

Missouri Department of Social Services  
MO HealthNet Division



Managed Care Performance Withhold Technical Specifications  
Effective July 1, 2021

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## Summary

The State of Missouri (State) contracts with Managed Care Organizations (MCOs) to provide quality health care through its Medicaid Program. Included in the MCO contract is a Performance Withhold Program aimed at driving improvement on select quality metrics. Under the Performance Withhold Program, a withhold is applied to the capitated payments made to the MCOs, and MCOs can earn back the withhold if they meet certain targets for each metric.

Beginning July 1, 2019, the State revised its Performance Withhold Program to utilize the National Committee for Quality Assurance’s (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures. By utilizing HEDIS measures, the State can drive quality and performance by comparing performance outcomes of Missouri’s Medicaid MCOs to other nationally recognized Medicaid health plans. HEDIS measures can also provide a year-to-year improvement comparison.

Visit the MO HealthNet website at <https://dss.mo.gov/business-processes/managed-care/> for additional contract information.

## Performance Withhold Percentage

Two and half percent (2.5%) of the total annual capitation payments for each contract period are withheld from each MCO. Withhold percentages will not be applied to event payments for NICU births, or deliveries. Based on an MCO’s performance on the selected HEDIS measures, a portion of, or the entire amount of, the performance withhold will be released to the MCO.

Example:

Total Annual Capitation Payment to Health Plan During Contract Year (excluding event payments for NICU births, or deliveries) --Estimate Only--	2.5% Performance Withhold Retained (Eligible for Release Based on HEDIS Performance) --Estimate Only--
\$800,500,250.00	\$20,012,506.25

## Health Effectiveness Data and Information Set (HEDIS) Measures

Fifteen (15) HEDIS measures will be evaluated on an annual basis and for SFY 2022 contract period there will be five (5) HEDIS measure that will be report-only and not evaluated. Below is the list of measures that will be used during the SFY 2022 contract period, and the far right column shows the withhold percentage tied to each measure during the SFY 2022 contract period.

If an MCO does not report on one of the following HEDIS measures, the MCO will automatically receive zero percent (0.00%) of the withhold amount for that measure. Measures and technical resources for all HEDIS measures are located online at <https://www.ncqa.org/hedis/measures/>.

HEDIS Abbreviation	HEDIS Measure	Withhold Amount
	Access to Care for Children	

W30	<b>Well-Child Visits in the First 15 Months of Life (0-15 months):</b> Percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits.	0.167%
	<b>Well-Child Visits in the First 30 Months of Life (15-30 Months):</b> Percentage of members who turned 30 months old during the measurement year and who had two or more well-child visits.	0.167%
WCV	<b>Child &amp; Adolescent Well-Care Visits (3-11yrs):</b> Percentage of members age 3-11 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	0.167%
	<b>Child &amp; Adolescent Well-Care Visits (12-17yrs):</b> Percentage of members age 12-17 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	0.167%
	<b>Child &amp; Adolescent Well-Care Visits (18-21yrs):</b> Percentage of members age 18-21 years old who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	0.167%
ADV	<b>Annual Dental Visits (Total):</b> Percentage of members 2–20 years of age who had at least one dental visit during the measurement year.	0.167%
Screening & Immunizations for Children		
CIS	<b>Childhood Immunization Status (Combo 10):</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	0.20%
IMA	<b>Immunizations for Adolescents (Combo 1):</b> Percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (DTaP) vaccine by their 13th birthday.	0.20%
LSC	<b>Lead Screening in Children:</b> Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	0.15%
Chronic Disease Management - Children		
AMR	<b>Asthma Medication Ratio (Total):</b> Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater during the measurement year.	0.10%
Chronic Disease Management – Adults		
CDC	<b>Comprehensive Diabetes Care:</b> Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had HbA1c Control (<8.0%).	0.10%
Women’s Health		

PPC	<b>Timeliness of Prenatal Care:</b> Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization..	0.15%	
	<b>Postpartum Care:</b> Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	0.15%	
CHL	<b>Chlamydia Screening in Women:</b> Percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	0.10%	
Behavioral Health			
FUH	<b>Follow-Up After Hospitalization for Mental Illness (30 Days):</b> Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge.	0.25%	
<b>Report-Only Measures</b>			
Behavioral Health			
UOP	<b>Use of Opioids from Multiple Providers:</b> This measure assesses the rate of health plan members 18 years and older who receive opioids from multiple prescribers and multiple pharmacies (to monitor for possible inclusion in future years).	0.10%	
Risk Adjusted Utilization			
PCR	<b>Plan All-Cause Readmission:</b> For Medicaid members 18-64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned readmission for any diagnosis within 30 days and the predicted probability of an acute readmission		
Cardiovascular Conditions			
CBP	<b>Controlling High Blood Pressure:</b> Percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.		
Prevention and Screening			
CCS	<b>Cervical Cancer Screening:</b> Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> <li>• Women 21-64 years of age who had cervical cancer cytology performed with the last 3 years</li> <li>• Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>• Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) contesting within the last 5 years</li> </ul>		
BCS	<b>Breast Cancer Screening:</b> Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.		

**Total Performance Withhold****2.5%**

## Baseline and Performance Year

The Performance Withhold Program will utilize HEDIS measures and compare MCO results year over year to determine if improvements have been made. In order to do this, a baseline year must first be established. MCO's will then make efforts to improve their HEDIS measures and rates in the following year, known as the performance year. The initial contract, baseline and performance years are defined in the table below.

State Fiscal Year (i.e., contract year)	Baseline Year	Performance Year
2022 (Jul. 1, 2021 – Jun. 30, 2022)	HEDIS 2021 (based on calendar year 2020)	HEDIS 2022 (based on calendar year 2021)
2023 (Jul. 1, 2022 – Jun. 30, 2023)	HEDIS 2022 (based on calendar year 2021)	HEDIS 2023 (based on calendar year 2022)

## Evaluation of Performance

For each performance year, the state will receive annual HEDIS measures and rates from each MCO by June 30<sup>th</sup> of the following calendar year. Historically, the NCQA Quality Compass was released in September of each year. Upon release of the NCQA Quality Compass, the State will evaluate each health plan's HEDIS measures and rates to those across the nation. The review will be completed and communicated to each health plan no later than November 30<sup>th</sup> of each year. This notification will include the amount of the performance withhold being released, along with the date in which payment will be made. An example of the timeframes for the initial evaluation years is shown below.

State Fiscal Year (i.e., contract year)	Performance Year	HEDIS Reporting Due from MCO	NCQA Quality Compass Released	State Evaluation Period	Withhold Release Payment Date (if applicable)
2020 (Jul. 1, 2019 – Jun. 30, 2020)	HEDIS 2020 (based on calendar year 2019 data)	Jun. 30, 2020	Sept. 2020	Oct. 1, 2020 – Nov. 30, 2020	Nov. 30, 2020
2021 (Jul. 1, 2020 – Jun. 30, 2021)	HEDIS 2021 (based on calendar year 2020 data)	Jun. 30, 2021	Sept. 2021	Oct. 1, 2021 – Nov. 30, 2021	Nov. 30, 2021
2022 (Jul. 1, 2021 – Jun. 30, 2022)	HEDIS 2022 (based on calendar year 2021 data)	Jun. 30, 2022	Sept. 2022	Oct. 1, 2022 – Nov. 30, 2022	Nov. 30, 2022
2023 (Jul. 1, 2022 – Jun. 30, 2023)	HEDIS 2023 (based on calendar year 2022 data)	Jun. 30, 2023	Sept. 2023	Oct. 1, 2023 – Nov. 30, 2023	Nov. 30, 2023

## Calculation of Performance Withhold

The Performance Withhold Program will have two payout models, the Standard Model and the Supplemental Model. The State will combine the Standard and Supplemental payouts to arrive at the total Performance Withhold to be released to the health plan. An attachment detailing the methodology applied will be provided to the health plan with their annual Notice of Performance Letter.

The health plan will have multiple opportunities to obtain the Performance Withhold for each HEDIS measure being evaluated. The total Performance Withhold paid to a health plan shall not exceed two and a half percent (2.5%) of the capitation payments during the performance year.

**Note:**

- Percentage points are different from a percent increase; a two-percentage point increase over 10% is 12%.
- Standard rounding (1.487 = 1.49) will be utilized to arrive at the final value out two decimal places for both the baseline and performance year as well as comparisons to benchmarks.

### Standard Payout Model

The State will evaluate the percentage point improvement between the baseline year and performance year for each individual measure. For each measure, the State will also evaluate the MCO’s performance year result against the NCQA Quality Compass national percentiles when considering the 75% and 100% payout threshold. See table below.

Measures not meeting any of the requirements in the chart below will receive 0% of that measure’s individual portion of the 2.5% performance withhold.

Percentage of Withhold to be Paid Out	Percentile Requirement* (HEDIS Quality Compass)	Percentage Point Increase in Performance Year Compared to Baseline Year
150%	N/A	5.00 or more percentage points above baseline.
125%	N/A	3.00 to less than 5.00 percentage points above baseline.
100%	At or above 33.33 <sup>rd</sup> percentile	1.00 to less than 3.00 percentage points above baseline.
75%	At or above the 10 <sup>th</sup> percentile but below the 33.33 <sup>rd</sup> percentile	0.50 to less than 1.00 percentage points above baseline.
50%	N/A	0.25 to less than 0.50 percentage points above baseline.
25%	N/A	No decrease from prior year to less than 0.25 percentage points above baseline

\*Percentile requirements refer to the NCQA Quality Compass percentile rankings for Managed Care Organizations for the measurement (performance) year being evaluated.

Performance year results that do not meet any of the requirements in the chart below will receive 0% of that measure’s individual portion of the 2.5% performance withhold. If the performance year results on a given measure satisfy multiple

criteria in the table below, the MCO will receive the largest “percentage of withhold to be paid out” based on the different criteria that were met. Refer to examples below.

Multiple Criteria Met in Performance Year

Example #1:

Measure	2019 HEDIS	2020 HEDIS	Difference between 2019 and 2020 HEDIS	HEDIS percentile associated with 2020 HEDIS result	% of Withhold	100% Payout based on being above 50 <sup>th</sup> percentile
FUH	64.65	65.65	+1.00	75 <sup>th</sup>	0.250%	0.250% * 100% = 0.250%

125% Payout Explained

In the event an MCO improves by 3.00 to less than 5.00 percentage points above the baseline on a given measure, the withhold % for that measure will be paid out at 125%.

Example #2:

Measure	2019 HEDIS	2020 HEDIS	Difference	% of Withhold	Payout at 125%
FUH	64.65	69.50	+4.85	0.250%	0.250% * 125% = 0.3125%

150% Payout Explained

In the event an MCO improves by 5.00 or more percentage points above the baseline on a given measure, the withhold % for that measure will be paid out at 150%.

Example #3:

Measure	2019 HEDIS	2020 HEDIS	Difference	% of Withhold	Payout at 150%
FUH	64.65	72.80	+8.15	0.250%	0.250% * 150% = 0.375%

**Supplemental Payout Model**

After the Standard Payout Model has been calculated for each measure, the State will evaluate the percentage point improvement made between the baseline year and performance year for all required HEDIS measures as a whole. If the standard payout model results in a payout of less than 2.5%, a supplemental payout will be released based on the number of measures that are at or above the 33.33<sup>rd</sup> and 10<sup>th</sup> NCQA Quality Compass percentile. The combined, total withhold payout for the Standard Payout shall not exceed the 3.00% total withhold percentage set aside for each MCO.



Percentage of Withhold Portion to be Paid Out	Percentile Requirement* (HEDIS Quality Compass)	Number of Percentage Point Increase in Performance Year Compared to Baseline Year
50% aggregate of the 2.5% withhold (i.e., 1.50%) will be applied to the payout.	Any 5 or more measures at or above 33.33 <sup>rd</sup> percentile	N/A
<b>OR</b>		
25% aggregate of the 2.5% withhold (i.e., 0.75%) will be applied to the payout.	Any 3 or more measures at or above the 10 <sup>th</sup> percentile	N/A

\*Percentile requirements refer to the NCQA Quality Compass percentile rankings for Managed Care Organizations for the measurement (performance) year being evaluated.

Note:

- 50% aggregate of the 2.5% performance withhold equals 1.500%
- 25% aggregate of the 2.5% performance withhold equals 0.750%

In the event both the twenty-five percent (25%) and fiftieth percent (50%) aggregate are achieved, the MCO will only receive the more beneficial of the two. These amounts will not be combined to equal a payout of 75% aggregate.

## Revisions to Performance Withhold Program

The State will monitor the Performance Withhold Program closely and has the authority to change the program as necessary. This includes evaluating the model, measures, and all associated payout methods. Any changes impacting the HEDIS measures used and the establishment of the baseline and performance years will be adjusted through a contract amendment and/or an update to this technical specifications document. Baseline and performance years will each move forward by one year on an annual basis.

In the event the NCQA revises or eliminates a HEDIS measure included in the Performance Withhold Program, the State has the authority to adjust the model, including but not limited to the following:

- Performance Withhold HEDIS measure is eliminated, altered, or replaced during the middle of a performance year.
  - The health plan shall remit the HEDIS measure performance year results using the original specifications matching the baseline year. The State shall compare the percentage point increase to the baseline using the Standard Payout Method.
  - If the measure being eliminated, altered, or replaced is not published on the performance year’s NCQA Quality Compass, the State will utilize the baseline year’s NCQA Quality Compass when evaluating the measure for inclusion in the Supplemental Payout Method.
  - The health plan shall also remit the HEDIS measure using the new/revised specifications implemented by the NCQA during the performance year to establish a potential baseline for the following performance year.

- Prior to the beginning of the next performance year, the State shall remove the measure from the Performance Withhold Program and include the measure's portion of the withhold in other existing measures, or select a new measure to replace the eliminated, altered, or replaced measure.
  - If a new measure is selected, the baseline will be derived from the MCO's prior year HEDIS rate reported by the health plan, if available.
- If the adjustment to a HEDIS measure is made but does not become effective until January 1<sup>st</sup> no changes will be made to the Performance Withhold Program until the new performance year is established.