – • Addressed for MHT Medicaid and CHIP	71% - Moderate Confidence
Hospital (Pediatric enrollee standard - rural[+])	Basic Hospital Services, Tertiary Hospital Services[++]	One (1) hospital within 60 miles or 90 minutes travel time	Provider types – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed Urban/rural standard – • Addressed for MHT Medicaid and CHIP	71% - Moderate Confidence

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
Essential Community Provider (ECP) (Adult enrollee standard)	Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC)	One (1) provider within 45 miles or 60 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
ECP (Pediatric enrollee standard)	FQHC or RHC	One (1) provider within 45 miles or 60 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
Behavioral Health Provider (Adult enrollee standard)	Psychologist, Psychiatrist, Licensed Professional Counselor, Licensed Independent Clinical Social Worker	Two (2) providers within 45 miles or 60 minutes travel time	Provider types – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
Behavioral Health Provider (Pediatric enrollee standard)	Psychologist, Psychiatrist, Licensed Professional Counselor, Licensed Independent Clinical Social Worker	Two (2) providers within 45 miles or 60 minutes travel time	Provider types – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
Behavioral Health Facility (Adult enrollee standard - urban+)	Adult Inpatient Psychiatric Unit	One (1) hospital within 30 miles or 45 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Urban/rural standard – • Addressed for MHT Medicaid and CHIP	94% - High Confidence
Behavioral Health Facility (Adult enrollee standard - rural+)	Adult Inpatient Psychiatric Unit	One (1) provider within 60 miles or 90 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Urban/rural standard – • Addressed for MHT Medicaid and CHIP	94% - High Confidence
Substance Use Disorder (SUD) Provider (Adult enrollee standard)	Outpatient SUD Provider	One (1) provider within 45 miles or 60 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
SUD Provider (Pediatric enrollee standard)	Outpatient SUD Provider	One (1) provider within 45 miles or 60 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
SUD Facility (Adult enrollee standard)	Residential SUD Provider	One (1) provider within 45 miles or 60 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
SUD Facility (Pediatric enrollee standard)	Residential SUD Provider	One (1) provider within 45 miles or 60 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
General Dentist (Adult enrollee standard)	Dentist	Two (2) providers within 25 miles or 30 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
General Dentist (Pediatric enrollee standard)	Dentist	Two (2) providers within 25 miles or 30 minutes travel time	Provider type – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence

Provider Category	Provider Type	Network Adequacy Indicator	Indicator Addressed in Network Monitoring Activities	Validation Score and Rating
Dental Specialist (Adult enrollee standard)	Oral Surgeon, Orthodontist	One (1) provider within 45 miles or 60 minutes travel time	Provider types – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence
Dental Specialist (Pediatric enrollee standard)	Oral Surgeon, Orthodontist	One (1) provider within 45 miles or 60 minutes travel time	Provider types – • Addressed for MHT Medicaid and CHIP • Not addressed for MHP Enrollee standard – • Not addressed	71% - Moderate Confidence

^The state PNA analyses did not assess geographic accessibility for orthopedic providers; therefore, Qlarant did not conduct network adequacy validation for this provider type.
^^At the request of MHT MCPs, three (3) provider types were excluded from the PNA analysis: anesthesiologist, pathologist, and radiologist. As a result, Qlarant did not conduct network adequacy validation for these provider type.
+The state used Health Resources and Services Administration Federal Office of Rural Health Policy definitions to distinguish between urban and rural. For SFY 2025, 40 WV counties were defined as rural and 15 counties were defined as urban.
++Tertiary hospital services include (1) acute care services to pediatric patients in medical and surgical units; (2) obstetrics services; and (3) a neo-natal intensive care unit.

Comprehensive Validation Assessment Results

To validate the state's provider network adequacy (PNA) analysis and results, Qlarant evaluated each network adequacy indicator against 28 review elements. For each element, Qlarant's assessed a finding of Met, Unmet, or Not Applicable (NA). Aggregated validation results were used to generate comprehensive ratings across three assessment categories:

- Assessment of state and MCP data collection procedures
- Assessment of state network adequacy methods
- Assessment of state network adequacy results

Results are consistent for each managed care plan (MCP), except where specified within the narrative. The state's PNA vendor did not calculate unique network adequacy rates for the MHP program. While Mountain Health Trust (MHT) and Mountain Health Promise (MHP) share the same Aetna Better Health of West Virginia (ABH) provider network, they have separate and distinct populations.

Qlarant's assessment of state and MCP data collection procedures resulted in a moderate confidence validation rating of 83%. Detailed assessment findings for elements 1-10 are presented in Table A3-2.

Table A3-2. Assessment of Data Collection Procedures

Element	Met	Unmet	NA
Element 1. The state and MCP submitted data sources and years of data needed to calculate the indicators.	94	0	0
Qlarant received all requested data.			
Element 2. The state and MCP included all variables needed to calculate the indicators.	94	0	0
Provider data file variables included postal address of provider service locations; provider category, type, and specialty; provider age and gender patient restrictions; and whether the provider is accepting new patients. Beneficiary enrollment file variables included postal address of enrollee residence, enrollee gender, and enrollee date of birth.			
Element 3. State and MCP data was without patterns of missing data.	94	0	0
Qlarant did not identify patterns of missing data.			
Element 4. State and MCP data enable valid, reliable, and timely calculations.	0	94	0
The state's PNA report indicated that comparing provider types in MCP networks to specialties listed in the Bureau for Medical Services (BMS) Medicaid Management Information System (MMIS) revealed potential discrepancies regarding provider qualifications for network participation. The analysis also found that some providers were not enrolled with BMS, through the fiscal agent, as Medicaid/CHIP providers. Qlarant identified significant data quality concerns in the 2025 Provider Directory Validation (PDV) focus study. Accuracy rates for provider directory entries ranged from 21% for ABH to 33% for HHO, highlighting substantial opportunities for improvement. Additional PDV results for 2025 include:			

Element	Met	Unmet	NA
• 4% (THP) to 19% (WWV) of providers listed in the MCP network file were missing from the MCP's electronic directory. • 2% (WWV) to 15% (ABH) of providers in the MCP network file were retired or not affiliated with the practice. • 8% (WWV) to 21% (THP) of providers did not practice at the office location listed in the directory. • 28% (ABH) to 30% (WWV) of providers could not be successfully contacted using the telephone number in the MCP's electronic directory, or contact was made but office staff refused to participate.			
Element 5. State and MCP data collection instruments and systems allow for consistent and accurate data collection.	94	0	0
Qlarant did not identify concerns related to data instruments or systems affecting data collection consistency or accuracy.			
Element 6. State and MCP data systems were without significant changes that might affect data accuracy or completeness.	94	0	0
Qlarant did not identify concerns related to data system changes affecting data accuracy or completeness.			
Element 7. Providers submitted encounter or utilization data for all encounters.	0	0	94
This element is not applicable to any validated indicators.			
Element 8. All LTSS provider services were included in LTSS data submitted.	0	0	94
This element is not applicable to any validated indicators.			
Element 9. Access and availability studies included all call attempts in the denominator.	0	0	94
This element is not applicable to any validated indicators.			
Element 10. Access and availability study methodology includes process for addressing potential roadblocks in identification.	0	0	94
This element is not applicable to any validated indicators.			

Qlarant's assessment of the state's data collection methods resulted in a moderate confidence validation rating of 87%. Detailed assessment findings for elements 11-24 are presented in Table A3-3.

Table A3-3. Assessment of Network Adequacy Methods

Element	Met	Unmet	NA
Element 11. Methods selected to calculate this indicator were appropriate for the state.	6	88	0
For most indicators, analysis methods were not appropriate for the state because they did not adequately address state compliance standards, as identified in the state fiscal year (SFY) 2025 MCP contract. For indicators with a finding of unmet, the primary reason was inconsistency with state requirements to evaluate compliance separately for adult and pediatric enrollees. Provider-to-enrollee ratios and obstetrician/gynecologist (OB/GYN) and behavioral health (BH) facility travel time and distance standards received a finding of met.			
Element 12. Methods selected to calculate this indicator were appropriate to the state Medicaid and CHIP population(s).	94	0	0

Element	Met	Unmet	NA
A separate PNA analysis was conducted for each MCP's Medicaid and CHIP populations, consistent with network adequacy standards outlined in the MCP contract.			
Element 13. Methods selected to generate data needed to calculate this indicator were adequate.	94	0	0
The analysis methods used to generate data adequately addressed state compliance standards outlined in the SFY 2025 MCP contract. However, despite applying age restrictions when calculating time and distance standards, the evaluation did not report compliance separately for adult and pediatric enrollees. Separate reporting is critical because combining results can mask deficiencies in access for one subgroup, leading to inaccurate compliance assessments and potentially impacting member access to care. Reporting by subgroup ensures transparency, supports targeted corrective actions, and aligns with contractual and regulatory requirements for equitable access.			
Element 14. The system for classifying provider types matched state expectations and follows how the state defines a specialist.	94	0	0
The approach to classifying provider types aligned with state expectations and adhered to state definitions of specialists. As directed by the state, the vendor discontinued the use of taxonomy codes for network assignment in 2025 and began assigning providers based on BMS MMIS provider type and specialty.			
Element 15. The approach for addressing telehealth matches state expectations.	0	0	94
This element is not applicable to any validated indicators.			
Element 16. The sampling frame contains a complete, recent, and accurate list of the target population.	0	0	94
This element is not applicable to any validated indicators.			
Element 17. The sample is representative of the population.	0	0	94
This element is not applicable to any validated indicators.			
Element 18. The sample size is large enough to draw statistically significant conclusions.	0	0	94
This element is not applicable to any validated indicators.			
Element 19. The selected valid sampling techniques to protect against bias.	0	0	94
This element is not applicable to any validated indicators.			
Element 20. The approach for measuring travel distance matches state expectations.	91	0	3
The approach to measuring travel distance was consistent with state expectations, for all applicable indicators. According to the PNA report, "Esri ArcGIS Pro mapping software was used to calculate travel time and distance from the enrollee's residence to the closest providers, factoring in any patient restrictions reported for providers." This methodology does not apply to provider-to-enrollee ratio indicators. Specific to ABH, the state's analysis did not generate results exclusive to the MHP program. Although network adequacy standards in the SFY 2025 MHP MCP contract align with those in the MHT contract, network capacity and geographic accessibility results should be reported separately for MHP enrollees. The PNA report indicated that MHP enrollees were combined with MHT enrollees in the ABH analysis because both programs share the same provider network.			
Element 21. The approach for measuring travel time matches the state's expectations.	91	0	3

Element	Met	Unmet	NA
The approach to measuring travel time was consistent with state expectations, for all applicable indicators. According to the PNA report, "Esri ArcGIS Pro mapping software was used to calculate travel time and distance from the enrollee's residence to the closest providers, factoring in any patient restrictions reported for providers." This methodology does not apply to provider-to-enrollee ratio indicators. Specific to ABH, the state's analysis did not generate results exclusive to the MHP program. Although network adequacy standards in the SFY 2025 MHP MCP contract align with those in the MHT contract, network capacity and geographic accessibility results should be reported separately for MHP enrollees. The PNA report indicated that MHP enrollees were combined with MHT enrollees in the ABH analysis because both programs share the same provider network.			
Element 22. The approach to deriving provider-to-enrollee ratios and/or percentage of contracted providers accepting new patients matches state expectations.	3	0	91
The approach to deriving provider-to-enrollee ratios for providers accepting new patients matched state expectations. Specific to ABH, the state's analysis did not generate results exclusive to the MHP program. Although network adequacy standards in the SFY 2025 MHP MCP contract align with those in the MHT contract, network capacity and geographic accessibility results should be reported separately for MHP enrollees. The PNA report indicated that MHP enrollees were combined with MHT enrollees in the ABH analysis because both programs share the same provider network.			
Element 23. The approach for determining maximum wait time for an appointment matches state expectations.	0	0	94
This element is not applicable to any validated indicators.			
Element 24. The methods to calculate indicators are rigorous, objective, and unlikely to be subject to manipulation.	94	0	0
Qlarant determined that analysis methods were rigorous, objective, and unlikely to be subject to manipulation for all indicators.			

Qlarant's assessment of the state's data collection results concluded in a low confidence validation rating of 29%. Detailed assessment findings for elements 25-28 are presented in Table A3-4.

Table A3-4. Assessment of Network Adequacy Results

Element	Met	Unmet	NA
Element 25. The state produced valid results – that is, they measured what they intended to measure.	5	89	0
For most indicators, the state's analysis did not include results specific to the enrollee types identified in the MCP contract. As a result, the findings do not represent a valid assessment of MCP performance or compliance with network requirements as defined by BMS. For these indicators, Qlarant was unable to confirm the validity of the state's results.			

Element	Met	Unmet	NA
For pediatric PCP and OB/GYN network capacity, as well as OB/GYN and BH facility geographic accessibility indicators, the PNA methodology aligned with state requirements. The results produced for these indicators appear valid and provide an appropriate assessment of MCP performance and/or compliance with BMS network standards. Specific to ABH, the state's analysis did not generate results exclusive to the MHP program. Although network adequacy standards in the SFY 2025 MHP MCP contract align with those in the MHT contract, network capacity and geographic accessibility results should be reported separately for MHP enrollees. The PNA report indicated that MHP enrollees were combined with MHT enrollees in the ABH analysis because both programs share the same provider network.			
Element 26. The state produced accurate results – that is, their calculated values reflect true values.	5	89	0
For most indicators, the state's analysis did not include results specific to the enrollee types identified in the MCP contract. As a result, the findings do not represent a valid assessment of MCP performance or compliance with network requirements as defined by BMS. For these indicators, Qlarant was unable to confirm the accuracy of the state's results. For pediatric PCP and OB/GYN network capacity, as well as OB/GYN and BH facility geographic accessibility indicators, the PNA methodology aligned with state requirements. The results produced for these indicators appear valid and provide an appropriate assessment of MCP performance and/or compliance with BMS network standards. Specific to ABH, the state's analysis did not generate results exclusive to the MHP program. Although network adequacy standards in the SFY 2025 MHP MCP contract align with those in the MHT contract, network capacity and geographic accessibility results should be reported separately for MHP enrollees. The PNA report indicated that MHP enrollees were combined with MHT enrollees in the ABH analysis because both programs share the same provider network.			
Element 27. The state produced reliable results – that is, their results are reproducible and consistent.	93	1	0
For all indicators except adult PCP-to-enrollee ratios, the state's results appear reproducible and consistent despite the absence of subgroup analysis. Although age restrictions were applied when calculating provider-to-enrollee ratios, the reported number of providers accepting new patients is identical for adult and pediatric enrollees. This raises questions about how PCPs—such as those licensed as pediatricians—were classified by the PNA vendor. Specific to ABH—the state's analysis did not produce results that were specific to the MHP program. Although network adequacy standards included in the SFY 2025 MHP MCP contract align with standards in the MHT contract, network capacity and geographic accessibility results should be produced separately for MHP enrollees. The PNA report specified MHP enrollees were included with MHT enrollees in the analysis of ABH because both programs share the same provider network.			
Element 28. The state accurately interpreted its results.	5	89	0

Element	Met	Unmet	NA
For most indicators, the state's analysis did not include results specific to the enrollee types identified in the MCP contract. As a result, the findings do not represent a valid assessment of MCP performance or compliance with network requirements as defined by BMS. For these indicators, Qlarant was unable to confirm whether the state's results were accurately interpreted. For pediatric PCP and OB/GYN network capacity, as well as OB/GYN and BH facility geographic accessibility indicators, the PNA methodology aligned with state requirements. The results produced for these indicators appear valid and provide an appropriate assessment of MCP performance and/or compliance with BMS network standards. Specific to ABH, the state's analysis did not generate results exclusive to the MHP program. Although network adequacy standards in the SFY 2025 MHP MCP contract align with those in the MHT contract, network capacity and geographic accessibility results should be reported separately for MHP enrollees. The PNA report indicated that MHP enrollees were combined with MHT enrollees in the ABH analysis because both programs share the same provider network.			

Network Adequacy Compliance for Medicaid

The state's 2025 Provider Network Adequacy report for Medicaid included compliance results, at the county level, for each managed care plan (MCP). To be considered compliant with network capacity standards, the state requires MCPs to meet provider-to-enrollee ratios for applicable provider types in every county.[35] To demonstrate compliance with geographic accessibility standards, the state requires MCPs to ensure at least 90% of enrollees in each county have access to each required provider type within the specified time and travel distance standard.

Table A3-5 shows the percentage of counties where MCPs met network adequacy standards across state-defined provider categories and types. Cells highlighted in green indicate that the MCP demonstrated compliance in all counties with enrolled members.

Table A3-5. Percentage of Counties Where Each MCP Met Network Standards for Medicaid

Provider Category and Type	ABH[36]	HHO	THP	WWV
Network Capacity: Provider-to-Enrollee Ratios				
Primary Care Physician – Adult Enrollees	100%	100%	100%	100%
Primary Care Physician – Pediatric Enrollees	100%	100%	100%	100%
Obstetrician/Gynecologist or Certified Nurse Midwife	60%	53%	67%	62%
Geographic Accessibility: Time and Distance Standards				
Primary Care Physician				
Primary Care Physician	100%	71%	100%	100%
Obstetrician/Gynecologist or Certified Nurse Midwife				
Obstetrician/Gynecologist or Certified Nurse Midwife	62%	4%	62%	49%
Frequently-Used Specialist				
Allergy	5%	0%	16%	24%
Audiology	13%	0%	29%	27%
Cardiology	44%	2%	53%	45%
Dermatology	18%	0%	27%	25%
Gastroenterology	20%	2%	33%	27%
General Surgery	44%	0%	51%	49%
Neurology	33%	0%	40%	31%
Occupational Therapy	7%	0%	27%	25%
Oncology	20%	0%	29%	29%
Ophthalmology	22%	0%	38%	25%
Orthopedic Surgeon	40%	0%	45%	44%
Otolaryngology/Otorhinolaryngology	20%	0%	27%	22%
Physical Medicine and Rehabilitation Specialist	18%	0%	16%	16%
Physical Therapy	13%	0%	62%	75%
Pulmonology	18%	0%	35%	29%
Speech Therapy	7%	0%	24%	24%

[35] Percentages reflect county-level compliance from the state's Provider Network Adequacy report and do not account for counties with no in-county providers that still met geographic accessibility standards via providers outside the county.
[36] The state's analysis did not generate results exclusive to the MHP program. The PNA report indicated that MHP enrollees were combined with MHT enrollees in the ABH analysis because both programs share the same provider network.

Provider Category and Type	ABH[36]	HHO	THP	WWV
Other Specialist				
Chiropractic	24%	35%	44%	36%
Dialysis	5%	31%	44%	38%
Durable Medical Equipment	27%	0%	55%	62%
Endocrinology	24%	25%	25%	22%
Hematology	24%	22%	35%	31%
Home Health Services	16%	5%	40%	49%
Nephrology	24%	35%	47%	44%
Neurosurgery	18%	24%	24%	25%
Orthotics and Prosthetics	7%	0%	40%	40%
Plastic Surgery	22%	20%	20%	18%
Podiatry	36%	47%	55%	55%
Thoracic Surgery	20%	20%	24%	16%
Urology	31%	25%	42%	31%
Hospital				
Basic Hospital Services – Rural[+]	100%	100%	100%	100%
Basic Hospital Services – Urban[+]	93%	100%	93%	93%
Tertiary Hospital Services[++] – Rural[+]	100%	100%	100%	100%
Tertiary Hospital Services[++] – Urban[+]	87%	87%	87%	87%
Essential Community Provider				
Federally Qualified Health Center or Rural Health Clinic	85%	100%	100%	100%
Behavioral Health Provider				
Licensed Independent Clinical Social Worker	96%	7%	100%	98%
Licensed Professional Counselor	98%	15%	98%	100%
Psychiatrist	98%	18%	95%	96%
Psychologist	91%	9%	98%	95%
Behavioral Health Facility				
Adult Inpatient Psychiatric Unit – Rural[+]	13%	56%	60%	63%
Adult Inpatient Psychiatric Unit – Urban[+]	13%	20%	27%	33%
Substance Use Disorder Provider				
Outpatient Substance Use Disorder	45%	18%	60%	18%
Substance Use Disorder Facility				
Residential Substance Use Disorder Facility	18%	22%	42%	49%
General Dentist				
Dentist	91%	22%	98%	82%
Dental Specialist				
Oral Surgeon	53%	53%	73%	62%
Orthodontist	80%	73%	82%	36%

[+]The state used Health Resources and Services Administration Federal Office of Rural Health Policy definitions to distinguish between urban and rural. For SFY 2025, 40 WV counties were defined as rural and 15 counties were defined as urban.

[++]Tertiary hospital services include (1) acute care services to pediatric patients in medical and surgical units; (2) obstetrics services; and (3) a neo-natal intensive care unit.

Network Adequacy Compliance for CHIP

The state's 2025 Provider Network Adequacy report for West Virginia Children's Health Insurance Program (CHIP) included compliance results, at the county level, for each managed care plan (MCP). To be considered compliant with network capacity standards, the state requires MCPs to meet provider-to-enrollee ratios for applicable provider types in every county.[37] To demonstrate compliance with geographic accessibility standards, the state requires MCPs to ensure at least 90% of enrollees in each county have access to each required provider type within the specified time and travel distance standard.

Table A3-6 shows the percentage of counties where MCPs met network adequacy standards across state-defined provider categories and types. Cells highlighted in green indicate that the MCP demonstrated compliance in all counties with enrolled members.

Table A3-6. Percentage of Counties Where Each MCP Met Network Standards for CHIP

Provider Category and Type	ABH	HHO	THP	WWV
Network Capacity: Provider-to-Enrollee Ratios				
Primary Care Physician – Adult Enrollees	100%	100%	100%	100%
Primary Care Physician – Pediatric Enrollees	100%	100%	100%	100%
Obstetrician/Gynecologist or Certified Nurse Midwife	71%	64%	69%	71%
Geographic Accessibility: Time and Distance Standards				
Primary Care Physician				
Primary Care Physician	98%	100%	100%	100%
Obstetrician/Gynecologist or Certified Nurse Midwife				
Obstetrician/Gynecologist or Certified Nurse Midwife	58%	69%	69%	56%
Frequently-Used Specialist				
Allergy	7%	8%	18%	25%
Audiology	11%	14%	25%	27%
Cardiology	45%	61%	51%	42%
Dermatology	22%	31%	31%	27%
Gastroenterology	22%	27%	25%	27%
General Surgery	53%	53%	51%	51%
Neurology	35%	37%	36%	31%
Occupational Therapy	7%	12%	25%	25%
Oncology	20%	20%	25%	31%
Ophthalmology	20%	24%	31%	25%
Orthopedic Surgeon	45%	51%	49%	44%
Otolaryngology/Otorhinolaryngology	22%	22%	24%	22%
Physical Medicine and Rehabilitation Specialist	16%	12%	16%	16%
Physical Therapy	15%	31%	69%	75%
Pulmonology	20%	24%	33%	29%
Speech Therapy	7%	12%	24%	24%

[37] Percentages reflect county-level compliance from the state's Provider Network Adequacy report and do not account for counties with no in-county providers that still met geographic accessibility standards via providers outside the county.

Provider Category and Type	ABH	HHO	THP	WWV
Other Specialist				
Chiropractic	27%	51%	53%	36%
Dialysis	5%	41%	42%	44%
Durable Medical Equipment	29%	0%	56%	65%
Endocrinology	25%	27%	24%	20%
Hematology	25%	33%	31%	33%
Home Health Services	15%	8%	36%	49%
Nephrology	24%	45%	45%	45%
Neurosurgery	16%	27%	22%	24%
Orthotics and Prosthetics	5%	0%	36%	42%
Plastic Surgery	22%	18%	20%	18%
Podiatry	38%	63%	56%	55%
Thoracic Surgery	22%	22%	22%	16%
Urology	29%	31%	42%	35%
Hospital				
Basic Hospital Services – Rural[+]	100%	100%	100%	100%
Basic Hospital Services – Urban[+]	93%	100%	100%	100%
Tertiary Hospital Services[++] – Rural[+]	100%	100%	100%	100%
Tertiary Hospital Services[++] – Urban[+]	87%	93%	93%	93%
Essential Community Provider				
Federally Qualified Health Center or Rural Health Clinic	87%	100%	100%	100%
Behavioral Health Provider				
Licensed Independent Clinical Social Worker	95%	98%	100%	96%
Licensed Professional Counselor	98%	98%	98%	100%
Psychiatrist	98%	94%	95%	96%
Psychologist	89%	98%	98%	95%
Behavioral Health Facility				
Adult Inpatient Psychiatric Unit – Rural[+]	23%	33%	71%	71%
Adult Inpatient Psychiatric Unit – Urban[+]	15%	33%	38%	46%
Substance Use Disorder Provider				
Outpatient Substance Use Disorder	44%	24%	60%	18%
Substance Use Disorder Facility				
Residential Substance Use Disorder Facility	18%	24%	44%	49%
General Dentist				
Dentist	85%	80%	100%	91%
Dental Specialist				
Oral Surgeon	53%	67%	73%	73%
Orthodontist	78%	82%	80%	78%

[+]The state used Health Resources and Services Administration Federal Office of Rural Health Policy definitions to distinguish between urban and rural. For SFY 2025, 40 WV counties were defined as rural and 15 counties were defined as urban.

[++]Tertiary hospital services include (1) acute care services to pediatric patients in medical and surgical units; (2) obstetrics services; and (3) a neo-natal intensive care unit.