

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

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|-----------------|--------------------|------------------|---------------|
| Due date | Last edited | Edited by | Status |
| 03/29/2025 | 03/28/2025 | Hector Vazquez | Submitted |

| Indicator | Response |
|---|----------|
| Exclusion of CHIP from MCPAR 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. | Selected |

Section A: Program Information

Point of Contact

| Number | Indicator | Response |
|---------------|---|----------------------|
| A1 | State name Auto-populated from your account profile. | Puerto Rico |
| A2a | Contact name 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. | Elia E. Rivera Soto |
| A2b | Contact email address Enter email address. Department or program-wide email addresses ok. | mcpa@ases.pr.gov |
| A3a | Submitter name CMS receives this data upon submission of this MCPAR report. | Hector Vazquez |
| A3b | Submitter email address CMS receives this data upon submission of this MCPAR report. | hvazquez@ases.pr.gov |
| A4 | Date of report submission CMS receives this date upon submission of this MCPAR report. | 03/28/2025 |

Reporting Period

| Number | Indicator | Response |
|--------|---|------------|
| A5a | Reporting period start date Auto-populated from report dashboard. | 10/01/2023 |
| A5b | Reporting period end date Auto-populated from report dashboard. | 09/30/2024 |
| A6 | Program name 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 Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

| Indicator | Response |
|-----------------|-----------|
| BSS entity name | TrueNorth |

Add In Lieu of Services and Settings (A.9)

⚠ Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** [Guidance on In Lieu of Services on Medicaid.gov](#).

| Indicator | Response |
|-----------|----------|
| ILOS name | |

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

| Number | Indicator | Response |
|-------------|---|-----------|
| BI.1 | Statewide Medicaid enrollment 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. | 1,189,063 |
| BI.2 | Statewide Medicaid managed care enrollment 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. | 1,189,063 |

Topic III. Encounter Data Report

| Number | Indicator | Response |
|---------------|---|--|
| BIII.1 | <p data-bbox="313 107 618 134">Data validation entity</p> <p data-bbox="313 161 716 699">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.</p> | <p data-bbox="760 107 1117 134">State Medicaid agency staff</p> <p data-bbox="760 182 1073 210">Other state agency staff</p> <p data-bbox="760 258 954 285">State actuaries</p> <p data-bbox="760 333 837 361">EQRO</p> <p data-bbox="760 409 1084 436">Other third-party vendor</p> <p data-bbox="760 485 1036 512">Proprietary system(s)</p> |
| BIII.2 | <p data-bbox="313 751 678 867">HIPAA compliance of proprietary system(s) for encounter data validation</p> <p data-bbox="313 894 716 951">Were the system(s) utilized fully HIPAA compliant? Select one.</p> | Yes |

Topic X: Program Integrity

| Number | Indicator | Response |
|--------|---|---|
| BX.1 | <p data-bbox="313 107 695 180">Payment risks between the state and plans</p> <p data-bbox="313 201 727 867">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 data-bbox="760 107 1386 814">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> |
| BX.2 | <p data-bbox="313 919 618 993">Contract standard for overpayments</p> <p data-bbox="313 1014 727 1171">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p> | <p data-bbox="760 919 1312 947">State requires the return of overpayments</p> |
| BX.3 | <p data-bbox="313 1224 634 1339">Location of contract provision stating overpayment standard</p> <p data-bbox="313 1360 727 1518">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 data-bbox="760 1224 1295 1297">ASES contract with MCO, Section 22.1.21, Attachment 23</p> |

BX.4

Description of overpayment contract standard

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.

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 or a Fraud, Waste, or Abuse 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.

BX.5

State overpayment reporting monitoring

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?

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.

Per contract, the Plan must report overpayments as part of required quarterly reporting. This reporting is reviewed by ASES when received.

BX.6

Changes in beneficiary circumstances

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).

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

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|--------------|---|---|
| BX.7a | Changes in provider circumstances: Monitoring plans | Yes |
| | Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one. | |
| BX.7b | Changes in provider circumstances: Metrics | No |
| | Does the state use a metric or indicator to assess plan reporting performance? Select one. | |
| BX.8a | Federal database checks: Excluded person or entities | Yes |
| | 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. | |
| BX.8b | Federal database checks: Summarize instances of exclusion | The State comply with the requirements ar 42 CFR 455.436 and 438.602. PIU found one excluded provider and two terminated providers (one for office closure and one for provider dead). |
| | 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. | |

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|--------------|---|--|
| BX.9a | Website posting of 5 percent or more ownership control 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 42 CFR 438.602(g)(3) and 455.104. | No |
| BX.10 | Periodic audits 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. | No such audits were conducted during the reporting year. |

Topic XIII. Prior Authorization

⚠ Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.

| Number | Indicator | Response |
|--------|---|--------------------|
| N/A | Are you reporting data prior to June 2026? | Not reporting data |

Section C: Program-Level Indicators

Topic I: Program Characteristics

| Number | Indicator | Response |
|--------|---|--|
| C11.1 | <p>Program contract</p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p> | Model contract between Administracion de Seguros de Salud de Puerto Rico (ASES) and MCO/MAO for provision of physical & behavioral health services under the Government Health Plan Program. |
| N/A | Enter the date of the contract between the state and plans participating in the managed care program. | 12/29/2022 |
| C11.2 | <p>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p> | https://www.ases.pr.gov/plan-vital#Vital |
| C11.3 | <p>Program type</p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p> | Managed Care Organization (MCO) |
| C11.4a | <p>Special program benefits</p> <p>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.</p> <p>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.</p> | Behavioral health Dental |
| C11.4b | <p>Variation in special benefits</p> <p>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.</p> | N/A |
| C11.5 | <p>Program enrollment</p> <p>Enter the average number of individuals enrolled in this managed care program per</p> | 1,172,016 |

month during the reporting year (i.e., average member months).

C11.6

Changes to enrollment or benefits

There were no major changes to the population or benefits during the reporting year.

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 | <p data-bbox="313 107 638 136">Uses of encounter data</p> <p data-bbox="313 161 695 317">For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p data-bbox="313 321 727 573">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)).</p> | <p data-bbox="760 107 914 136">Rate setting</p> <p data-bbox="760 182 1222 212">Quality/performance measurement</p> <p data-bbox="760 258 1089 287">Monitoring and reporting</p> <p data-bbox="760 333 1000 363">Contract oversight</p> <p data-bbox="760 409 987 438">Program integrity</p> <p data-bbox="760 485 1222 514">Policy making and decision support</p> |
| C1III.2 | <p data-bbox="313 625 695 697">Criteria/measures to evaluate MCP performance</p> <p data-bbox="313 722 727 907">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.</p> <p data-bbox="313 911 727 1228">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).</p> | <p data-bbox="760 625 1243 655">Timeliness of initial data submissions</p> <p data-bbox="760 701 1149 730">Timeliness of data corrections</p> <p data-bbox="760 777 1170 806">Timeliness of data certifications</p> <p data-bbox="760 852 1097 882">Use of correct file formats</p> <p data-bbox="760 928 1097 957">Provider ID field complete</p> <p data-bbox="760 1003 1356 1056">Overall data accuracy (as determined through data validation)</p> |
| C1III.3 | <p data-bbox="313 1276 719 1348">Encounter data performance criteria contract language</p> <p data-bbox="313 1373 727 1659">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.</p> | 16.3 16.4.3 17.3.5 18.1 18.2.3 |

| | | |
|----------------|---|--|
| C1III.4 | Financial penalties contract language 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. | 20.5.1.3 20.6.2 |
| C1III.5 | Incentives for encounter data quality 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. | N/A |
| C1III.6 | Barriers to collecting/validating encounter data 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. | Ensuring all contractors submit all the encounters, including the capitated providers. |

Topic IV. Appeals, State Fair Hearings & Grievances

| Number | Indicator | Response |
|--------|--|---|
| C1IV.1 | <p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</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>State definition of “timely” resolution for standard appeals</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> | <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.</p> |
| C1IV.3 | <p>State definition of “timely” resolution for expedited appeals</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> | <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.</p> |

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 | Gaps/challenges in network adequacy 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. | 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. |

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



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



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



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 ProviderBehavioral Health,
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

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

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

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



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

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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

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



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

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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

Non-Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



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

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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



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

Non-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

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

Non-Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



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

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



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



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

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

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

Non-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

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

Non-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

C2.V.5 Region

C2.V.6 Population

Behavioral health

Urban

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

Non-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

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

Non-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

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



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



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



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

Specialty 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



Complete

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



Complete

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 ProviderUrgent 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

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

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 | <p>BSS website</p> <p>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.</p> | <p>"www.planvitalpr.com https://planvital.org/EnrollmentPrincipal/Principal/Overview"</p> |
| C1IX.2 | <p>BSS auxiliary aids and services</p> <p>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)? 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.</p> | <p>"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"</p> |
| C1IX.3 | <p>BSS LTSS program data</p> <p>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).</p> | N/A |
| C1IX.4 | <p>State evaluation of BSS entity performance</p> <p>What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p> | <p>"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 "</p> |

Topic X: Program Integrity

| Number | Indicator | Response |
|---------------|---|-----------------|
| C1X.3 | Prohibited affiliation disclosure 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 |

Topic XII. Mental Health and Substance Use Disorder Parity

| Number | Indicator | Response |
|-----------------|---|-----------------|
| C1XII.4 | <p>Does this program include MCOs?</p> <p>If “Yes”, please complete the following questions.</p> | Yes |
| C1XII.5 | <p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p> | No |
| C1XII.6 | <p>Did the State or MCOs complete the most recent parity analysis(es)?</p> | State |
| C1XII.7a | <p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p> | No |
| C1XII.8 | <p>When was the last parity analysis(es) for this program completed?</p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).</p> | 04/01/2022 |
| C1XII.9 | <p>When was the last parity analysis(es) for this program</p> | 04/01/2022 |

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

| | | |
|------------------|---|----------------------|
| C1XII.10a | In the last analysis(es) conducted, were any deficiencies identified? | Yes |
| C1XII.10b | In the last analysis(es) conducted, describe all deficiencies identified. | Non-pharmacy co-pays |
| C1XII.11a | As of the end of this reporting period, have these deficiencies been resolved for all plans? | Yes |
| C1XII.12a | Has the state posted the current parity analysis(es) covering this program on its website? | Yes |

The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report.

States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity

analysis for either the state or for ALL MCOs has been posted.

| | | |
|------------------|---|---|
| C1XII.12b | Provide the URL link(s). Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas. | https://docs.pr.gov/files/ASES/Plan%20Vital/Pr oveedores/Monitoreo%20%26%20Auditoria/M onitoreo/Informe%20Anual%20del%20Progra ma%20de%20Cuidado%20Administrado%20(Managed%20Care%20Program%20Annual%20 Report,%20MCPAR)/Mental%20Health%20Parit y%20and%20Addiction%20Equity%20Act%20R eport%204-1-22.pdf |
|------------------|---|---|

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

| Number | Indicator | Response |
|--------|---|---|
| D1I.1 | Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months). | First Medical Health Plan 299,655 |
| | | MMM Multi Health 302,430 |
| | | Plan de Salud Menonita 159,967 |
| | | Triple S Salud 427,559 |
| D1I.2 | Plan share of Medicaid 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"> • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1) | First Medical Health Plan 25.2% |
| | | MMM Multi Health 25.4% |
| | | Plan de Salud Menonita 13.4% |
| | | Triple S Salud 35.9% |
| D1I.3 | Plan share of any Medicaid managed care 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"> • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid managed care enrollment (B.I.2) | First Medical Health Plan 20.2% |
| | | MMM Multi Health 20.4% |
| | | Plan de Salud Menonita 10.8% |
| | | Triple S Salud |

Topic II. Financial Performance

| Number | Indicator | Response |
|----------------|---|--|
| D1II.1a | <p>Medical Loss Ratio (MLR)</p> <p>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.</p> | <p>First Medical Health Plan</p> <p>94%</p> <p>MMM Multi Health</p> <p>95%</p> <p>Plan de Salud Menonita</p> <p>97%</p> <p>Triple S Salud</p> <p>91%</p> |
| D1II.1b | <p>Level of aggregation</p> <p>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.</p> | <p>First Medical Health Plan</p> <p>Statewide all programs & populations</p> <p>MMM Multi Health</p> <p>Statewide all programs & populations</p> <p>Plan de Salud Menonita</p> <p>Statewide all programs & populations</p> <p>Triple S Salud</p> <p>Statewide all programs & populations</p> |
| D1II.2 | <p>Population specific MLR description</p> <p>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.</p> | <p>First Medical Health Plan</p> <p>N/A</p> <p>MMM Multi Health</p> <p>N/A</p> <p>Plan de Salud Menonita</p> <p>N/A</p> |

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 | <p data-bbox="313 107 711 176">Definition of timely encounter data submissions</p> <p data-bbox="313 201 711 453">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.</p> | <p data-bbox="760 107 1109 134">First Medical Health Plan</p> <p data-bbox="760 180 1339 289">Valid extracts of Encounter Information for a specific month is due within fifteen (15) Calendar Days of the close of the month.</p> <p data-bbox="760 363 1019 390">MMM Multi Health</p> <p data-bbox="760 436 1339 546">Valid extracts of Encounter Information for a specific month is due within fifteen (15) Calendar Days of the close of the month.</p> <p data-bbox="760 619 1089 646">Plan de Salud Menonita</p> <p data-bbox="760 693 1339 802">Valid extracts of Encounter Information for a specific month is due within fifteen (15) Calendar Days of the close of the month.</p> <p data-bbox="760 875 946 903">Triple S Salud</p> <p data-bbox="760 949 1339 1058">Valid extracts of Encounter Information for a specific month is due within fifteen (15) Calendar Days of the close of the month.</p> |
| D1III.2 | <p data-bbox="313 1136 727 1289">Share of encounter data submissions that met state’s timely submission requirements</p> <p data-bbox="313 1314 727 1818">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.</p> | <p data-bbox="760 1136 1109 1163">First Medical Health Plan</p> <p data-bbox="760 1209 833 1236">100%</p> <p data-bbox="760 1314 1019 1341">MMM Multi Health</p> <p data-bbox="760 1388 816 1415">92%</p> <p data-bbox="760 1488 1089 1516">Plan de Salud Menonita</p> <p data-bbox="760 1562 816 1589">75%</p> <p data-bbox="760 1663 946 1690">Triple S Salud</p> <p data-bbox="760 1736 833 1764">100%</p> |
| D1III.3 | <p data-bbox="313 1871 727 1982">Share of encounter data submissions that were HIPAA compliant</p> <p data-bbox="313 2007 727 2100">What percent of the plan’s encounter data submissions (submitted during the reporting</p> | <p data-bbox="760 1871 1109 1898">First Medical Health Plan</p> <p data-bbox="760 1944 833 1971">100%</p> <p data-bbox="760 2045 1019 2072">MMM Multi Health</p> |

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

⚠ Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter "N/A".

Appeals Overview

| Number | Indicator | Response |
|----------------|---|----------------------------------|
| D1IV.1 | Appeals resolved (at the plan level) | First Medical Health Plan |
| | Enter the total number of appeals resolved during the reporting year. | 751 |
| | 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. | MMM Multi Health |
| | | 1,024 |
| | Plan de Salud Menonita | |
| | 2,975 | |
| | Triple S Salud | |
| | 318 | |
| D1IV.1a | Appeals denied | First Medical Health Plan |
| | Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. If you choose not to respond prior to June 2025, enter “N/A”. | N/A |
| | | MMM Multi Health |
| | | N/A |
| | Plan de Salud Menonita | |
| | N/A | |
| | Triple S Salud | |
| | N/A | |
| D1IV.1b | Appeals resolved in partial favor of enrollee | First Medical Health Plan |
| | Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. If you choose not to respond prior to June 2025, enter “N/A”. | N/A |
| | | MMM Multi Health |
| | | N/A |
| | Plan de Salud Menonita | |
| | N/A | |
| | Triple S Salud | |

N/A

| | | |
|----------------|--|----------------------------------|
| D1IV.1c | Appeals resolved in favor of enrollee | First Medical Health Plan |
| | Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A". | N/A |
| | | MMM Multi Health |
| | | N/A |
| | | Plan de Salud Menonita |
| | | N/A |
| | | Triple S Salud |
| | | N/A |

| | | |
|---------------|---|----------------------------------|
| D1IV.2 | Active appeals | First Medical Health Plan |
| | Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year. | 85 |
| | | MMM Multi Health |
| | | 61 |
| | | Plan de Salud Menonita |
| | | 260 |
| | | Triple S Salud |
| | | 31 |

| | | |
|---------------|---|----------------------------------|
| D1IV.3 | Appeals filed on behalf of LTSS users | First Medical Health Plan |
| | Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. | N/A |
| | 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). | MMM Multi Health |
| | | N/A |
| | | Plan de Salud Menonita |
| | | N/A |

| | | |
|----------------|---|--|
| D1IV.4 | <p>Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal</p> <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> <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> <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> <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> | <p>First Medical Health Plan</p> <p>N/A</p> <p>MMM Multi Health</p> <p>N/A</p> <p>Plan de Salud Menonita</p> <p>N/A</p> <p>Triple S Salud</p> <p>N/A</p> |
| D1IV.5a | <p>Standard appeals for which timely resolution was provided</p> | <p>First Medical Health Plan</p> <p>600</p> |

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

MMM Multi Health

898

Plan de Salud Menonita

2,787

Triple S Salud

123

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

121

MMM Multi Health

77

Plan de Salud Menonita

188

Triple S Salud

147

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

751

MMM Multi Health

1,024

Plan de Salud Menonita

2,975

Triple S Salud

155

D1IV.6b

Resolved appeals related to reduction, suspension, or

First Medical Health Plan

0

termination of a previously authorized service

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.

MMM Multi Health

0

Plan de Salud Menonita

0

Triple S Salud

0

D1IV.6c

Resolved appeals related to payment denial

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.

First Medical Health Plan

0

MMM Multi Health

0

Plan de Salud Menonita

0

Triple S Salud

0

D1IV.6d

Resolved appeals related to service timeliness

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).

First Medical Health Plan

0

MMM Multi Health

0

Plan de Salud Menonita

0

Triple S Salud

0

D1IV.6e

Resolved appeals related to lack of timely plan response

First Medical Health Plan

0

to an appeal or grievance

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

163

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 | Resolved appeals related to general inpatient services 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”. | First Medical Health Plan 7 |
| | | MMM Multi Health 2 |
| | | Plan de Salud Menonita 3 |
| | | Triple S Salud 0 |
| D1IV.7b | Resolved appeals related to general outpatient services 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”. | First Medical Health Plan 497 |
| | | MMM Multi Health 724 |
| | | Plan de Salud Menonita 2,919 |
| | | Triple S Salud 189 |
| D1IV.7c | Resolved appeals related to inpatient behavioral health services 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”. | First Medical Health Plan 3 |
| | | MMM Multi Health 1 |
| | | Plan de Salud Menonita 1 |
| | | Triple S Salud |

| | | |
|----------------|---|----------------------------------|
| D1IV.7d | Resolved appeals related to outpatient behavioral health services | First Medical Health Plan |
| | | 12 |
| | | MMM Multi Health |
| | | 68 |
| | 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". | Plan de Salud Menonita |
| | | 26 |
| | | Triple S Salud |
| | | 35 |
| D1IV.7e | Resolved appeals related to covered outpatient prescription drugs | First Medical Health Plan |
| | | 52 |
| | | MMM Multi Health |
| | | 215 |
| | 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". | Plan de Salud Menonita |
| | | 13 |
| | | Triple S Salud |
| | | 92 |
| D1IV.7f | Resolved appeals related to skilled nursing facility (SNF) services | First Medical Health Plan |
| | | 1 |
| | | MMM Multi Health |
| | | 0 |
| | 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". | Plan de Salud Menonita |
| | | 7 |

Triple S Salud

0

D1IV.7g**Resolved appeals related to long-term services and supports (LTSS)**

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".

First Medical Health Plan

N/A

MMM Multi Health

N/A

Plan de Salud Menonita

N/A

Triple S Salud

N/A

D1IV.7h**Resolved appeals related to dental services**

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".

First Medical Health Plan

0

MMM Multi Health

2

Plan de Salud Menonita

0

Triple S Salud

0

D1IV.7i**Resolved appeals related to non-emergency medical transportation (NEMT)**

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".

First Medical Health Plan

43

MMM Multi Health

12

Plan de Salud Menonita

6

Triple S Salud

2

| | | | |
|----------------|--|--|----------------------------------|
| 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 |
| | | | 136 |
| | | | MMM Multi Health |
| | | | 0 |
| | | | Plan de Salud Menonita |
| 0 | | | |
| | | | Triple S Salud |
| | | | 0 |

State Fair Hearings

| Number | Indicator | Response |
|---------|--|---|
| D1IV.8a | <p data-bbox="310 107 695 136">State Fair Hearing requests</p> <p data-bbox="310 161 722 317">Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.</p> | <p data-bbox="760 107 1109 136">First Medical Health Plan</p> <p data-bbox="760 178 776 207">9</p> <p data-bbox="760 281 1019 310">MMM Multi Health</p> <p data-bbox="760 352 776 382">7</p> <p data-bbox="760 455 1089 485">Plan de Salud Menonita</p> <p data-bbox="760 527 792 556">45</p> <p data-bbox="760 627 946 657">Triple S Salud</p> <p data-bbox="760 699 792 728">28</p> |
| D1IV.8b | <p data-bbox="310 814 722 928">State Fair Hearings resulting in a favorable decision for the enrollee</p> <p data-bbox="310 953 722 1108">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.</p> | <p data-bbox="760 814 1109 844">First Medical Health Plan</p> <p data-bbox="760 886 776 915">6</p> <p data-bbox="760 989 1019 1018">MMM Multi Health</p> <p data-bbox="760 1060 776 1089">8</p> <p data-bbox="760 1163 1089 1192">Plan de Salud Menonita</p> <p data-bbox="760 1234 792 1264">27</p> <p data-bbox="760 1335 946 1365">Triple S Salud</p> <p data-bbox="760 1407 776 1436">6</p> |
| D1IV.8c | <p data-bbox="310 1524 722 1638">State Fair Hearings resulting in an adverse decision for the enrollee</p> <p data-bbox="310 1663 722 1787">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.</p> | <p data-bbox="760 1524 1109 1554">First Medical Health Plan</p> <p data-bbox="760 1596 776 1625">5</p> <p data-bbox="760 1698 1019 1728">MMM Multi Health</p> <p data-bbox="760 1770 792 1799">14</p> <p data-bbox="760 1873 1089 1902">Plan de Salud Menonita</p> <p data-bbox="760 1944 792 1974">22</p> <p data-bbox="760 2045 946 2074">Triple S Salud</p> |

| | | |
|----------------|--|---|
| D1IV.8d | <p>State Fair Hearings retracted prior to reaching a decision</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>First Medical Health Plan</p> <p>4</p> <p>MMM Multi Health</p> <p>0</p> <p>Plan de Salud Menonita</p> <p>2</p> <p>Triple S Salud</p> <p>4</p> |
| D1IV.9a | <p>External Medical Reviews resulting in a favorable decision for the enrollee</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>First Medical Health Plan</p> <p>6</p> <p>MMM Multi Health</p> <p>8</p> <p>Plan de Salud Menonita</p> <p>27</p> <p>Triple S Salud</p> <p>6</p> |
| D1IV.9b | <p>External Medical Reviews resulting in an adverse decision for the enrollee</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>First Medical Health Plan</p> <p>5</p> <p>MMM Multi Health</p> <p>14</p> <p>Plan de Salud Menonita</p> <p>22</p> |

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

Triple S Salud
6

Grievances Overview

| Number | Indicator | Response |
|----------------|---|---|
| D1IV.10 | Grievances resolved 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. | First Medical Health Plan 1,169 |
| | | MMM Multi Health 1,111 |
| | | Plan de Salud Menonita 184 |
| | | Triple S Salud 674 |
| D1IV.11 | Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year. | First Medical Health Plan 287 |
| | | MMM Multi Health 299 |
| | | Plan de Salud Menonita 47 |
| | | Triple S Salud 26 |
| D1IV.12 | Grievances filed on behalf of LTSS users 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 | First Medical Health Plan N/A |
| | | MMM Multi Health N/A |
| | | Plan de Salud Menonita N/A |
| | | Triple S Salud |

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.

| | | |
|--|--|----------------------------------|
| D1IV.14 | Number of grievances for which timely resolution was provided | First Medical Health Plan |
| | | 1,191 |
| | | MMM Multi Health |
| | | 1,298 |
| 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. | Plan de Salud Menonita | |
| | 181 | |
| | Triple S Salud | |
| | 674 | |

Grievances by Service

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

| Number | Indicator | Response |
|-----------------|--|--|
| D1IV.15a | <p>Resolved grievances related to general inpatient services</p> <p>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”.</p> | <p>First Medical Health Plan</p> <p>13</p> <p>MMM Multi Health</p> <p>8</p> <p>Plan de Salud Menonita</p> <p>10</p> <p>Triple S Salud</p> <p>11</p> |
| D1IV.15b | <p>Resolved grievances related to general outpatient services</p> <p>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”.</p> | <p>First Medical Health Plan</p> <p>894</p> <p>MMM Multi Health</p> <p>1,156</p> <p>Plan de Salud Menonita</p> <p>138</p> <p>Triple S Salud</p> <p>562</p> |
| D1IV.15c | <p>Resolved grievances related to inpatient behavioral health services</p> <p>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”.</p> | <p>First Medical Health Plan</p> <p>1</p> <p>MMM Multi Health</p> <p>4</p> <p>Plan de Salud Menonita</p> <p>0</p> <p>Triple S Salud</p> |

| | | |
|-----------------|---|----------------------------------|
| D1IV.15d | Resolved grievances related to outpatient behavioral health services | First Medical Health Plan |
| | | 51 |
| | 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". | MMM Multi Health |
| | | 33 |
| | | Plan de Salud Menonita |
| | | 20 |
| | | Triple S Salud |
| | | 45 |
| D1IV.15e | Resolved grievances related to coverage of outpatient prescription drugs | First Medical Health Plan |
| | | 6 |
| | 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". | MMM Multi Health |
| | | 49 |
| | | Plan de Salud Menonita |
| | | 10 |
| | | Triple S Salud |
| | | 8 |
| D1IV.15f | Resolved grievances related to skilled nursing facility (SNF) services | First Medical Health Plan |
| | | 0 |
| | 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". | MMM Multi Health |
| | | 0 |
| | | Plan de Salud Menonita |
| | | 0 |

Triple S Salud

1

D1IV.15g**Resolved grievances related to long-term services and supports (LTSS)**

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".

First Medical Health Plan

N/A

MMM Multi Health

N/A

Plan de Salud Menonita

N/A

Triple S Salud

N/A

D1IV.15h**Resolved grievances related to dental services**

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".

First Medical Health Plan

28

MMM Multi Health

44

Plan de Salud Menonita

3

Triple S Salud

38

D1IV.15i**Resolved grievances related to non-emergency medical transportation (NEMT)**

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".

First Medical Health Plan

7

MMM Multi Health

26

Plan de Salud Menonita

3

Triple S Salud

1

D1IV.15j**Resolved grievances related to other service types**

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".

First Medical Health Plan

169

MMM Multi Health

0

Plan de Salud Menonita

0

Triple S Salud

4

Grievances by Reason

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

| Number | Indicator | Response |
|----------|---|--|
| D1IV.16a | <p>Resolved grievances related to plan or provider customer service</p> <p>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.</p> | <p>First Medical Health Plan</p> <p>295</p> <p>MMM Multi Health</p> <p>32</p> <p>Plan de Salud Menonita</p> <p>13</p> <p>Triple S Salud</p> <p>108</p> |
| D1IV.16b | <p>Resolved grievances related to plan or provider care management/case management</p> <p>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.</p> | <p>First Medical Health Plan</p> <p>0</p> <p>MMM Multi Health</p> <p>105</p> <p>Plan de Salud Menonita</p> <p>14</p> <p>Triple S Salud</p> <p>7</p> |

| | | |
|--|---|----------------------------------|
| D1IV.16c | Resolved grievances related to access to care/services from plan or provider | First Medical Health Plan |
| | | 439 |
| | | MMM Multi Health |
| | | 480 |
| 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. | Plan de Salud Menonita | |
| | 100 | |
| | Triple S Salud | |
| | 353 | |

| | | |
|---|---|----------------------------------|
| D1IV.16d | Resolved grievances related to quality of care | First Medical Health Plan |
| | | 14 |
| | | MMM Multi Health |
| | | 33 |
| 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. | Plan de Salud Menonita | |
| | 4 | |
| | Triple S Salud | |
| | 27 | |

| | | |
|-----------------|---|----------------------------------|
| D1IV.16e | Resolved grievances related to plan communications | First Medical Health Plan |
| | | 0 |
| | | MMM Multi Health |
| | | 17 |
| | Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. | Plan de Salud Menonita |
| | | 0 |
| | | Triple S Salud |
| | | 4 |
| | 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. | |
| | | |
| | | |
| | | |

| | | |
|-----------------|--|----------------------------------|
| D1IV.16f | Resolved grievances related to payment or billing issues | First Medical Health Plan |
| | | 117 |
| | | MMM Multi Health |
| | | 416 |
| | 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. | Plan de Salud Menonita |
| | | 44 |
| | | Triple S Salud |
| | | 122 |
| | | |
| | | |
| | | |
| | | |

| | | |
|-----------------|--|----------------------------------|
| D1IV.16g | Resolved grievances related to suspected fraud | First Medical Health Plan |
| | | 0 |
| | | MMM Multi Health |
| | | 21 |
| | Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. | Plan de Salud Menonita |
| | | 3 |
| | | Triple S Salud |
| | | |
| | 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 | |
| | | |
| | | |
| | | |

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

15

| | | |
|-----------------|--|----------------------------------|
| D1IV.16h | Resolved grievances related to abuse, neglect or exploitation | First Medical Health Plan |
| | | 0 |
| | Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. | MMM Multi Health |
| | Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm. | 0 |
| | | Plan de Salud Menonita |
| | | 2 |
| | | Triple S Salud |
| | | 0 |

| | | |
|-----------------|--|----------------------------------|
| D1IV.16i | Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals) | First Medical Health Plan |
| | | 0 |
| | 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). | MMM Multi Health |
| | | 0 |
| | | Plan de Salud Menonita |
| | | 2 |
| | | Triple S Salud |
| | | 1 |

| | | |
|-----------------|--|----------------------------------|
| D1IV.16j | Resolved grievances related to plan denial of expedited appeal | First Medical Health Plan |
| | | 0 |
| | 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. | MMM Multi Health |
| | Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution | 7 |
| | | Plan de Salud Menonita |
| | | 2 |

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

304

MMM Multi Health

0

Plan de Salud Menonita

0

Triple S Salud

37

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 / 131

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

58

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

51.2

Plan de Salud Menonita

44.5

Triple S Salud

48.8



Complete

D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis 65+ 2 / 131

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

58

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

46.3

Plan de Salud Menonita

46.3

Triple S Salud

59.5



Complete

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

3 / 131

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 / 131

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

5.5



Complete

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

5 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

105

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

2.4

MMM Multi Health

50.1

Plan de Salud Menonita

58.1

Triple S Salud

48.4



Complete

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

6 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

105

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

MMM Multi Health

63.3

Plan de Salud Menonita

60.1

Triple S Salud

57.4



Complete

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

7 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

105

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

34.2

Plan de Salud Menonita

42

Triple S Salud

32



Complete

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

8 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

105

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

45.8

Plan de Salud Menonita

46.2

Triple S Salud

41.5



Complete

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

9 / 131

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

92

MMM Multi Health

78.1

Plan de Salud Menonita

81

Triple S Salud

78



Complete

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

10 / 131

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**

96.2

MMM Multi Health

75.3

Plan de Salud Menonita

78.5

Triple S Salud

76.4



Complete

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

11 / 131

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

50

MMM Multi Health

66

Plan de Salud Menonita

70

Triple S Salud

66



Complete

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

12 / 131

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

4.5

MMM Multi Health

54

Plan de Salud Menonita

Triple S Salud

56



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Most or moderately effective contraception – 3 days ages 21-44 13 / 131**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**

27.3

MMM Multi Health

28.4

Plan de Salud Menonita

22

Triple S Salud

29.4



D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Most or moderately effective contraception – 60 days ages 21-44 14 / 131

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

29

MMM Multi Health

41.4

Plan de Salud Menonita

39

Triple S Salud

41



D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – LARC – 3 days 21-44 15 / 131

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



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – LARC – 60 days 21-44 16 / 131

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

.32

MMM Multi Health

1

Plan de Salud Menonita

1.4

Triple S Salud

1



Complete

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

17 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

32

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

43.3

MMM Multi Health

49

Plan de Salud Menonita

55.2

Triple S Salud

48



Complete

D2.VII.1 Measure Name: Rating of Health Plan -AD

18 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

90.3

MMM Multi Health

74.4

Plan de Salud Menonita

85.3

Triple S Salud

70.3



Complete

D2.VII.1 Measure Name: Getting Care Quickly-AD

19 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

MMM Multi Health

85.3

Plan de Salud Menonita

82.5

Triple S Salud

83.1



Complete

D2.VII.1 Measure Name: Getting Needed Care-AD

20 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

81.4

MMM Multi Health

76.1

Plan de Salud Menonita

77.5

Triple S Salud

74.3



Complete

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

21 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

93.2

MMM Multi Health

89.9

Plan de Salud Menonita

95.4

Triple S Salud

92.9



Complete

D2.VII.1 Measure Name: Customer Service-AD

22 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

88.9

MMM Multi Health

90.5

Plan de Salud Menonita

90.9

Triple S Salud

90.8



Complete

D2.VII.1 Measure Name: Rating of Health Care -AD

23 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

83.9

MMM Multi Health

68.5

Plan de Salud Menonita

84.3

Triple S Salud

52.3



Complete

D2.VII.1 Measure Name: Discussing Cessation Strategies -AD

24 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

34.1

MMM Multi Health

31.6

Plan de Salud Menonita

43.6

Triple S Salud

23.2



Complete

D2.VII.1 Measure Name: Advised to Quit Smoking Meds -AD

25 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

77.1

MMM Multi Health

71.3

Plan de Salud Menonita

67.5

Triple S Salud

62.5



Complete

D2.VII.1 Measure Name: Discussing Cessation Meds-AD

26 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

32.6

MMM Multi Health

32.6

Plan de Salud Menonita

23.3

Triple S Salud

25.5



Complete

D2.VII.1 Measure Name: Rating of Personal Doctor-AD

27 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

90.5

MMM Multi Health

74.6

Plan de Salud Menonita

89.4

Triple S Salud

66.7



Complete

D2.VII.1 Measure Name: Rating Specialist-AD

28 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

91.6

MMM Multi Health

77

Plan de Salud Menonita

88.8

Triple S Salud

72



Complete

D2.VII.1 Measure Name: Rating of Health Plan -CH

29 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

89.3

MMM Multi Health

73.2

Plan de Salud Menonita

90.2

Triple S Salud

64.7



Complete

D2.VII.1 Measure Name: Getting Needed Care-CH

30 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

78.9

MMM Multi Health

77.4

Plan de Salud Menonita

80.3

Triple S Salud

74.4



Complete

D2.VII.1 Measure Name: Customer Service -CH

31 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

87

Plan de Salud Menonita

88

Triple S Salud

88.5



Complete

D2.VII.1 Measure Name: Rating of Health Care- CH

32 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

88.7

MMM Multi Health

68.3

Plan de Salud Menonita

89.1

Triple S Salud

53



Complete

D2.VII.1 Measure Name: Geeting Care Quickly -CH

33 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

86.9

MMM Multi Health

86.2

Plan de Salud Menonita

89.3

Triple S Salud

79.4



Complete

D2.VII.1 Measure Name: How well Doctors Communicate -CH

34 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

92.1

MMM Multi Health

88.7

Plan de Salud Menonita

94.5

Triple S Salud

88.2



Complete

D2.VII.1 Measure Name: How well Doctors Communicate -CH

35 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

91.8

MMM Multi Health

76.3

Plan de Salud Menonita

94.4

Triple S Salud

74.4



Complete

D2.VII.1 Measure Name: Rating of Specialists -CH

36 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

MMM Multi Health

80.2

Plan de Salud Menonita

92.5

Triple S Salud

70.5



Complete

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

37 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

73.9

MMM Multi Health

67

Plan de Salud Menonita

75.2

Triple S Salud

68.3



Complete

D2.VII.1 Measure Name: Family-Centered Care: Personal Doctor Who Knows the Child 38 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

84.3

MMM Multi Health

89.1

Plan de Salud Menonita

87.1

Triple S Salud

92.3



Complete

D2.VII.1 Measure Name: Coordinated Care for Children with Chronic Conditions 39 / 131

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

6

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

Program-specific rate

D2.VII.6 Measure Set

Child CAPSH

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

62.5

MMM Multi Health

71

Plan de Salud Menonita

66.9

Triple S Salud

78.4



Complete

D2.VII.1 Measure Name: Screening for Depression and Follow-Up Plan 18-64 40 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

418

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

2.3

MMM Multi Health

7

Plan de Salud Menonita

3

Triple S Salud

14



Complete

D2.VII.1 Measure Name: Screening for Depression and Follow-Up Plan 41 / 131 65+

D2.VII.2 Measure Domain

Behavioral health care

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

418

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

MMM Multi Health

8

Plan de Salud Menonita

Triple S Salud

15



Complete

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

42 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

33

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**

56.4

MMM Multi Health

64.2

Plan de Salud Menonita

70

Triple S Salud

48



Complete

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

43 / 131

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**

3

MMM Multi Health

.28

Plan de Salud Menonita

15

Triple S Salud

12.2



Complete

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

44 / 131

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

0

Plan de Salud Menonita

6.5

Triple S Salud

10.2



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening (46-50)

45 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

34

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

26

MMM Multi Health

34.3

Plan de Salud Menonita

43

Triple S Salud

34.3



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening (51-65)

46 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

34

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

MMM Multi Health

53

Plan de Salud Menonita

49

Triple S Salud

50



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening (66-75)

47 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

34

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

37

MMM Multi Health

50

Plan de Salud Menonita

47

Triple S Salud

48



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Substance Use 7 days 18-64

48 / 131

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

4.4

MMM Multi Health

10.4

Plan de Salud Menonita

12.2

Triple S Salud

16



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁴⁹ / 131 for Substance Use – 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

7.1

MMM Multi Health

8.7

Plan de Salud Menonita

22.2

Triple S Salud

18



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁵⁰ / 131 for Substance Use – 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

11

MMM Multi Health

25

Plan de Salud Menonita

16

Triple S Salud

26



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁵¹ / 131
for Substance Use - 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

14.2

MMM Multi Health

17.4

Plan de Salud Menonita

33.3

Triple S Salud

27.3



Complete

**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental
Illness - 7-day follow-up for ED visit: Ages 18 and older 18-64** 52 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

576

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

25

MMM Multi Health

47

Plan de Salud Menonita

36

Triple S Salud

26



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+ 53 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

576

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

MMM Multi Health

28

Plan de Salud Menonita

29.4

Triple S Salud

17



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 54 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

576

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

MMM Multi Health

69

Plan de Salud Menonita

67.4

Triple S Salud

56



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness – 30-day follow-up for ED visit: Ages 18 and older 65+ 55 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

576

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

41.2

MMM Multi Health

47

Plan de Salud Menonita

47.1

Triple S Salud

50



**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁵⁶ / 131
for Mental Illness – 7-day follow-up for ED 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

16

MMM Multi Health

25

Plan de Salud Menonita

34.5

Triple S Salud

20.3



**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁵⁷ / 131
for Mental Illness – 7-day follow-up for ED 65+**

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

15.3

MMM Multi Health

18

Plan de Salud Menonita

40

Triple S Salud

9.1



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁵⁸ / 131 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

37

MMM Multi Health

51.3

Plan de Salud Menonita

48.3

Triple S Salud

45.1



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit⁵⁹ / 131
for Mental Illness – 30-day follow-up for ED visit 65+**

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

23.1

MMM Multi Health

53

Plan de Salud Menonita

67

Triple S Salud

45.5



Complete

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

60 / 131

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

40

MMM Multi Health

37.3

Plan de Salud Menonita

38.3

Triple S Salud

32



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

61 / 131

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

40

MMM Multi Health

36.4

Plan de Salud Menonita

38

Triple S Salud

31.3



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

62 / 131

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

7.1

MMM Multi Health

83.1

Plan de Salud Menonita

7.1

Triple S Salud

90



Complete

D2.VII.1 Measure Name: Diabetes Short-Term Complications Admission Rate 18-64 68 / 131

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

272

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

62

MMM Multi Health

47

Plan de Salud Menonita

9

Triple S Salud

7.1



Complete

D2.VII.1 Measure Name: Diabetes Short-Term Complications Admission Rate 65+ 64 / 131

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

272

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

50

MMM Multi Health

15

Plan de Salud Menonita

4

Triple S Salud

7.4



Complete

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

65 / 131

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

275

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

13

MMM Multi Health

163.4

Plan de Salud Menonita

19

Triple S Salud

32



Complete

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

66 / 131

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

275

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

MMM Multi Health

262

Plan de Salud Menonita

21

Triple S Salud

79



Complete

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

67 / 131

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

277

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

43.1

MMM Multi Health

96

Plan de Salud Menonita

8.5

Triple S Salud

15



Complete

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

68 / 131

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

277

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

18

MMM Multi Health

434.5

Plan de Salud Menonita

51

Triple S Salud

119



Complete

D2.VII.1 Measure Name: Asthma in Younger Adults Admission Rate 1869 / 13139

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

283

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

9

MMM Multi Health

40

Plan de Salud Menonita

3

Triple S Salud

7



Complete

D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals With Schizophrenia 70 / 131

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

5

MMM Multi Health

71

Plan de Salud Menonita

72

Triple S Salud

76



Complete

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

71 / 131

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

55

MMM Multi Health

70.3

Plan de Salud Menonita

70.2

Triple S Salud

74.4



Complete

D2.VII.1 Measure Name: Diabetic Care for People with Serious Mental Illness- HemoglobinA1c Poor Control >9% ages 18- 64 72 / 131

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

79

MMM Multi Health

29

Plan de Salud Menonita

Triple S Salud

50



Complete

D2.VII.1 Measure Name: Diabeted Care for People with Serious Mental Illness- HemoglobinA1c Poor Control >9% ages 65-75 73 / 131**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**

Not Reported

MMM Multi Health

22.3

Plan de Salud Menonita

65.1

Triple S Salud

48.2



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

74 / 131

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



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

75 / 131

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

76 / 131

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

.6

Triple S Salud

.2



Complete

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

77 / 131

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

Plan de Salud Menonita

0

Triple S Salud

0



Complete

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

78 / 131

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

2

Plan de Salud Menonita

0

Triple S Salud

0



D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis 3 Months–17 Years 79 / 131

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

58

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

MMM Multi Health

59

Plan de Salud Menonita

60

Triple S Salud

59.5



D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication – Initiation 6–12 80 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

108

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

60

MMM Multi Health

63

Plan de Salud Menonita

52

Triple S Salud

46.4



Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Management 6–12^{81 / 131}

D2.VII.2 Measure Domain

Behavioral health care

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

108

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

78

Plan de Salud Menonita

60.5

Triple S Salud

64



Complete

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

82 / 131

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

52.3

MMM Multi Health

72.1

Plan de Salud Menonita

61

Triple S Salud

60



Complete

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

83 / 131

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

58

MMM Multi Health

69

Plan de Salud Menonita

68.2

Triple S Salud

64.4



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

84 / 131

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

40

MMM Multi Health

58

Plan de Salud Menonita

47.2

Triple S Salud

48



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

85 / 131

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

MMM Multi Health

63

Plan de Salud Menonita

57

Triple S Salud

56



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

86 / 131

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

38

MMM Multi Health

57

Plan de Salud Menonita

46.3

Triple S Salud

46.5



Complete

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

87 / 131

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

48

MMM Multi Health

61.2

Plan de Salud Menonita

55.1

Triple S Salud

54.3



Complete

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

88 / 131

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

43.1

MMM Multi Health

60

Plan de Salud Menonita

51.2

Triple S Salud

51



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

89 / 131

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

59

MMM Multi Health

43

Plan de Salud Menonita

54

Triple S Salud

58.5



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

90 / 131

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

66

MMM Multi Health

50

Plan de Salud Menonita

47

Triple S Salud

56



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Most or Moderately Effective Contraceptive Method 3 days 15–20 91 / 131

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

MMM Multi Health

5.2

Plan de Salud Menonita

1.6

Triple S Salud

5.1



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Most or Moderately Effective Contraceptive Method 60 days 15–20 92 / 131

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

7

MMM Multi Health

18.3

Plan de Salud Menonita

25.2

Triple S Salud

21.4



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Long-Acting Reversible Contraception Method 3 days 15–20 93 / 131

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

.3



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women – Long-Acting Reversible Contraception Method 60 days 15–20 94 / 131

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

1

MMM Multi Health

1.4

Plan de Salud Menonita

3.3

Triple S Salud

2.24



Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women 16-20 95 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

33

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

MMM Multi Health

68

Plan de Salud Menonita

64

Triple S Salud

63



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – Combo 100% 96 / 131
2

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

MMM Multi Health

89.12

Plan de Salud Menonita

.59

Triple S Salud

.37



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – Combo 3 0-27 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

.34

MMM Multi Health

10

Plan de Salud Menonita

4

Triple S Salud

5



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – Combo 7 0–2 28 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

MMM Multi Health

44

Plan de Salud Menonita

2.1

Triple S Salud

3



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – DTP 0–2 99 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

4.3

MMM Multi Health

37.3

Plan de Salud Menonita

17.3

Triple S Salud

20.1



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – Hep A 0–2 100 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

MMM Multi Health

54.1

Plan de Salud Menonita

73.4

Triple S Salud

66



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – Hep B 0-2 101 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

20.3

MMM Multi Health

84

Plan de Salud Menonita

6.3

Triple S Salud

9



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – HiB 0-2 102 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

20

MMM Multi Health

58

Plan de Salud Menonita

42

Triple S Salud

46



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – Influenza 0-2 102 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

4

MMM Multi Health

74

Plan de Salud Menonita

11

Triple S Salud

10



Complete

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

104 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

38

MMM Multi Health

15.5

Plan de Salud Menonita

68

Triple S Salud

69



Complete

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

105 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

MMM Multi Health

83

Plan de Salud Menonita

22

Triple S Salud

28.4



Complete

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

106 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

4.3

MMM Multi Health

65.3

Plan de Salud Menonita

17

Triple S Salud

20.2



Complete

D2.VII.1 Measure Name: Childhood Immunization Status - Rotavirus 0-2

097 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

7

MMM Multi Health

51.3

Plan de Salud Menonita

14.4

Triple S Salud

19



Complete

D2.VII.1 Measure Name: Childhood Immunization Status – Rotavirus 098 / 131
2

D2.VII.2 Measure Domain

Primary care access and preventative care

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

38

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

37.1

MMM Multi Health

52.3

Plan de Salud Menonita

67.6

Triple S Salud

68



Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life - 12 Months 109 / 131

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

6.1

MMM Multi Health

25

Plan de Salud Menonita

18.4

Triple S Salud

15



Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life - 24 Months 110 / 131

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

MMM Multi Health

33

Plan de Salud Menonita

21

Triple S Salud

23



D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life - 36 Months 111 / 131

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

10

MMM Multi Health

30.2

Plan de Salud Menonita

20.1

Triple S Salud

23



D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness - 7-day 18-64 112 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

576

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

MMM Multi Health

47

Plan de Salud Menonita

35.5

Triple S Salud

26



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness - 30-day 65+ 113 / 131

D2.VII.2 Measure Domain

Behavioral health care

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

576

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

24

MMM Multi Health

28

Plan de Salud Menonita

29.4

Triple S Salud

17



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness – 7-day 18-64 ^{14 / 131}

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

53

MMM Multi Health

69

Plan de Salud Menonita

67.4

Triple S Salud

58



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit^{15 / 131}
for Mental Illness - 30-day 65+**

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

41.2

MMM Multi Health

47

Plan de Salud Menonita

47

Triple S Salud

50



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents – HPV 1–13 116 / 131

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

19

MMM Multi Health

54

Plan de Salud Menonita

32.4

Triple S Salud

38



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents- Combo 1 117 / 131

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

46.2

MMM Multi Health

80.4

Plan de Salud Menonita

53.2

Triple S Salud

60



Complete

D2.VII.1 Measure Name: Immunizations for Adolescents- Combo 2 118 / 131

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

18.1

MMM Multi Health

53.4

Plan de Salud Menonita

31

Triple S Salud

37



Complete

D2.VII.1 Measure Name: Lead Screening in Children 0-2

119 / 131

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

19.3

MMM Multi Health

32.4

Plan de Salud Menonita

35.5

Triple S Salud

32



D2.VII.1 Measure Name: Prenatal and Postpartum Care: Timeliness of Prenatal Care 20 / 131

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

16

MMM Multi Health

57.1

Plan de Salud Menonita

39

Triple S Salud

44.3



D2.VII.1 Measure Name: Sealant Receipt on Permanent First Molars - One Sealant 121 / 131

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

30

MMM Multi Health

26.4

Plan de Salud Menonita

23

Triple S Salud

26.2



Complete

D2.VII.1 Measure Name: Sealant Receipt on Permanent First Molars -122 / 131 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

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

MMM Multi Health

15.5

Plan de Salud Menonita

15.6

Triple S Salud

18.7



D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile 3–11

123 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

24

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

.19

MMM Multi Health

54.3

Plan de Salud Menonita

58

Triple S Salud

37.5



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile 12-17

124 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

24

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

.31

MMM Multi Health

50.3

Plan de Salud Menonita

57.2

Triple S Salud

38.5



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition 3–11

125 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

24

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

2.17

MMM Multi Health

53

Plan de Salud Menonita

51.2

Triple S Salud

27.3



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition 12-17

126 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

24

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

2.75

MMM Multi Health

50.6

Plan de Salud Menonita

50.4

Triple S Salud

28



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity 3–11

127 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

24

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

MMM Multi Health

37.2

Plan de Salud Menonita

36

Triple S Salud

20.1



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity 12–17

128 / 131

D2.VII.2 Measure Domain

Primary care access and preventative care

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

24

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

.55

MMM Multi Health

37.5

Plan de Salud Menonita

35

Triple S Salud

22.2



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits 3–11 129 / 131

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

20

MMM Multi Health

49

Plan de Salud Menonita

52.3

Triple S Salud

49.1



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits 12–17 130 / 131

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

15

MMM Multi Health

59.2

Plan de Salud Menonita

44

Triple S Salud

42



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits 18–21 131 / 131

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

7.4

MMM Multi Health

49

Plan de Salud Menonita

30.2

Triple S Salud

28.3

Topic VIII. Sanctions

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.

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Fine

3 / 4

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

First Medical Health Plan

D3.VIII.4 Reason for intervention

"FMHP did not meet the stipulated contractual standards (Report 11 Claims Activity) for the months of March, April, May, June, August, September, October, and December 2023, as well as January, 2024."

Sanction details**D3.VIII.5 Instances of non-compliance**

9

D3.VIII.6 Sanction amount

\$180,000

D3.VIII.7 Date assessed

04/02/2024

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

4 / 4

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

First Medical Health Plan

D3.VIII.4 Reason for intervention

FMHP did not meet the stipulated contractual standards (Report 1 Call Center) from August 2023 through October 2024

Sanction details**D3.VIII.5 Instances of non-compliance**

10

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/20/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Topic X. Program Integrity

| Number | Indicator | Response |
|--------|---|----------------------------------|
| D1X.1 | Dedicated program integrity staff | First Medical Health Plan |
| | 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). | 5 |
| | | MMM Multi Health |
| | | 4 |
| | | Plan de Salud Menonita |
| | | 0 |
| | | Triple S Salud |
| | | 17 |
| D1X.2 | Count of opened program integrity investigations | First Medical Health Plan |
| | How many program integrity investigations were opened by the plan during the reporting year? | 14 |
| | | MMM Multi Health |
| | | 44 |
| | | Plan de Salud Menonita |
| | | 27 |
| | | Triple S Salud |
| | | 74 |
| D1X.3 | Ratio of opened program integrity investigations to enrollees | First Medical Health Plan |
| | 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. | 0.05:1,000 |
| | | MMM Multi Health |
| | | 0.15:1,000 |
| | | Plan de Salud Menonita |
| | | 0.17:1,000 |
| | | Triple S Salud |

| | | |
|--------------|---|--|
| D1X.4 | Count of resolved program integrity investigations | First Medical Health Plan |
| | How many program integrity investigations were resolved by the plan during the reporting year? | 0 |
| | | MMM Multi Health |
| | | 22 |
| | | Plan de Salud Menonita |
| | | 14 |
| | | Triple S Salud |
| | | 75 |
| D1X.5 | Ratio of resolved program integrity investigations to enrollees | First Medical Health Plan |
| | 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. | 0:1,000 |
| | | MMM Multi Health |
| | | 0.07:1,000 |
| | | Plan de Salud Menonita |
| | | 0.09:1,000 |
| | | Triple S Salud |
| | | 0.18:1,000 |
| D1X.6 | Referral path for program integrity referrals to the state | First Medical Health Plan |
| | What is the referral path that the plan uses to make program integrity referrals to the state? Select one. | Makes referrals to the SMA and MFCU concurrently |
| | | MMM Multi Health |
| | | Makes referrals to the SMA and MFCU concurrently |
| | | Plan de Salud Menonita |

Makes referrals to the SMA and MFCU concurrently

Triple S Salud

Makes referrals to the SMA and MFCU concurrently

| | | |
|--------------|---|----------------------------------|
| D1X.7 | Count of program integrity referrals to the state Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals. | First Medical Health Plan |
| | | 14 |
| | | MMM Multi Health |
| | | 42 |
| | | Plan de Salud Menonita |
| | | 27 |
| | | Triple S Salud |
| | | 73 |

| | | |
|--------------|---|----------------------------------|
| 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 |
| | | 0.05:1,000 |
| | | MMM Multi Health |
| | | 0.14:1,000 |
| | | Plan de Salud Menonita |
| | | 0.17:1,000 |
| | | Triple S Salud |
| | | 0.17:1,000 |

| | | |
|----------------|---|----------------------------------|
| D1X.9a: | Plan overpayment reporting to the state: Start Date What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state? | First Medical Health Plan |
| | | 09/01/2023 |
| | | MMM Multi Health |

09/01/2023

Plan de Salud Menonita

09/01/2023

Triple S Salud

09/01/2023

| | | |
|----------------|---|----------------------------------|
| D1X.9b: | Plan overpayment reporting to the state: End Date What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state? | First Medical Health Plan |
| | | 10/31/2024 |
| | | MMM Multi Health |
| | | 10/31/2024 |
| | | Plan de Salud Menonita |
| | | 10/31/2024 |
| | | Triple S Salud |
| | | 10/31/2024 |

| | | |
|----------------|---|----------------------------------|
| D1X.9c: | Plan overpayment reporting to the state: Dollar amount From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered? | First Medical Health Plan |
| | | \$0 |
| | | MMM Multi Health |
| | | \$773.11 |
| | | Plan de Salud Menonita |
| | | \$1,916 |
| | | Triple S Salud |
| | | \$593,549.72 |

| | | |
|----------------|--|----------------------------------|
| D1X.9d: | Plan overpayment reporting to the state: Corresponding premium revenue What is the total amount of premium revenue for the | First Medical Health Plan |
| | | \$1,135,394,453.22 |
| | | MMM Multi Health |

corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2)) \$2,102,636,473.94

Plan de Salud Menonita

\$577,609,844.99

Triple S Salud

\$1,433,098,878.08

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

Topic XI: ILOS

 **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

| Number | Indicator | Response |
|--------|---|--|
| D4XI.1 | ILOSs offered by plan Indicate whether this plan offered any ILOS to their enrollees. | First Medical Health Plan No ILOSs were offered by this plan |
| | | MMM Multi Health No ILOSs were offered by this plan |
| | | Plan de Salud Menonita No ILOSs were offered by this plan |
| | | Triple S Salud No ILOSs were offered by this plan |

Topic XIII. Prior Authorization

⚠ Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

| Number | Indicator | Response |
|--------|---|--------------------|
| N/A | Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan. | Not reporting data |

Topic XIV. Patient Access API Usage

⚠ Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

| Number | Indicator | Response |
|---------------|---|--------------------|
| N/A | Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan. | Not reporting data |

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 |
|---------------|---|---|
| EIX.1 | BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b). | TrueNorth Enrollment Broker |
| EIX.2 | BSS entity role What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b). | TrueNorth Other, specify – Maintain the Medicaid eligibility application Enrollment Broker/Choice Counseling Beneficiary Outreach |