

# Managed Care Program Annual Report (MCPAR) for Puerto Rico: Plan Vital

Due date	Last edited	Edited by	Status
03/28/2024	03/27/2024	Eddie Perez	Submitted

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>  Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

## Section A: Program Information

### Point of Contact

Number	Indicator	Response
A1	<b>State name</b> Auto-populated from your account profile.	Puerto Rico
A2a	<b>Contact name</b> First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Norberto Negron Diaz Esq
A2b	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	mcp@asespr.org
A3a	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Eddie Perez
A3b	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	eperez@asespr.org
A4	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	03/27/2024

## Reporting Period

Number	Indicator	Response
A5a	<b>Reporting period start date</b> Auto-populated from report dashboard.	01/01/2023
A5b	<b>Reporting period end date</b> Auto-populated from report dashboard.	09/30/2023
A6	<b>Program name</b> Auto-populated from report dashboard.	Plan Vital

## Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	First Medical Health Plan MMM Multi-Health Plan de Salud Menonita Triple S Salud

## Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	TrueNorth

## Section B: State-Level Indicators

### Topic I. Program Characteristics and Enrollment



Number	Indicator	Response
BI.1	<b>Statewide Medicaid enrollment</b>  Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	1,277,746
BI.2	<b>Statewide Medicaid managed care enrollment</b>  Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	1,277,746

### Topic III. Encounter Data Report

Number	Indicator	Response
<b>BIII.1</b>	<b>Data validation entity</b>  Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff  Other state agency staff  State actuaries  EQRO  Other third-party vendor  Proprietary system(s)
<b>BIII.2</b>	<b>HIPAA compliance of proprietary system(s) for encounter data validation</b>  Were the system(s) utilized fully HIPAA compliant? Select one.	Yes

## Topic X: Program Integrity

Number	Indicator	Response
<b>BX.1</b>	<p><b>Payment risks between the state and plans</b></p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter 'No PI activities were performed during the reporting period' as your response. 'N/A' is not an acceptable response.</p>	<p>The Program Integrity Unit (PIU) is an important division within the Puerto Rico Medicaid Program. Its primary responsibility is to maintain the integrity and accountability of the program. The PIU accomplishes this by identifying instances of fraud, waste, and abuse within the program. This ensures the program's resources are being utilized appropriately to provide high-quality healthcare services to eligible beneficiaries. To achieve its objectives, the PIU works in collaboration with other agencies, including law enforcement. It also conducts audits and reviews of Medicaid providers to ensure they comply with program policies and regulations. The PIU carries out its responsibilities through data analysis and investigative efforts, including interviews with healthcare providers and beneficiaries.</p>
<b>BX.2</b>	<p><b>Contract standard for overpayments</b></p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p>State requires the return of overpayments</p>
<b>BX.3</b>	<p><b>Location of contract provision stating overpayment standard</b></p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p>ASES contract with MCO, Section 22.1.21, Attachment 23</p>

<p><b>BX.4</b></p>	<p><b>Description of overpayment contract standard</b></p> <p>Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.</p>	<p>The Contractor shall refund (i) the share of the Overpayment due to ASES within eleven (11) months of the discovery and (ii) the share of an Overpayment due to ASES within fifteen (15) Calendar Days from a final judgment on an FWA Action. The Contractor must also require and have a mechanism for a Provider to report to the Contractor when it has received an Overpayment, to return that Overpayment to the Contractor with a written reason for the Overpayment within sixty (60) Calendar Days after the date on which the Overpayment was identified.</p>
<p><b>BX.5</b></p>	<p><b>State overpayment reporting monitoring</b></p> <p>Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?</p> <p>The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.</p>	<p>Per contract, the Plan must report overpayments as part of required quarterly reporting. This reporting is reviewed by ASES when received.</p>
<p><b>BX.6</b></p>	<p><b>Changes in beneficiary circumstances</b></p> <p>Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).</p>	<p>As part of the beneficiary reconciliation and status change process, PRMP uses internal and state resources to complement the process. The demographic registry under the Department of Health is consulted prior to removing beneficiaries due to death. For individual waivers, the beneficiary must report the change of circumstance; for mass waivers it is conducted through a change request. Currently, PRMP has no interface with the Department of Corrections, so there is no way to know when a Medicaid beneficiary becomes confined until the beneficiary applies for renewal. The other scenario is when the confined beneficiary is hospitalized for more than 24 hours. The Department of Corrections notifies PRMP, and the beneficiary's eligibility is suspended. Partial eligibility is given to cover hospital expenses. This partial eligibility is provided for one year, and ASES only pays the hospital expenses incurred by the inmate</p>

<b>BX.7a</b>	<b>Changes in provider circumstances: Monitoring plans</b>  Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
<b>BX.7b</b>	<b>Changes in provider circumstances: Metrics</b>  Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
<b>BX.8a</b>	<b>Federal database checks: Excluded person or entities</b>  During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	Yes
<b>BX.8b</b>	<b>Federal database checks: Summarize instances of exclusion</b>  Summarize the instances and whether the entity was notified as required in 438.602(d). Report actions taken, such as plan-level sanctions and corrective actions.	Found two (2) excluded Providers due to Fraud and one (1) termination due to Office Closure.
<b>BX.9a</b>	<b>Website posting of 5 percent or more ownership control</b>  Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to	No

§455.104 and required by 42 CFR 438.602(g)(3).

---

<b>BX.10</b>	<b>Periodic audits</b>	N/A
	If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter 'No such audits were conducted during the reporting year' as your response. 'N/A' is not an acceptable response.	

---

## Section C: Program-Level Indicators

### Topic I: Program Characteristics

Number	Indicator	Response
<b>C11.1</b>	<b>Program contract</b> Enter the title of the contract between the state and plans participating in the managed care program.	MODEL CONTRACT BETWEEN ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO (ASES) and NOMBRE ASEGURADORA for PROVISION OF PHYSICAL & BEHAVIORAL HEALTH SERVICES UNDER THE GOVERNMENT HEALTH PLAN PROGRAM
<b>N/A</b>	Enter the date of the contract between the state and plans participating in the managed care program.	December 29, 2022
<b>C11.2</b>	<b>Contract URL</b> Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	<a href="https://www.asespr.org/proveedores-2/contratos/">https://www.asespr.org/proveedores-2/contratos/</a>
<b>C11.3</b>	<b>Program type</b> What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
<b>C11.4a</b>	<b>Special program benefits</b> Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health  Dental
<b>C11.4b</b>	<b>Variation in special benefits</b> What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	N/A
<b>C11.5</b>	<b>Program enrollment</b> Enter the average number of individuals enrolled in this	1,277,746

managed care program per month during the reporting year (i.e., average member months).

---

**C1I.6**

**Changes to enrollment or benefits**

N/A

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.

---

## Topic III: Encounter Data Report



Number	Indicator	Response
C1III.1	<b>Uses of encounter data</b>  For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting
		Quality/performance measurement
		Monitoring and reporting
		Contract oversight
		Program integrity
		Policy making and decision support
C1III.2	<b>Criteria/measures to evaluate MCP performance</b>  What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions
		Timeliness of data corrections
		Timeliness of data certifications
		Use of correct file formats
		Provider ID field complete
		Overall data accuracy (as determined through data validation)
C1III.3	<b>Encounter data performance criteria contract language</b>  Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	16.3 16.4.3 17.3.5 18.2.3 Attachment 26

<b>C1III.4</b>	<b>Financial penalties contract language</b>	20.5.1.3 20.6.2
	Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	
<b>C1III.5</b>	<b>Incentives for encounter data quality</b>	N/A
	Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	
<b>C1III.6</b>	<b>Barriers to collecting/validating encounter data</b>	Ensuring all contractors submit all the encounters, including the capitated providers.
	Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter 'The state did not experience any barriers to collecting or validating encounter data during the reporting year' as your response. 'N/A' is not an acceptable response.	

## Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p><b>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</b></p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p>	N/A
C1IV.2	<p><b>State definition of "timely" resolution for standard appeals</b></p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	The Contractor shall resolve each standard Appeal and provide written notice of the disposition, as expeditiously as the Enrollee's health condition requires but no more than thirty (30) Calendar Days from the date the Contractor receives the Appeal.
C1IV.3	<p><b>State definition of "timely" resolution for expedited appeals</b></p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	The Contractor shall resolve each expedited Appeal and provide a written Notice of Disposition, as expeditiously as the Enrollee's health condition requires, but no longer than seventy-two (72) hours after the Contractor receives the Appeal and make reasonable efforts to provide oral notice.

**C1IV.4**

**State definition of "timely" resolution for grievances**

Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

---

Written notice of the disposition of the Grievance as expeditiously as the Enrollee's health condition requires, but in any event, within ninety (90) Calendar Days from the day the Contractor receives the Grievance.

## **Topic V. Availability, Accessibility and Network Adequacy**

### **Network Adequacy**

Number	Indicator	Response
C1V.1	<p><b>Gaps/challenges in network adequacy</b></p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.</p>	<p>Vieques and Culebra are extremely remote island municipalities and residents are challenged to see providers in a timely manner due to travel restrictions. There are overall network challenges due to a lack of available providers. Challenges include providers leaving the island for the mainland and difficulty with transportation and infrastructure in parts of the island.</p>

**C1V.2****State response to gaps in network adequacy**

How does the state work with MCPs to address gaps in network adequacy?

The state has required the Contractor to ensure that residents of these municipalities receive Preferential Turns when seeing providers, meaning they will receive priority when seeing a provider due to the distance required to travel to seek medical attention. MCPs are also encouraging providers to use telemedicine to address gaps in services where appropriate. Since the COVID-19 pandemic in 2020, the providers have increased their infrastructure to provide services via telehealth. The MCOs have engaged in a variety of efforts from care management to streamlined provider enrollment and engagement with the School of Medicine to combat provider reluctance to join the Medicaid network. Some key efforts include tax credits for newly graduated students, free office space, and reduced paperwork for provider enrollment, with increased technical assistance from MCO staff to reduce the administrative burden of tasks such as credentialing. Although some efforts have been productive, others, such as the expansion of telehealth and broadband internet access, will take additional resources and time to fully demonstrate intervention success or failure. Multi-specialty clinics are one way MCOs have worked to address the availability of specialist care in integrated care settings, by providing primary and specialty care in one location. Multi-specialty options allow for optimal leveraging of specialists, especially in less densely populated areas, creating more of a one stop shopping opportunity to enrollees.

---

## **Access Measures**

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

1 / 49

**C2.V.2 Measure standard**

A PCP is not assigned more than one thousand seven hundred (1,700) Enrollees (excluding Gynecologists)

**C2.V.3 Standard type**

Provider to enrollee ratios

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

2 / 49

**C2.V.2 Measure standard**

Ensure a Gynecologist, selected as the Enrollee's PCP, if the Enrollee is female and twelve (12) years of age or older, is not assigned more than two thousand eight hundred (2,800) Enrollees (1:2,800)

**C2.V.3 Standard type**

Provider to enrollee ratios

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly





Complete

## **C2.V.1 General category: General quantitative availability and accessibility standard**

3 / 49

### **C2.V.2 Measure standard**

One (1) Hospital per fifty thousand (50,000) Enrollees (1:50,000)

### **C2.V.3 Standard type**

Provider to enrollee ratios

#### **C2.V.4 Provider**

Hospital

#### **C2.V.5 Region**

Island Wide

#### **C2.V.6 Population**

Adult and pediatric

### **C2.V.7 Monitoring Methods**

Geomapping

### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

## **C2.V.1 General category: General quantitative availability and accessibility standard**

4 / 49

### **C2.V.2 Measure standard**

At least two (2) Adult PCPs and one (1) Pediatric PCP per municipality

### **C2.V.3 Standard type**

Minimum number of network providers

#### **C2.V.4 Provider**

Primary care

#### **C2.V.5 Region**

Municipality

#### **C2.V.6 Population**

Adult and pediatric

### **C2.V.7 Monitoring Methods**

Geomapping

### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

## **C2.V.1 General category: General quantitative availability and accessibility standard**

5 / 49

### **C2.V.2 Measure standard**

At least one (1) Psychiatrist, Psychologist, Licensed Clinical Social Worker, or other Licensed Behavioral Health Provider in each municipality

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Municipality

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

6 / 49

**C2.V.2 Measure standard**

At least one (1) FQHC is required.

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

FQHC

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

7 / 49

**C2.V.2 Measure standard**

All 9 Government Health Care Facilities identified in Section 9.6 of the Contract

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

Hospital

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

8 / 49

**C2.V.2 Measure standard**

All 12 psychiatric hospitals identified in Section 9.7 of the Contract

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

9 / 49

**C2.V.2 Measure standard**

Emergency stabilization units and psychiatric partial hospitalization facilities to meet the needs of Enrollees Island-wide

**C2.V.3 Standard type**

Minimum number of network providers

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

10 / 49

#### **C2.V.2 Measure standard**

A choice of at least two (2) PCPs within fifteen (15) miles/thirty (30) minutes

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Primary care

#### **C2.V.5 Region**

Island Wide

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

11 / 49

#### **C2.V.2 Measure standard**

A choice of at least two (2) OB/GYN Providers within fifteen (15) miles/thirty (30) minutes.

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Primary care

#### **C2.V.5 Region**

Island Wide

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

## C2.V.1 General category: General quantitative availability and accessibility standard

12 / 49

### C2.V.2 Measure standard

one (1) of each type of Adult High Volume Specialty Care Providers for Cardiology, Endocrinology, Oncology, Nephrology, and Pulmonology Provider within thirty (30) miles/sixty (60) minutes

### C2.V.3 Standard type

Maximum time or distance

#### C2.V.4 Provider

Specialty Care

#### C2.V.5 Region

Island Wide

#### C2.V.6 Population

Adult

### C2.V.7 Monitoring Methods

Geomapping

### C2.V.8 Frequency of oversight methods

Quarterly



Complete

## C2.V.1 General category: General quantitative availability and accessibility standard

13 / 49

### C2.V.2 Measure standard

One (1) of each type Adult High Volume Cardiology, Endocrinology, Oncology, Nephrology, and Pulmonology Specialist within forty-five (45) miles/ninety (90) minutes

### C2.V.3 Standard type

Maximum time or distance

#### C2.V.4 Provider

Specialty Care

#### C2.V.5 Region

Rural

#### C2.V.6 Population

Adult

### C2.V.7 Monitoring Methods

Geomapping

### C2.V.8 Frequency of oversight methods

Quarterly



Complete

## **C2.V.1 General category: General quantitative availability and accessibility standard**

14 / 49

### **C2.V.2 Measure standard**

One (1) of each type Pediatric High Volume Cardiology, Endocrinology, Oncology, Pulmonology, and Speech, Language and Hearing Specialty Care Provider within thirty (30) miles/sixty (60) minutes

### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Specialty Care

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Pediatric

### **C2.V.7 Monitoring Methods**

Geomapping

### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

## **C2.V.1 General category: General quantitative availability and accessibility standard**

15 / 49

### **C2.V.2 Measure standard**

One (1) of each type Pediatric High Volume Cardiology, Endocrinology, Oncology, Pulmonology, and Speech, Language and Hearing Specialty Provider within forty-five (45) miles/ninety (90) minutes

### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Specialty Care

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Pediatric

### **C2.V.7 Monitoring Methods**

Geomapping

### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

## **C2.V.1 General category: General quantitative availability and accessibility standard**

16 / 49

### **C2.V.2 Measure standard**

One (1) Dental Provider within thirty (30) miles/sixty (60) minutes

### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Dental

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric

### **C2.V.7 Monitoring Methods**

Geomapping

### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

## **C2.V.1 General category: General quantitative availability and accessibility standard**

17 / 49

### **C2.V.2 Measure standard**

One (1) Dental Provider within forty-five (45) miles/ninety (90) minutes

### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Dental

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric

### **C2.V.7 Monitoring Methods**

Geomapping

### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

## **C2.V.1 General category: General quantitative availability and accessibility standard**

18 / 49

### **C2.V.2 Measure standard**

One (1) Psychologist within fifteen (15) miles/thirty (30) minutes

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Dental

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

19 / 49

**C2.V.2 Measure standard**

One (1) Psychiatrist within fifteen (15) miles/thirty (30) minutes

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

20 / 49

**C2.V.2 Measure standard**

One at least (1) Licensed Clinical Social Worker and/or Licensed Professional Counselor within fifteen (15) miles/thirty (30) minutes

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider****C2.V.5 Region****C2.V.6 Population**



Behavioral health

Island Wide

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

21 / 49

#### **C2.V.2 Measure standard**

One (1) detoxification and rehabilitation Provider within forty-five (45) miles/ninety (90) minutes

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Behavioral health

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

22 / 49

#### **C2.V.2 Measure standard**

One (1) Intensive Outpatient (IOP) or Partial Hospitalization (PHP) thirty (30) miles/sixty (60) minutes.

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Behavioral health

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

23 / 49

**C2.V.2 Measure standard**

One (1) Intensive Outpatient (IOP) or Partial Hospitalization (PHP) provider within forty-five (45) miles/ninety (90) minutes

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Urban

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

24 / 49

**C2.V.2 Measure standard**

One (1) addiction medicine/withdrawal management provider within (PHP) thirty (30) miles/sixty (60) minutes

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

25 / 49

**C2.V.2 Measure standard**

One (1) addiction medicine/withdrawal management provider within forty-five (45) miles/ninety (90) minutes

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

26 / 49

**C2.V.2 Measure standard**

One (1) Hospital within thirty (30) miles/sixty (60) minutes.

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Hospital

**C2.V.5 Region**

Urban

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

## C2.V.1 General category: General quantitative availability and accessibility standard

27 / 49

### C2.V.2 Measure standard

One (1) Hospital within forty-five (45) miles/ninety (90) minutes.

### C2.V.3 Standard type

Maximum time or distance

#### C2.V.4 Provider

Hospital

#### C2.V.5 Region

Rural

#### C2.V.6 Population

Adult and pediatric

### C2.V.7 Monitoring Methods

Geomapping

### C2.V.8 Frequency of oversight methods

Quarterly



Complete

## C2.V.1 General category: General quantitative availability and accessibility standard

28 / 49

### C2.V.2 Measure standard

one (1) Emergency Room within twenty (20) miles/thirty (30) minutes.

### C2.V.3 Standard type

Maximum time or distance

#### C2.V.4 Provider

Emergency Room,  
Hospital and  
Freestanding

#### C2.V.5 Region

Island Wide

#### C2.V.6 Population

Adult and pediatric

### C2.V.7 Monitoring Methods

Geomapping

### C2.V.8 Frequency of oversight methods

Quarterly



Complete

## C2.V.1 General category: General quantitative availability and accessibility standard

29 / 49

**C2.V.2 Measure standard**

Routine physical exams shall be provided within thirty (30) Calendar Days of request, taking into account both the medical and Behavioral Health need and condition.

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

30 / 49

**C2.V.2 Measure standard**

Routine evaluations for Primary Care shall be provided within thirty (30) Calendar Day

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

31 / 49

**C2.V.2 Measure standard**

Covered Services for non-urgent conditions shall be provided within fourteen (14) Calendar Days following the request for service

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Non Urgent  
Conditions

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

32 / 49

**C2.V.2 Measure standard**

Specialist Services shall be provided within thirty (30) Calendar Days of the Enrollee's original request for service

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Specialist Services

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

33 / 49

**C2.V.2 Measure standard**

Dental services shall be provided within sixty (60) Calendar Days following the request

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Dental

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

34 / 49

**C2.V.2 Measure standard**

Behavioral Health Services shall be provided within fourteen (14) Calendar Day following the request

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

35 / 49

**C2.V.2 Measure standard**

Diagnostic laboratory, diagnostic imaging and other testing appointments shall be provided consistent with the clinical urgency, but no more than fourteen (14) Calendar Days

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**  
Diagnostic Testing

**C2.V.5 Region**  
Island Wide

**C2.V.6 Population**  
Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



**C2.V.1 General category: General quantitative availability and accessibility standard**

36 / 49

**C2.V.2 Measure standard**

Diagnostic laboratory, diagnostic imaging and other testing, if a "walk-in" rather than an appointment system is used, the Enrollee wait time shall be consistent with severity of the clinical need

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**  
Walk In Diagnostic  
Testing

**C2.V.5 Region**  
Island Wide

**C2.V.6 Population**  
Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



**C2.V.1 General category: General quantitative availability and accessibility standard**

37 / 49

**C2.V.2 Measure standard**

Emergency Services shall be provided, including Access to an appropriate level of care as quickly as warranted based on the condition

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

**C2.V.5 Region**

**C2.V.6 Population**



**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

38 / 49

**C2.V.2 Measure standard**

Primary medical, dental, and Behavioral Health Care outpatient appointments for urgent conditions shall be available within twenty-four (24) hours

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Urgent Conditions

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

39 / 49

**C2.V.2 Measure standard**

Urgent outpatient diagnostic laboratory, diagnostic imaging and other testing, appointment availability shall be consistent with the clinical urgency, but no longer than forty-eight (48) hours

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Urgent Diagnostic  
Conditions

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

40 / 49

**C2.V.2 Measure standard**

Behavioral Health crisis services, face-to-face appointments shall be available within two (2) hours

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Crisis Services

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

41 / 49

**C2.V.2 Measure standard**

Detoxification services shall be provided Immediately according to clinical necessity

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider****C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

Detoxification  
Services

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

42 / 49

**C2.V.2 Measure standard**

Network Providers are prohibited from having different hours and schedules for Enrollees than what is offered to commercial Enrollees.

**C2.V.3 Standard type**

Hours of operation

**C2.V.4 Provider**

All Services

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

43 / 49

**C2.V.2 Measure standard**

Providers are prohibited from establishing specific days for the delivery of Referrals and requests for Prior Authorization

**C2.V.3 Standard type**

Hours of operation

**C2.V.4 Provider**

All Services

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

#### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

44 / 49

#### **C2.V.2 Measure standard**

Psychiatric Hospitals (or a unit within a general hospital), Emergency or Stabilization Units are required to have open service hours covering twenty-four (24) hours a day, seven (7) days a week

#### **C2.V.3 Standard type**

Hours of operation

##### **C2.V.4 Provider**

Behavioral health

##### **C2.V.5 Region**

Island Wide

##### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Plan provider roster review

#### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

45 / 49

#### **C2.V.2 Measure standard**

Partial Hospitalization Facilities are required to have open service hours covering ten (10) hours per day at least five (5) days per week and shall have available one (1) nurse, one (1) social worker and one (1) psychologist/psychiatrist

#### **C2.V.3 Standard type**

Hours of operation

##### **C2.V.4 Provider**

Behavioral health

##### **C2.V.5 Region**

Island Wide

##### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

46 / 49

**C2.V.2 Measure standard**

All other Behavioral Health Facilities are required to have open service hours covering twelve (12) hours per day, at least (5) days per week and shall have available one (1) nurse, one (1) social worker and one (1) psychologist/psychiatrist

**C2.V.3 Standard type**

Hours of operation

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

47 / 49

**C2.V.2 Measure standard**

PMGs shall be available to provide primary care services or consultations Monday through Saturday of each Week, from 8:00 a.m. to 6:00 p.m.

**C2.V.3 Standard type**

Hours of operation

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Island Wide

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

48 / 49

#### **C2.V.2 Measure standard**

Provider that offers urgent care services, as well as any other qualified Provider willing to provide urgent care services, shall have sufficient personnel to offer urgent care services during extended periods Monday through Friday from 6:00 p.m. to 9:00 p.m.

#### **C2.V.3 Standard type**

Hours of operation

#### **C2.V.4 Provider**

Urgent Care

#### **C2.V.5 Region**

Island Wide

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Plan provider roster review

#### **C2.V.8 Frequency of oversight methods**

Quarterly



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

49 / 49

#### **C2.V.2 Measure standard**

Preferential Turns refers to a policy of requiring Providers to give priority in treating Enrollees from these island municipalities, so that they may be seen by a physician within a reasonable time after arriving in the Provider's office.

#### **C2.V.3 Standard type**

Appointment wait time

#### **C2.V.4 Provider**

All outpatient care

#### **C2.V.5 Region**

residents of the island municipalities of Vieques and Culebra

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Plan provider roster review

**C2.V.8 Frequency of oversight methods**

Quarterly

## **Topic IX: Beneficiary Support System (BSS)**

Number	Indicator	Response
C1IX.1	<b>BSS website</b>  List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	<a href="http://www.planvitalpr.com">www.planvitalpr.com</a> , <a href="https://planvital.org/EnrollmentPrincipal/Principal/Overview">https://planvital.org/EnrollmentPrincipal/Principal/Overview</a>
C1IX.2	<b>BSS auxiliary aids and services</b>  How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? 42 CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	TrueNorth provides counseling for all Potential Enrollees and Enrollees who select their MCO or MCO and PCP during any Annual or New Enrollment Open Enrollment Period 1. Phone (Call Center — 8:00 AM–6:00 PM) 2. Online Choice Counseling 3. ASES application (smart phone) 4. TTY/TDD service available
C1IX.3	<b>BSS LTSS program data</b>  How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	N/A
C1IX.4	<b>State evaluation of BSS entity performance</b>  What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	ASES monitors the performance of the contracted BSS on a regular basis by: 1. Reviewing monthly call metric reports (abonnement rate, average handled time, average speed of answer) 2. Conducting periodic onsite visits 3. Listening and monitoring calls 4. Taking calls from members who are not satisfied 5. Reviewing results of the member satisfaction survey

## Topic X: Program Integrity



Number	Indicator	Response
C1X.3	<b>Prohibited affiliation disclosure</b>  Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

## Section D: Plan-Level Indicators

### Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	<b>Plan enrollment</b>  Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	<b>First Medical Health Plan</b>
		323,959
		<b>MMM Multi-Health</b>
		323,420
		<b>Plan de Salud Menonita</b>
D1I.2	<b>Plan share of Medicaid</b>  What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> <li>Numerator: Plan enrollment (D1.I.1)</li> <li>Denominator: Statewide Medicaid enrollment (B.I.1)</li> </ul>	<b>First Medical Health Plan</b>
		25.4%
		<b>MMM Multi-Health</b>
		25.3%
		<b>Plan de Salud Menonita</b>
D1I.3	<b>Plan share of any Medicaid managed care</b>  What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? <ul style="list-style-type: none"> <li>Numerator: Plan enrollment (D1.I.1)</li> <li>Denominator: Statewide Medicaid managed care enrollment (B.I.2)</li> </ul>	<b>First Medical Health Plan</b>
		25.4%
		<b>MMM Multi-Health</b>
		25.3%
		<b>Plan de Salud Menonita</b>
		<b>Triple S Salud</b>
		459,036
		<b>Triple S Salud</b>
		<b>Triple S Salud</b>

## **Topic II. Financial Performance**

Number	Indicator	Response
D1II.1a	<b>Medical Loss Ratio (MLR)</b>  What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	<b>First Medical Health Plan</b>
		93%
		<b>MMM Multi-Health</b>
		95%
		<b>Plan de Salud Menonita</b>
D1II.1b	<b>Level of aggregation</b>  What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	<b>First Medical Health Plan</b>
		Statewide all programs & populations
		<b>MMM Multi-Health</b>
		Statewide all programs & populations
		<b>Plan de Salud Menonita</b>
D1II.2	<b>Population specific MLR description</b>  Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.	<b>First Medical Health Plan</b>
		N/A
		<b>MMM Multi-Health</b>
		N/A
		<b>Plan de Salud Menonita</b>
D1II.2		<b>Triple S Salud</b>
		101%
D1II.2		<b>Triple S Salud</b>
		Statewide all programs & populations

Triple S Salud

N/A

---

**D1II.3**

**MLR reporting period  
discrepancies**

Does the data reported in item  
D1.II.1a cover a different time  
period than the MCPAR report?

**First Medical Health Plan**

No

**MMM Multi-Health**

No

**Plan de Salud Menonita**

No

**Triple S Salud**

No

---

## Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<b>Definition of timely encounter data submissions</b>  Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	<b>First Medical Health Plan</b>  Valid extracts of Encounter Information for a specific month is due within fifteen (15) Calendar Days of the close of the month.
		<b>MMM Multi-Health</b>  Valid extracts of Encounter Information for a specific month is due within fifteen (15) Calendar Days of the close of the month.
		<b>Plan de Salud Menonita</b>  Valid extracts of Encounter Information for a specific month is due within fifteen (15) Calendar Days of the close of the month.
		<b>Triple S Salud</b>  Valid extracts of Encounter Information for a specific month is due within fifteen (15) Calendar Days of the close of the month.
D1III.2	<b>Share of encounter data submissions that met state's timely submission requirements</b>  What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.	<b>First Medical Health Plan</b>  100%
		<b>MMM Multi-Health</b>  100%
		<b>Plan de Salud Menonita</b>  100%
		<b>Triple S Salud</b>  100%
D1III.3	<b>Share of encounter data submissions that were HIPAA compliant</b>  What percent of the plan's encounter data submissions (submitted during the reporting	<b>First Medical Health Plan</b>  100%
		<b>MMM Multi-Health</b>

year) met state requirements for HIPAA compliance?	100%
If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.	100%

**Plan de Salud Menonita**

**Triple S Salud**

## Topic IV. Appeals, State Fair Hearings & Grievances

### Appeals Overview

Number	Indicator	Response
D1IV.1	<b>Appeals resolved (at the plan level)</b>  Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	<b>First Medical Health Plan</b>
		439
		<b>MMM Multi-Health</b>
		965
		<b>Plan de Salud Menonita</b>
D1IV.2	<b>Active appeals</b>  Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	<b>First Medical Health Plan</b>
		39
		<b>MMM Multi-Health</b>
		89
		<b>Plan de Salud Menonita</b>
D1IV.3	<b>Appeals filed on behalf of LTSS users</b>  Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).	<b>First Medical Health Plan</b>
		N/A
		<b>MMM Multi-Health</b>
		N/A
		<b>Plan de Salud Menonita</b>
D1IV.3		N/A
		<b>Triple S Salud</b>



<b>D1IV.4</b>	<b>Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal</b>	<b>First Medical Health Plan</b>
		N/A
		<b>MMM Multi-Health</b>
	<p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".</p>	N/A
		<b>Plan de Salud Menonita</b>
		N/A
	<p>Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".</p>	<b>Triple S Salud</b>
	<p>The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.</p>	N/A
	<p>To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.</p>	
<b>D1IV.5a</b>	<b>Standard appeals for which timely resolution was provided</b>	<b>First Medical Health Plan</b>
		342
	<p>Enter the total number of standard appeals for which timely resolution was provided</p>	<b>MMM Multi-Health</b>

by plan within the reporting year.  
See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

868

**Plan de Salud Menonita**

1,881

**Triple S Salud**

72

---

**D1IV.5b**

**Expedited appeals for which timely resolution was provided**

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.  
See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

**First Medical Health Plan**

78

**MMM Multi-Health**

49

**Plan de Salud Menonita**

125

**Triple S Salud**

70

---

**D1IV.6a**

**Resolved appeals related to denial of authorization or limited authorization of a service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.  
(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

**First Medical Health Plan**

439

**MMM Multi-Health**

965

**Plan de Salud Menonita**

2,006

**Triple S Salud**

143

---

**D1IV.6b**

**Resolved appeals related to reduction, suspension, or termination of a previously authorized service**

**First Medical Health Plan**

0

	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	<b>MMM Multi-Health</b> 0  <b>Plan de Salud Menonita</b> 0  <b>Triple S Salud</b> 0
<b>D1IV.6c</b>	<b>Resolved appeals related to payment denial</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	<b>First Medical Health Plan</b> 0  <b>MMM Multi-Health</b> 0  <b>Plan de Salud Menonita</b> 0  <b>Triple S Salud</b> 0
<b>D1IV.6d</b>	<b>Resolved appeals related to service timeliness</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	<b>First Medical Health Plan</b> 0  <b>MMM Multi-Health</b> 0  <b>Plan de Salud Menonita</b> 0  <b>Triple S Salud</b> 0
<b>D1IV.6e</b>	<b>Resolved appeals related to lack of timely plan response to an appeal or grievance</b>	<b>First Medical Health Plan</b> 0

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

0

---

**D1IV.6f**

**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

**First Medical Health Plan**

0

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

0

---

**D1IV.6g**

**Resolved appeals related to denial of an enrollee's request to dispute financial liability**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

**First Medical Health Plan**

0

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

0

---

## Appeals by Service

Number of appeals resolved during the reporting period related to various services.

Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	<b>Resolved appeals related to general inpatient services</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.  Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	<b>First Medical Health Plan</b>
		5
		<b>MMM Multi-Health</b>
		3
		<b>Plan de Salud Menonita</b>
		5
		<b>Triple S Salud</b>
		0
D1IV.7b	<b>Resolved appeals related to general outpatient services</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".	<b>First Medical Health Plan</b>
		305
		<b>MMM Multi-Health</b>
		655
		<b>Plan de Salud Menonita</b>
		1,967
		<b>Triple S Salud</b>
		85
D1IV.7c	<b>Resolved appeals related to inpatient behavioral health services</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".	<b>First Medical Health Plan</b>
		1
		<b>MMM Multi-Health</b>
		4
		<b>Plan de Salud Menonita</b>
		0
		<b>Triple S Salud</b>

<b>D1IV.7d</b>	<b>Resolved appeals related to outpatient behavioral health services</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".	<b>First Medical Health Plan</b>  7  <b>MMM Multi-Health</b>  43  <b>Plan de Salud Menonita</b>  13  <b>Triple S Salud</b>  1
<b>D1IV.7e</b>	<b>Resolved appeals related to covered outpatient prescription drugs</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	<b>First Medical Health Plan</b>  23  <b>MMM Multi-Health</b>  246  <b>Plan de Salud Menonita</b>  14  <b>Triple S Salud</b>  55
<b>D1IV.7f</b>	<b>Resolved appeals related to skilled nursing facility (SNF) services</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	<b>First Medical Health Plan</b>  0  <b>MMM Multi-Health</b>  0  <b>Plan de Salud Menonita</b>  4

<b>D1IV.7g</b>	<b>Resolved appeals related to long-term services and supports (LTSS)</b>	<b>First Medical Health Plan</b>
		N/A
	Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".	<b>MMM Multi-Health</b>
		N/A
		<b>Plan de Salud Menonita</b>
		N/A
		<b>Triple S Salud</b>
		N/A
<b>D1IV.7h</b>	<b>Resolved appeals related to dental services</b>	<b>First Medical Health Plan</b>
		0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	<b>MMM Multi-Health</b>
		2
		<b>Plan de Salud Menonita</b>
		0
		<b>Triple S Salud</b>
		0
<b>D1IV.7i</b>	<b>Resolved appeals related to non-emergency medical transportation (NEMT)</b>	<b>First Medical Health Plan</b>
		12
	Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	<b>MMM Multi-Health</b>
		12
		<b>Plan de Salud Menonita</b>
		3



**Triple S Salud**

0

**D1IV.7j****Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".

**First Medical Health Plan**

86

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

2

**State Fair Hearings**

Number	Indicator	Response
D1IV.8a	<b>State Fair Hearing requests</b>  Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	<b>First Medical Health Plan</b>
		6
		<b>MMM Multi-Health</b>
		20
		<b>Plan de Salud Menonita</b>
		34
		<b>Triple S Salud</b>
		9
D1IV.8b	<b>State Fair Hearings resulting in a favorable decision for the enrollee</b>  Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	<b>First Medical Health Plan</b>
		3
		<b>MMM Multi-Health</b>
		20
		<b>Plan de Salud Menonita</b>
		27
		<b>Triple S Salud</b>
		14
D1IV.8c	<b>State Fair Hearings resulting in an adverse decision for the enrollee</b>  Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	<b>First Medical Health Plan</b>
		3
		<b>MMM Multi-Health</b>
		12
		<b>Plan de Salud Menonita</b>
		11
		<b>Triple S Salud</b>

<b>D1IV.8d</b>	<p><b>State Fair Hearings retracted prior to reaching a decision</b></p> <p>Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.</p>	<p><b>First Medical Health Plan</b></p> <p>2</p> <p><b>MMM Multi-Health</b></p> <p>2</p> <p><b>Plan de Salud Menonita</b></p> <p>1</p> <p><b>Triple S Salud</b></p> <p>2</p>
<b>D1IV.9a</b>	<p><b>External Medical Reviews resulting in a favorable decision for the enrollee</b></p> <p>If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).</p>	<p><b>First Medical Health Plan</b></p> <p>3</p> <p><b>MMM Multi-Health</b></p> <p>20</p> <p><b>Plan de Salud Menonita</b></p> <p>27</p> <p><b>Triple S Salud</b></p> <p>13</p>
<b>D1IV.9b</b>	<p><b>External Medical Reviews resulting in an adverse decision for the enrollee</b></p> <p>If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".</p>	<p><b>First Medical Health Plan</b></p> <p>3</p> <p><b>MMM Multi-Health</b></p> <p>12</p> <p><b>Plan de Salud Menonita</b></p> <p>11</p>

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

**Triple S Salud**  
2

---

**Grievances Overview**

Number	Indicator	Response
<b>D1IV.10</b>	<b>Grievances resolved</b>  Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	<b>First Medical Health Plan</b>
		990
		<b>MMM Multi-Health</b>
		1,245
		<b>Plan de Salud Menonita</b>
		211
		<b>Triple S Salud</b>
		609
<b>D1IV.11</b>	<b>Active grievances</b>  Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	<b>First Medical Health Plan</b>
		207
		<b>MMM Multi-Health</b>
		199
		<b>Plan de Salud Menonita</b>
		55
		<b>Triple S Salud</b>
		61
<b>D1IV.12</b>	<b>Grievances filed on behalf of LTSS users</b>  Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was	<b>First Medical Health Plan</b>
		N/A
		<b>MMM Multi-Health</b>
		N/A
		<b>Plan de Salud Menonita</b>
		N/A
		<b>Triple S Salud</b>

filed). If this does not apply,  
enter N/A.

N/A

---

**D1IV.13**

**Number of critical incidents  
filed during the reporting  
period by (or on behalf of) an  
LTSS user who previously  
filed a grievance**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and

**First Medical Health Plan**

N/A

**MMM Multi-Health**

N/A

**Plan de Salud Menonita**

N/A

**Triple S Salud**

N/A

whether the filing of the grievance preceded the filing of the critical incident.

<b>D1IV.14</b>	<b>Number of grievances for which timely resolution was provided</b>  Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	<b>First Medical Health Plan</b>
		990
		<b>MMM Multi-Health</b>
		1,210
		<b>Plan de Salud Menonita</b>
		218
		<b>Triple S Salud</b>
		609

## Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	<b>Resolved grievances related to general inpatient services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>
		11
		<b>MMM Multi-Health</b>
		24
		<b>Plan de Salud Menonita</b>
		1
		<b>Triple S Salud</b>
		7
D1IV.15b	<b>Resolved grievances related to general outpatient services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>
		759
		<b>MMM Multi-Health</b>
		1,012
		<b>Plan de Salud Menonita</b>
		189
		<b>Triple S Salud</b>
		501
D1IV.15c	<b>Resolved grievances related to inpatient behavioral health services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>
		5
		<b>MMM Multi-Health</b>
		6
		<b>Plan de Salud Menonita</b>
		2
		<b>Triple S Salud</b>



<b>D1IV.15d</b>	<b>Resolved grievances related to outpatient behavioral health services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>  45  <b>MMM Multi-Health</b>  13  <b>Plan de Salud Menonita</b>  9  <b>Triple S Salud</b>  45
<b>D1IV.15e</b>	<b>Resolved grievances related to coverage of outpatient prescription drugs</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>  4  <b>MMM Multi-Health</b>  118  <b>Plan de Salud Menonita</b>  6  <b>Triple S Salud</b>  9
<b>D1IV.15f</b>	<b>Resolved grievances related to skilled nursing facility (SNF) services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>  9  <b>MMM Multi-Health</b>  0  <b>Plan de Salud Menonita</b>  0

<b>D1IV.15g</b>	<b>Resolved grievances related to long-term services and supports (LTSS)</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>  N/A  <b>MMM Multi-Health</b>  N/A  <b>Plan de Salud Menonita</b>  N/A  <b>Triple S Salud</b>  N/A
<b>D1IV.15h</b>	<b>Resolved grievances related to dental services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>  33  <b>MMM Multi-Health</b>  54  <b>Plan de Salud Menonita</b>  3  <b>Triple S Salud</b>  19
<b>D1IV.15i</b>	<b>Resolved grievances related to non-emergency medical transportation (NEMT)</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	<b>First Medical Health Plan</b>  2  <b>MMM Multi-Health</b>  18  <b>Plan de Salud Menonita</b>  1

---

<b>D1IV.15j</b>	<b>Resolved grievances related to other service types</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".	<b>First Medical Health Plan</b>
		131
		<b>MMM Multi-Health</b>
		0
		<b>Plan de Salud Menonita</b>
		0
		<b>Triple S Salud</b>
		6

---

## Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	<b>Resolved grievances related to plan or provider customer service</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	<b>First Medical Health Plan</b>  282
		<b>MMM Multi-Health</b>  53
		<b>Plan de Salud Menonita</b>  23
		<b>Triple S Salud</b>  97
D1IV.16b	<b>Resolved grievances related to plan or provider care management/case management</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	<b>First Medical Health Plan</b>  0
		<b>MMM Multi-Health</b>  91
		<b>Plan de Salud Menonita</b>  7
		<b>Triple S Salud</b>  8

D1IV.16c	<b>Resolved grievances related to access to care/services from plan or provider</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	<b>First Medical Health Plan</b>
		287
		<b>MMM Multi-Health</b>
		615
		<b>Plan de Salud Menonita</b>
		91
		<b>Triple S Salud</b>
		315
<hr/>		
D1IV.16d	<b>Resolved grievances related to quality of care</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.	<b>First Medical Health Plan</b>
		25
		<b>MMM Multi-Health</b>
		30
		<b>Plan de Salud Menonita</b>
		6
		<b>Triple S Salud</b>
		17

D1IV.16e	<b>Resolved grievances related to plan communications</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.	<b>First Medical Health Plan</b>	
		0	
		<b>MMM Multi-Health</b>	
		2	
		<b>Plan de Salud Menonita</b>	
		0	
		<b>Triple S Salud</b>	
		3	
		<hr/>	
		D1IV.16f	<b>Resolved grievances related to payment or billing issues</b>  Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.
90			
<b>MMM Multi-Health</b>			
442			
<b>Plan de Salud Menonita</b>			
		80	
		<b>Triple S Salud</b>	
		106	
		<hr/>	
		D1IV.16g	<b>Resolved grievances related to suspected fraud</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted
1			
<b>MMM Multi-Health</b>			
1			
<b>Plan de Salud Menonita</b>			
		1	
		<b>Triple S Salud</b>	

to another entity, such as a state Ombudsman or Office of the Inspector General.

10

---

**D1IV.16h**

**Resolved grievances related to abuse, neglect or exploitation**

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.  
Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

**First Medical Health Plan**

0

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

2

---

**D1IV.16i**

**Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)**

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

**First Medical Health Plan**

0

**MMM Multi-Health**

0

**Plan de Salud Menonita**

3

**Triple S Salud**

2

---

**D1IV.16j**

**Resolved grievances related to plan denial of expedited appeal**

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal.  
Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution

**First Medical Health Plan**

0

**MMM Multi-Health**

11

**Plan de Salud Menonita**

0

of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

**Triple S Salud**

0

**D1IV.16k**

**Resolved grievances filed for other reasons**

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

**First Medical Health Plan**

205

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

49

## Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.





Complete

**D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis 18-64** 1 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

0058

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

66.6

**MMM Multi-Health**

45.8

**Plan de Salud Menonita**

54.9

**Triple S Salud**

51.1



Complete

**D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis 65+** 2 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

0058

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

56.8

**MMM Multi-Health**

48.1

**Plan de Salud Menonita**

55.8

**Triple S Salud**

50



Complete

**D2.VII.1 Measure Name: HIV Viral Load Supression ages 18-64**

3 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

2082/3210e

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

7



Complete

**D2.VII.1 Measure Name: HIV Viral Load Supression ages 65+**

4 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality  
Forum (NQF) number**

2082/3210e

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0

**MMM Multi-Health**

0

**Plan de Salud Menonita**

N/A

**Triple S Salud**

16.7



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management:  
Acute Phase 18-64**

5 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality  
Forum (NQF) number**

0105

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

31.3

**MMM Multi-Health**

51.4

**Plan de Salud Menonita**

60

**Triple S Salud**

49.3



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management:  
Acute Phase 65+**

6 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0105

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

34.2

**MMM Multi-Health**

44.7

**Plan de Salud Menonita**

N/A

**Triple S Salud**

54.8



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management: Continuation Phase 18-64**

7 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0105

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### First Medical Health Plan

12.6

### MMM Multi-Health

67.7

### Plan de Salud Menonita

44.8

### Triple S Salud

33.2



Complete

## D2.VII.1 Measure Name: Antidepressant Medication Management: Continuation Phase 65+

8 / 129

### D2.VII.2 Measure Domain

Behavioral health care

### D2.VII.3 National Quality Forum (NQF) number

0105

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

Medicaid Adult Core Set

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### First Medical Health Plan

12.5

### MMM Multi-Health

58.9

### Plan de Salud Menonita

N/A

**Triple S Salud**

41.5



Complete

**D2.VII.1 Measure Name: Asthma Medication Ratio ages 19-50"**

9 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

1800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

89.4

**MMM Multi-Health**

74.0

**Plan de Salud Menonita**

77.6

**Triple S Salud**

72.1



Complete

**D2.VII.1 Measure Name: "Asthma Medication Ratio ages 51-64"**

10 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

1800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results****First Medical Health Plan**

91.5

**MMM Multi-Health**

70.2

**Plan de Salud Menonita**

76.0

**Triple S Salud**

71.8



Complete

**D2.VII.1 Measure Name: Breast Cancer Screening ages 50-64**

11 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

2372

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A



## Measure results

### First Medical Health Plan

57.9

### MMM Multi-Health

64.3

### Plan de Salud Menonita

70.8

### Triple S Salud

66.5



Complete

## D2.VII.1 Measure Name: Breast Cancer Screening ages 65-74

12 / 129

### D2.VII.2 Measure Domain

Primary care access and preventative care

### D2.VII.3 National Quality Forum (NQF) number

2372

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

Medicaid Adult Core Set

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### First Medical Health Plan

48.3

### MMM Multi-Health

52

### Plan de Salud Menonita

N/A

Triple S Salud

57.1



Complete

**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Most or moderately effective contraception – 3 days ages 21-44** 13 / 129

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

28.7

**MMM Multi-Health**

24.2

**Plan de Salud Menonita**

2.5

**Triple S Salud**

29.3



**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women –** 14 / 129  
**Most or moderately effective contraception – 60 days ages 21-44**

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality  
Forum (NQF) number**

2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

31.2

**MMM Multi-Health**

35.5

**Plan de Salud Menonita**

4.5

**Triple S Salud**

35



**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women –** 15 / 129  
**LARC – 3 days 21-44**

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality  
Forum (NQF) number**

2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
0

**MMM Multi-Health**  
0

**Plan de Salud Menonita**  
0

**Triple S Salud**  
0



**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – LARC – 60 days 21-44** 16 / 129

**D2.VII.2 Measure Domain**  
Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**  
2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**

0.6

**MMM Multi-Health**

0.6

**Plan de Salud Menonita**

1.4

**Triple S Salud**

1.1



Complete

**D2.VII.1 Measure Name: Cervical Cancer Screening 18-64**

17 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0032

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

42.4

**MMM Multi-Health**

50.4

**Plan de Salud Menonita**

51.3

**Triple S Salud**

46



Complete

**D2.VII.1 Measure Name: Rating of all Health Care**

18 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Adult CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

82.7

**MMM Multi-Health**

70

**Plan de Salud Menonita**

86.3

**Triple S Salud**

52.5



Complete

**D2.VII.1 Measure Name: Rating of Personal Doctor**

19 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Adult CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

88.1

**MMM Multi-Health**

79

**Plan de Salud Menonita**

91.2

**Triple S Salud**

66.7



Complete

**D2.VII.1 Measure Name: Rating of Specialist Seen Most Often**

20 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

Adult CAHPS

**Measure results**

**First Medical Health Plan**

89.7

**MMM Multi-Health**

82.8

**Plan de Salud Menonita**

94.1

**Triple S Salud**

72



Complete

**D2.VII.1 Measure Name: Rating of Health Plan**

21 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Adult CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

87.3

**MMM Multi-Health**

71.7

**Plan de Salud Menonita**

88.7



Triple S Salud

70.3



Complete

### D2.VII.1 Measure Name: Getting Care Quickly

22 / 129

#### D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Adult CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

**First Medical Health Plan**

80.6

**MMM Multi-Health**

84.1

**Plan de Salud Menonita**

80.6

**Triple S Salud**

83.1



Complete

### D2.VII.1 Measure Name: Getting Needed Care

23 / 129

#### D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

(Adult CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results****First Medical Health Plan**

90.6

**MMM Multi-Health**

90.6

**Plan de Salud Menonita**

93.5

**Triple S Salud**

92.6



Complete

**D2.VII.1 Measure Name: How Well Doctors Communicate**

24 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Adult CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

85.7

**MMM Multi-Health**

88.1

**Plan de Salud Menonita**

90.4

**Triple S Salud**

90.8



Complete

**D2.VII.1 Measure Name: Customer Service**

25 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

85.7

**MMM Multi-Health**

88.1

**Plan de Salud Menonita**

90.4

Triple S Salud

90.8



Complete

### D2.VII.1 Measure Name: Rating of All Health Care

26 / 129

#### D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAHPS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

**First Medical Health Plan**

93.2

**MMM Multi-Health**

67.9

**Plan de Salud Menonita**

88.6

**Triple S Salud**

64.7



Complete

### D2.VII.1 Measure Name: Rating of Personal Doctor

27 / 129

#### D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results****First Medical Health Plan**

91.5

**MMM Multi-Health**

69.8

**Plan de Salud Menonita**

92.6

**Triple S Salud**

74.4



Complete

**D2.VII.1 Measure Name: Rating of Specialist Seem Most Often**

28 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

93.1

**MMM Multi-Health**

79.2

**Plan de Salud Menonita**

90.6

**Triple S Salud**

70.5



Complete

**D2.VII.1 Measure Name: Rating of Health Plan**

29 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

89.2

**MMM Multi-Health**

62.7

**Plan de Salud Menonita**

85.7

Triple S Salud

64.7



Complete

### D2.VII.1 Measure Name: Getting Care Quickly

30 / 129

#### D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

**First Medical Health Plan**

84.4

**MMM Multi-Health**

83

**Plan de Salud Menonita**

83.6

**Triple S Salud**

79.4



Complete

### D2.VII.1 Measure Name: Getting Needed Care

31 / 129

#### D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results****First Medical Health Plan**

79.3

**MMM Multi-Health**

83.2

**Plan de Salud Menonita**

84.5

**Triple S Salud**

74.4



Complete

**D2.VII.1 Measure Name: How Well Doctors Communicate**

32 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**



**First Medical Health Plan**

92.5

**MMM Multi-Health**

89.2

**Plan de Salud Menonita**

93.8

**Triple S Salud**

88.2



Complete

**D2.VII.1 Measure Name: Customer Service**

33 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

88.3

**MMM Multi-Health**

89.5

**Plan de Salud Menonita**

91.5

Triple S Salud

88.5



Complete

### D2.VII.1 Measure Name: Coordination of Care

34 / 129

#### D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

**First Medical Health Plan**

64.3

**MMM Multi-Health**

82.1

**Plan de Salud Menonita**

51

**Triple S Salud**

87.7



Complete

### D2.VII.1 Measure Name: Access to Specialized Services

35 / 129

#### D2.VII.2 Measure Domain

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

74.5

**MMM Multi-Health**

73.4

**Plan de Salud Menonita**

76

**Triple S Salud**

68.3



Complete

**D2.VII.1 Measure Name: Family-Centered Care: Personal Doctor Who Knows the Child** 36 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

86.2

**MMM Multi-Health**

90.9

**Plan de Salud Menonita**

86.6

**Triple S Salud**

92.3



Complete

**D2.VII.1 Measure Name: Coordinated Care for Children with Chronic Conditions** 37 / 129

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0006

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Child CAPHS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

64.3

**MMM Multi-Health**

77

**Plan de Salud Menonita**

51

**Triple S Salud**

78.4



Complete

**D2.VII.1 Measure Name: Screening for Depression and Follow-Up Plan 18-64** 38 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0418

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

2.1

**MMM Multi-Health**

3.3

**Plan de Salud Menonita**

2.1

**Triple S Salud**

9.1



### D2.VII.1 Measure Name: Screening for Depression and Follow-Up Plan 39 / 129 65+

#### D2.VII.2 Measure Domain

Primary care access and preventative care

#### D2.VII.3 National Quality Forum (NQF) number

0418

#### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

#### D2.VII.6 Measure Set

Medicaid Adult Core Set

#### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### First Medical Health Plan

1.2

##### MMM Multi-Health

3.8

##### Plan de Salud Menonita

1.9

##### Triple S Salud

10.4



### D2.VII.1 Measure Name: Chlamydia Screening in Women 21–24

40 / 129

#### D2.VII.2 Measure Domain

Primary care access and preventative care

#### D2.VII.3 National Quality Forum (NQF) number

0033

#### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

#### D2.VII.6 Measure Set

Medicaid Adult Core Set

#### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### First Medical Health Plan

56.1

##### MMM Multi-Health

63.6

##### Plan de Salud Menonita

65.6

##### Triple S Salud

60.8



Complete

#### D2.VII.1 Measure Name: Concurrent Use of Opioids and Benzodiazepines 18–64

41 / 129

#### D2.VII.2 Measure Domain

Behavioral health care

#### D2.VII.3 National Quality Forum (NQF) number

N/A

#### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

#### D2.VII.6 Measure Set

Medicaid Adult Core Set

#### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### First Medical Health Plan

16

**MMM Multi-Health**

18.9

**Plan de Salud Menonita**

24.3

**Triple S Salud**

13.8



Complete

**D2.VII.1 Measure Name: Concurrent Use of Opioids and Benzodiazepines 65+**

42 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

6.7

**MMM Multi-Health**

16.6

**Plan de Salud Menonita**

36.9



**Triple S Salud**

10.3



Complete

**D2.VII.1 Measure Name: Colorectal Cancer Screening (46-49)**

43 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0034

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

24.2

**MMM Multi-Health**

29.4

**Plan de Salud Menonita**

22.6

**Triple S Salud**

29.9



Complete

**D2.VII.1 Measure Name: Colorectal Cancer Screening (50-64)**

44 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0034

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results****First Medical Health Plan**

38.7

**MMM Multi-Health**

48.5

**Plan de Salud Menonita**

45.2

**Triple S Salud**

46.6



Complete

**D2.VII.1 Measure Name: Colorectal Cancer Screening (65-75)**

45 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0034

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

28.5

**MMM Multi-Health**

46.8

**Plan de Salud Menonita**

N/A

**Triple S Salud**

46.1



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 days 18–64** 46 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

3488

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

10.8

**MMM Multi-Health**

15

**Plan de Salud Menonita**

24.3

**Triple S Salud**

18.1



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit<sup>47</sup> / 129  
for Alcohol and Other Drug Abuse or Dependence – 7 days 65+**

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality  
Forum (NQF) number**

3488

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0

**MMM Multi-Health**

4.8

**Plan de Salud Menonita**

N/A

**Triple S Salud**

23.8



**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit<sup>48</sup> / 129**  
**for Alcohol and Other Drug Abuse or Dependence – 30 days 18–64**

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality  
Forum (NQF) number**

3488

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

20.9

**MMM Multi-Health**

28.7

**Plan de Salud Menonita**

36.1

**Triple S Salud**

35.3



**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit<sup>49</sup> / 129**  
**for Alcohol and Other Drug Abuse or Dependence – 30 days 65+**

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality  
Forum (NQF) number**

3488

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
0

**MMM Multi-Health**  
19

**Plan de Salud Menonita**  
N/A

**Triple S Salud**  
23.8



Complete

**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness – 7-day follow-up for ED visit: Ages 18 and older 18–64** 50 / 129

**D2.VII.2 Measure Domain**  
Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**  
0576

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**

28.6

**MMM Multi-Health**

24.3

**Plan de Salud Menonita**

43.3

**Triple S Salud**

29.3



Complete

**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness – 7-day follow-up for ED visit: Ages 18 and older 65+** 51 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0576

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

12.1

**MMM Multi-Health**

62

**Plan de Salud Menonita**

17.4

**Triple S Salud**

21



Complete

**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness – 30-day follow-up for ED visit: Ages 18 and older 18–64** 52 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0576

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

51.8

**MMM Multi-Health**

66

**Plan de Salud Menonita**

74.8

**Triple S Salud**

62





**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness – 30-day follow-up for ED visit: Ages 18 and older 65+** 53 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0576

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

4.4

**MMM Multi-Health**

18.3

**Plan de Salud Menonita**

56.5

**Triple S Salud**

54.8



**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness – 7-day follow-up for ED 18–64** 54 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

3489

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
30.9

**MMM Multi-Health**  
31.8

**Plan de Salud Menonita**  
31.5

**Triple S Salud**  
42.7



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness – 7-day follow-up for ED 65+** 55 / 129

**D2.VII.2 Measure Domain**  
Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**  
3489

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**

41

**MMM Multi-Health**

37

**Plan de Salud Menonita**

37.5

**Triple S Salud**

31.8



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit<sup>56</sup> / 129  
for Mental Illness – 30-day follow-up for ED visit 18–64**

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality  
Forum (NQF) number**

3489

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

51.8

**MMM Multi-Health**

56.3

**Plan de Salud Menonita**

50.7

**Triple S Salud**

63.2



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness – 30-day follow-up for ED visit 65+** 57 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

3489

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

51.3

**MMM Multi-Health**

46.3

**Plan de Salud Menonita**

68.8

**Triple S Salud**

59.1



Complete

**D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder – Total 18–64**

58 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2801

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

29.3

**MMM Multi-Health**

36.9

**Plan de Salud Menonita**

30.3

**Triple S Salud**

22.6



Complete

**D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder – Buprenorphine 18–64**

59 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2801

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
29.3

**MMM Multi-Health**  
36.6

**Plan de Salud Menonita**  
30

**Triple S Salud**  
22.6



Complete

**D2.VII.1 Measure Name: Plan All-Cause Readmissions**

60 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**  
1768

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
22.8

MMM Multi-Health

81.2

Plan de Salud Menonita

6.5

Triple S Salud

7.3



Complete

**D2.VII.1 Measure Name: Diabetes Short-Term Complications Admission Rate 18-64** 61 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

0272

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

10.6

MMM Multi-Health

30.4

Plan de Salud Menonita

5.7

Triple S Salud

30.4



Complete

**D2.VII.1 Measure Name: Diabetes Short-Term Complications Admission Rate 65+** 62 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

0272

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

8.2

**MMM Multi-Health**

14.8

**Plan de Salud Menonita**

1

**Triple S Salud**

78.4



Complete

**D2.VII.1 Measure Name: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate 40-64**

63 / 129

**D2.VII.2 Measure Domain**



Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

0275

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

126.2

**MMM Multi-Health**

163.5

**Plan de Salud Menonita**

14

**Triple S Salud**

117.5



Complete

**D2.VII.1 Measure Name: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate 65+**

64 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

0275

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### First Medical Health Plan

223.1

### MMM Multi-Health

284.2

### Plan de Salud Menonita

26.8

### Triple S Salud

389.9



Complete

## D2.VII.1 Measure Name: Heart Failure Admission Rate 18–64

65 / 129

### D2.VII.2 Measure Domain

Care of acute and chronic conditions

### D2.VII.3 National Quality Forum (NQF) number

0277

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

Medicaid Adult Core Set

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### First Medical Health Plan

3.1

### MMM Multi-Health

75.7

### Plan de Salud Menonita

6.9

Triple S Salud

75.6



Complete

**D2.VII.1 Measure Name: Heart Failure Admission Rate 65+**

66 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality  
Forum (NQF) number**

Program-specific rate

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

21.3

**MMM Multi-Health**

376.7

**Plan de Salud Menonita**

36.7

**Triple S Salud**

479.2



Complete

**D2.VII.1 Measure Name: Asthma in Younger Adults Admission Rate 1867 / 129  
39**

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

0283

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

55.1

**MMM Multi-Health**

50.6

**Plan de Salud Menonita**

3.4

**Triple S Salud**

17.4



Complete

**D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals With Schizophrenia** 68 / 129

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

#### Measure results

##### First Medical Health Plan

0

##### MMM Multi-Health

73

##### Plan de Salud Menonita

71.3

##### Triple S Salud

73.2



Complete

#### D2.VII.1 Measure Name: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications – Total

69 / 129

##### D2.VII.2 Measure Domain

Behavioral health care

##### D2.VII.3 National Quality Forum (NQF) number

2800

##### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

##### D2.VII.6 Measure Set

Medicaid Adult Core Set

##### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

##### D2.VII.8 Measure Description

N/A

#### Measure results

##### First Medical Health Plan

53.9

MMM Multi-Health

67.5

Plan de Salud Menonita

66.1

Triple S Salud

63.8



Complete

**D2.VII.1 Measure Name: Diabeted Care for People with Serious Mental Illness- HemoglobinA1c Poor Control >9% ages 18- 64** 70 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2607

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

85.3

MMM Multi-Health

31.7

Plan de Salud Menonita

N/A

Triple S Salud

41.5



Complete

**D2.VII.1 Measure Name: Diabeted Care for People with Serious Mental Illness- HemoglobinA1c Poor Control >9% ages 65-75** 71 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2607

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0

**MMM Multi-Health**

25.5

**Plan de Salud Menonita**

N/A

**Triple S Salud**

7



Complete

**D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder – Methadone 18–64**

72 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2801

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

0



Complete

**D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder – Long-Acting, Injectable Naltrexone 18–64**

73 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2801

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A



## Measure results

### First Medical Health Plan

0

### MMM Multi-Health

0

### Plan de Salud Menonita

0

### Triple S Salud

0



Complete

## D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder – Oral Naltrexone 18–64

74 / 129

### D2.VII.2 Measure Domain

Behavioral health care

### D2.VII.3 National Quality Forum (NQF) number

2801

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

Medicaid Adult Core Set

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### First Medical Health Plan

0

### MMM Multi-Health

0

### Plan de Salud Menonita

0.3

Triple S Salud

0



Complete

**D2.VII.1 Measure Name: Use of Opioids at High Dosage in Persons Without Cancer 18–64**

75 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0

**MMM Multi-Health**

0.3

**Plan de Salud Menonita**

0.2

**Triple S Salud**

0



Complete

### D2.VII.1 Measure Name: Use of Opioids at High Dosage in Persons Without Cancer 65+

76 / 129

#### D2.VII.2 Measure Domain

Behavioral health care

#### D2.VII.3 National Quality Forum (NQF) number

N/A

#### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

#### D2.VII.6 Measure Set

Medicaid Adult Core Set

#### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

#### D2.VII.8 Measure Description

N/A

#### Measure results

##### First Medical Health Plan

0

##### MMM Multi-Health

1.9

##### Plan de Salud Menonita

0

##### Triple S Salud

0



Complete

### D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis 3 Months–17 Years

77 / 129

#### D2.VII.2 Measure Domain

Care of acute and chronic conditions

#### D2.VII.3 National Quality Forum (NQF) number

0058

#### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

79.61

**MMM Multi-Health**

59

**Plan de Salud Menonita**

39.06

**Triple S Salud**

63.46



Complete

**D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication – Initiation 6–12** 78 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0108

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

64.44

**MMM Multi-Health**

67.1

**Plan de Salud Menonita**

47.69

**Triple S Salud**

48.33



Complete

**D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Management 6–12**<sup>79 / 129</sup>

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0108

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

73.91

**MMM Multi-Health**

85.8

**Plan de Salud Menonita**

52.38

**Triple S Salud**

65.05



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose 1–11**

80 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

49.8

**MMM Multi-Health**

63.7

**Plan de Salud Menonita**

63.16

**Triple S Salud**

56.39



**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose 12–17**

81 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

56.1

**MMM Multi-Health**

59.7

**Plan de Salud Menonita**

462.7

**Triple S Salud**

60.79



**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics – Cholesterol 1–11**

82 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
42.29

**MMM Multi-Health**  
50.7

**Plan de Salud Menonita**  
44.5

**Triple S Salud**  
45.03



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics – Cholesterol 12-17**

83 / 129

**D2.VII.2 Measure Domain**  
Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**  
2800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**



**First Medical Health Plan**

51.22

**MMM Multi-Health**

N/A

**Plan de Salud Menonita**

50.79

**Triple S Salud**

52.58



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol 12–17**

84 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

N/A

**MMM Multi-Health**

49

**Plan de Salud Menonita**

44.02

**Triple S Salud**

43.61



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol (Total)**

85 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

59.51

**MMM Multi-Health**

52.3

**Plan de Salud Menonita**

49.21

**Triple S Salud**

51.52



**D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics 1-11**

86 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2801

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

46.61

**MMM Multi-Health**

51

**Plan de Salud Menonita**

49.21

**Triple S Salud**

N/A



**D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics 12-17**

87 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2801

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

65.12

**MMM Multi-Health**

30.9

**Plan de Salud Menonita**

47.52

**Triple S Salud**

60.33



Complete

**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Most or Moderately Effective Contraceptive Method 3 days 15–20** 88 / 129

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

58.25

**MMM Multi-Health**

39.3

**Plan de Salud Menonita**

50

**Triple S Salud**

60.9



Complete

**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Most or Moderately Effective Contraceptive Method 60 days 15–20** 89 / 129

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

3.86

**MMM Multi-Health**

1.7

**Plan de Salud Menonita**

0

**Triple S Salud**

3.28



Complete

**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Most or Moderately Effective Contraceptive Method 60 days 15–20** 90 / 129

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

5.02

**MMM Multi-Health**

18.8

**Plan de Salud Menonita**

1.96

**Triple S Salud**

9.18



**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Long-Acting Reversible Contraception Method 3 days 15–20** 91 / 129

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0

**MMM Multi-Health**

0

**Plan de Salud Menonita**

0

**Triple S Salud**

0



**D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Long-Acting Reversible Contraception Method 60 days 15–20** 92 / 129

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

2902

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
0.77

**MMM Multi-Health**  
.9

**Plan de Salud Menonita**  
2.61

**Triple S Salud**  
0



**D2.VII.1 Measure Name: Chlamydia Screening in Women**

93 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
0033

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
54.4



MMM Multi-Health

63.4

Plan de Salud Menonita

61.85

Triple S Salud

56.13



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – Combo 10 094 / 129 2**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0.17

MMM Multi-Health

.2

Plan de Salud Menonita

0.19

Triple S Salud

0.24



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – Combo 3 0–2** 5 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

1.14

**MMM Multi-Health**

1.5

**Plan de Salud Menonita**

1.76

**Triple S Salud**

2.8



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – Combo 7 0–2** 6 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
0.6

**MMM Multi-Health**  
0.6

**Plan de Salud Menonita**  
.81

**Triple S Salud**  
1.76



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – DTP 0–2** 97 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**

10.25

**MMM Multi-Health**

15.8

**Plan de Salud Menonita**

10.39

**Triple S Salud**

14.72



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – Hep A 0–2** 98 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

61.26

**MMM Multi-Health**

74.6

**Plan de Salud Menonita**

68.12

**Triple S Salud**

65.11



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – Hep B 0-2** 99 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

3.29

**MMM Multi-Health**

3.5

**Plan de Salud Menonita**

3.27

**Triple S Salud**

5.33



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – HiB 0-2** 100 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
32.39

**MMM Multi-Health**  
40.6

**Plan de Salud Menonita**  
29.93

**Triple S Salud**  
38.99



**D2.VII.1 Measure Name: Childhood Immunization Status – Influenza 002** / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**

6.85

**MMM Multi-Health**

8

**Plan de Salud Menonita**

11.15

**Triple S Salud**

9.35



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – MMR**

102 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

57.36

**MMM Multi-Health**

70.2

**Plan de Salud Menonita**

61.76

Triple S Salud

65.24



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – IPV 0–2**

103 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

18.45

**MMM Multi-Health**

21.5

**Plan de Salud Menonita**

12.76

**Triple S Salud**

21.67



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status –  
Pneumococcal Conjugate 0–2**

104 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care



**D2.VII.3 National Quality Forum (NQF) number**  
0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
9.81

**MMM Multi-Health**  
14.7

**Plan de Salud Menonita**  
10.1

**Triple S Salud**  
13.95



**D2.VII.1 Measure Name: Childhood Immunization Status – Rotavirus** 005 / 129  
2

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**

8.9

**MMM Multi-Health**

12.2

**Plan de Salud Menonita**

7.35

**Triple S Salud**

12.3



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status – VZV 0-2**

106 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0038

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

56.59

**MMM Multi-Health**

67.3

**Plan de Salud Menonita**

60.34

**Triple S Salud**

65.31



Complete

**D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life – 12 Months** 107 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

1448

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

5.63

**MMM Multi-Health**

19.9

**Plan de Salud Menonita**

17.37

**Triple S Salud**

9.71



Complete

**D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life – 24 Months** 108 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

1448

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

12.68

**MMM Multi-Health**

28

**Plan de Salud Menonita**

24.25

**Triple S Salud**

17.81



Complete

**D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life – 36 Months** 109 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

1448

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

## Measure results

### First Medical Health Plan

11.64

### MMM Multi-Health

23.2

### Plan de Salud Menonita

23.23

### Triple S Salud

18.06



Complete

## D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness – 7-day 6–17 110 / 129

### D2.VII.2 Measure Domain

Behavioral health care

### D2.VII.3 National Quality Forum (NQF) number

0576

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

Medicaid Child Core Set

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### First Medical Health Plan

26

### MMM Multi-Health

17.2

### Plan de Salud Menonita

53.33

Triple S Salud

36.49



Complete

**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness – 30-day 6–17** 111 / 129

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0576

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

49.5

**MMM Multi-Health**

86.8

**Plan de Salud Menonita**

85.42

**Triple S Salud**

69.64



**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit<sup>12 / 129</sup> for Mental Illness – 7-day 6–17**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

3488

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

51.28

**MMM Multi-Health**

41.3

**Plan de Salud Menonita**

0

**Triple S Salud**

43.18



**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit<sup>13 / 129</sup> for Mental Illness – 30-day 6–17**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

3488

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
68.6

**MMM Multi-Health**  
56.5

**Plan de Salud Menonita**  
0

**Triple S Salud**  
79.55



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents – HPV 1–13** 114 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
1407

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
26.18



MMM Multi-Health

20.3

Plan de Salud Menonita

24.82

Triple S Salud

30.9



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents- Combo 1** 115 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

1407

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

52.92

MMM Multi-Health

59.3

Plan de Salud Menonita

44.92

**Triple S Salud**

54.27



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents- Combo 2** 116 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

1407

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

25.11

**MMM Multi-Health**

19.7

**Plan de Salud Menonita**

22.99

**Triple S Salud**

29.61



Complete

**D2.VII.1 Measure Name: Lead Screening in Children 0–2** 117 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

22.62

**MMM Multi-Health**

27.7

**Plan de Salud Menonita**

30.05

**Triple S Salud**

31.93



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care: Timeliness of Prenatal Care**

18 / 129

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

1517

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0

**MMM Multi-Health**

66.4

**Plan de Salud Menonita**

41.72

**Triple S Salud**

84.37



Complete

**D2.VII.1 Measure Name: Sealant Receipt on Permanent First Molars –119 / 129  
One Sealant**

**D2.VII.2 Measure Domain**

Dental and oral health services

**D2.VII.3 National Quality  
Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

29.86

**MMM Multi-Health**

24.2

**Plan de Salud Menonita**

21.85

**Triple S Salud**

0.2



Complete

**D2.VII.1 Measure Name: Sealant Receipt on Permanent First Molars –120 / 129  
Four Sealant**

**D2.VII.2 Measure Domain**

Dental and oral health services

**D2.VII.3 National Quality  
Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

State-specific

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

0.09

**MMM Multi-Health**

17.2

**Plan de Salud Menonita**

10.92

**Triple S Salud**

0.09



**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile 3–11**

121 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

N/A

**MMM Multi-Health**

36.9

**Plan de Salud Menonita**

46.75

**Triple S Salud**

33.68



**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile 12–17**

122 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
N/A

**MMM Multi-Health**  
35.9

**Plan de Salud Menonita**  
46.1

**Triple S Salud**  
34.82



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition 3–11**

123 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**

N/A

**MMM Multi-Health**

34.3

**Plan de Salud Menonita**

46.75

**Triple S Salud**

20.71



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition 12-17**

124 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

N/A

**MMM Multi-Health**

33.8

**Plan de Salud Menonita**

35.39



Triple S Salud

20.96



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity 3–11**

125 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

N/A

**MMM Multi-Health**

18.5

**Plan de Salud Menonita**

22.1

**Triple S Salud**

14.59



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity 12–17**

126 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

**Measure results**

**First Medical Health Plan**  
N/A

**MMM Multi-Health**  
19.8

**Plan de Salud Menonita**  
20.95

**Triple S Salud**  
15.3



Complete

**D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits 3-11** 127 / 129

**D2.VII.2 Measure Domain**  
Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**  
1516

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
Yes

**D2.VII.8 Measure Description**  
N/A

## Measure results

### First Medical Health Plan

N/A

### MMM Multi-Health

52.2

### Plan de Salud Menonita

42.72

### Triple S Salud

46.13



Complete

## D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits 12-17 128 / 129

### D2.VII.2 Measure Domain

Primary care access and preventative care

### D2.VII.3 National Quality Forum (NQF) number

1516

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

Medicaid Child Core Set

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

### D2.VII.8 Measure Description

N/A

## Measure results

### First Medical Health Plan

N/A

### MMM Multi-Health

42.6

### Plan de Salud Menonita

34.95

Triple S Salud

38.92



Complete

**D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits 18–21** 129 / 129

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

1516

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

Yes

**D2.VII.8 Measure Description**

N/A

**Measure results**

**First Medical Health Plan**

N/A

**MMM Multi-Health**

26.6

**Plan de Salud Menonita**

25.07

**Triple S Salud**

25.75

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

1 / 5

**D3.VIII.2 Plan performance issue**

Timely Claims Payment

**D3.VIII.3 Plan name**

First Medical Health Plan

**D3.VIII.4 Reason for intervention**

Report 11 identified that the MCO was performing below contract standards requirements

**Sanction details****D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

10/20/2023

**D3.VIII.8 Remediation date non-compliance was corrected**

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Compliance letter**

2 / 5

**D3.VIII.2 Plan performance issue**Directed Payment  
Compliance**D3.VIII.3 Plan name**

First Medical Health Plan

**D3.VIII.4 Reason for intervention**

Warning to MCOs based on concerns that the minimum payment to providers had not been made following a Normative letter requiring minimum payment was sent to all MCOs in May 2023

**Sanction details****D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed****D3.VIII.8 Remediation date non-compliance was corrected**

08/01/2023

Yes, remediated 08/01/2023

### D3.VIII.9 Corrective action plan

No



Complete

### D3.VIII.1 Intervention type: Compliance letter

3 / 5

**D3.VIII.2 Plan performance issue**

Directed Payment  
Compliance

**D3.VIII.3 Plan name**

MMM Multi-Health

### D3.VIII.4 Reason for intervention

Warning to MCOs based on concerns that the minimum payment to providers had not been made following a Normative letter requiring minimum payment was sent to all MCOs in May 2023

### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

08/01/2023

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes, remediated 08/01/2023

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: Compliance letter

4 / 5

**D3.VIII.2 Plan performance issue**

Directed Payment  
Compliance

**D3.VIII.3 Plan name**

Plan de Salud Menonita

### D3.VIII.4 Reason for intervention

Warning to MCOs based on concerns that the minimum payment to providers had not been made following a Normative letter requiring minimum payment was sent to all MCOs in May 2023

### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

08/01/2023

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes, remediated 08/01/2023

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Compliance letter**

5 / 5

**D3.VIII.2 Plan performance issue**

Directed Payment  
Compliance

**D3.VIII.3 Plan name**

Triple S Salud

**D3.VIII.4 Reason for intervention**

Warning to MCOs based on concerns that the minimum payment to providers had not been made following a Normative letter requiring minimum payment was sent to all MCOs in May 2023

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

08/01/2023

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes, remediated 08/01/2023

**D3.VIII.9 Corrective action plan**

No

## Topic X. Program Integrity



Number	Indicator	Response
D1X.1	<b>Dedicated program integrity staff</b>  Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	<b>First Medical Health Plan</b>
		5
		<b>MMM Multi-Health</b>
		4
		<b>Plan de Salud Menonita</b>
		0
		<b>Triple S Salud</b>
		1,917
D1X.2	<b>Count of opened program integrity investigations</b>  How many program integrity investigations were opened by the plan during the reporting year?	<b>First Medical Health Plan</b>
		6
		<b>MMM Multi-Health</b>
		7
		<b>Plan de Salud Menonita</b>
		19
		<b>Triple S Salud</b>
		49
D1X.3	<b>Ratio of opened program integrity investigations to enrollees</b>  What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	<b>First Medical Health Plan</b>
		0.02:1,000
		<b>MMM Multi-Health</b>
		0.02:1,000
		<b>Plan de Salud Menonita</b>
		0.11:1,000
		<b>Triple S Salud</b>

<b>D1X.4</b>	<b>Count of resolved program integrity investigations</b>  How many program integrity investigations were resolved by the plan during the reporting year?	<b>First Medical Health Plan</b>  0  <b>MMM Multi-Health</b>  3  <b>Plan de Salud Menonita</b>  22  <b>Triple S Salud</b>  53
<b>D1X.5</b>	<b>Ratio of resolved program integrity investigations to enrollees</b>  What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	<b>First Medical Health Plan</b>  0:1,000  <b>MMM Multi-Health</b>  0.01:1,000  <b>Plan de Salud Menonita</b>  0.13:1,000  <b>Triple S Salud</b>  0.12:1,000
<b>D1X.6</b>	<b>Referral path for program integrity referrals to the state</b>  What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	<b>First Medical Health Plan</b>  Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently  <b>MMM Multi-Health</b>  Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently  <b>Plan de Salud Menonita</b>

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

**Triple S Salud**

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

---

**D1X.7**

**Count of program integrity referrals to the state**

Enter the total number of program integrity referrals made during the reporting year.

**First Medical Health Plan**

6

**MMM Multi-Health**

2

**Plan de Salud Menonita**

19

**Triple S Salud**

48

---

**D1X.8**

**Ratio of program integrity referral to the state**

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

**First Medical Health Plan**

0.02:1,000

**MMM Multi-Health**

0.01:1,000

**Plan de Salud Menonita**

0.11:1,000

**Triple S Salud**

0.1:1,000

---

**D1X.9**

**Plan overpayment reporting to the state**

Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, at minimum, the

**First Medical Health Plan**

"Most recent report is January through September 2023. Overpayments recovered: \$0 Ratio:"

**MMM Multi-Health**

- following information:
- The date of the report (rating period or calendar year).
  - The dollar amount of overpayments recovered.
  - The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2).

"Most recent report is January through September 2023. Overpayments recovered: \$117 Ratio:"

#### **Plan de Salud Menonita**

"Most recent report is January through September 2023. Overpayments recovered: \$0 Ratio:"

#### **Triple S Salud**

"Most recent report is January through September 2023. Overpayments recovered: \$1,014,124 Ratio:"

### **D1X.10**

#### **Changes in beneficiary circumstances**

Select the frequency the plan reports changes in beneficiary circumstances to the state.

#### **First Medical Health Plan**

Monthly

#### **MMM Multi-Health**

Monthly

#### **Plan de Salud Menonita**

Monthly

#### **Triple S Salud**

Monthly

## **Section E: BSS Entity Indicators**

### **Topic IX. Beneficiary Support System (BSS) Entities**

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
<b>EIX.1</b>	<b>BSS entity type</b> What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>TrueNorth</b>  Enrollment Broker
<b>EIX.2</b>	<b>BSS entity role</b> What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>TrueNorth</b>  Enrollment Broker/Choice Counseling Beneficiary Outreach Other, specify – Maintain the Medicaid eligibility application