Managed Care Program Annual Report (MCPAR) for Ohio: Ohio Medicaid Managed Care Program (MMC)

Due date	Last edited	Edited by	Status
12/27/2025	12/12/2025	Thomas Papacostas	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.	Not Selected
	Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If “No”, please complete the following questions under	Plan to submit on 06/30/2026

Indicator	Response
each plan.	

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	Ohio
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.	Managed Care Policy and Program Development
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	managedcarepolicy@medicaid.ohio.gov
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Thomas Papacostas
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	Thomas.Papacostas@medicaid.ohio.gov
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	12/22/2025

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	07/01/2024
A5b	**Reporting period end date** Auto-populated from report dashboard.	06/30/2025
A6	**Program name** Auto-populated from report dashboard.	Ohio Medicaid Managed Care Program (MMC)

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	AmeriHealth Caritas of Ohio Anthem Blue Cross and Blue Shield Buckeye Health Plan CareSource Ohio, Inc. Humana Healthy Horizons Molina Healthcare of Ohio UnitedHealthcare Community Plan of Ohio

Add BSS entities (A.8)

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

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

Indicator	Response
BSS entity name	Automated Health Systems (AHS)

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	Not answered

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.	3,038,065
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.	2,713,050

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	**Data validation entity** 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.	EQRO

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** 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.	"ODM's Bureau of Program Integrity conducts quarterly Inventory Meetings where we assess the plans effectiveness through data analysis using Investigation, Referrals, Recoupments, and information in the Fraud Referral Coordination (FRC) system. During these meetings we discuss best practices with each MCE, its Compliance and SIU staff, its current quarterly performance and historical program integrity related performances. Special Investigative Unit (SIU) meetings are held either weekly, every other week or monthly, depending on need, for all MCEs. The purpose of the SIU meetings is to collaborate with law enforcement on active cases, potential referrals, policy, technical or process issues and other program integrity related matters. Managed Care Program Integrity Group (MCPIG) meetings are held monthly, the full year usually encompasses ten meetings and trainings. The purpose of the MCPIG meetings is to collaborate, provide training and education, and obtain updates that lead to program integrity and best practice discussions. Reviews were also conducting focusing on MCO dental prior authorizations, delivery kick payments to MCOs, and payments made by MCOs to suspended or excluded providers during this fiscal year. In addition, ODM's collaborative Program Integrity Group met monthly and quarterly throughout the fiscal year to identify potential data mining projects focusing on provider types including Doula Services/Lactation Consultants, Electronic Visit Verification, Billing Impact, Behavioral Heatlh, Mobile Crisis Response Services, Home Health, Transportation, etc."
BX.2	**Contract standard for overpayments** Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	State has established a hybrid system
BX.3	**Location of contract provision stating overpayment standard**	The Ohio Department of Medicaid Ohio Medicaid Provider Agreement for Managed Care Organization Appendix G 11.h.i

	Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	
BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard selected in indicator B.X.2.	Ohio employes a finders keepers model regarding the return of overpayments. The state allows the plan to recover an overpayment if the overpayment was not already identified by the state, federal government, or criminal prosecution, and if the funds are not currently under criminal investigation.If the state Medicaid Fraud Control Unit prosecutes a case and the court orders the provider to pay restitution, the plan is entiteld to recover if it submitted a fraud referral before the MFCU opened its case.
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.	The plan submits quarterly program integrity inventory reports to the state that include all provider reviews it has conducted within that quarter. Among other information, these inventory reports ask how the plan identified each program integrity related overpayment, when it identified the overpayment, and when it fully recovered the overpayment. The Bureau of Program Integrity selects a sample of all program integrity related overpayments recorded within the quarter and reviews them to ensure the plan reported the overpayments correctly.
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).	Guidelines around timeframes for reconciliation are provided to the plans in both Appendix C of the provider agreement as well as 5160-26-02 and 5160-26-02.1 of the Ohio Administrative Code. Plans are also provided with specific reconciliation templates and guidelines to help facilitate reconciliation efforts. All reconciliation requests are submitted to a general mailbox that can be accessed by all ODM managed care reconciliation staff to ensure prompt resolution of issues identified.
BX.7a	**Changes in provider circumstances: Monitoring plans** Does the state monitor whether plans report provider	Yes

	"for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	
BX.7b	**Changes in provider circumstances: Metrics** Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
BX.8a	**Federal database checks: Excluded person or entities** During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	Yes
BX.8b	**Federal database checks: Summarize instances of exclusion** 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.	This information is communicated to the plans via the daily transmission of the provider master file (PMF) from the Provider Network Management Module of the Ohio Medicaid Enterprise System.
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.	Yes
BX.9b	**Website posting of 5 percent or more ownership control: Link**	https://medicaid.ohio.gov/resources-for-providers/managed-care/mc-policy/managed-care-entity-disclosure-of-ownership-and-control-information

	What is the link to the website? Refer to 42 CFR 602(g)(3).	
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.	https://medicaid.ohio.gov/stakeholders-and-partners/reports-and-research/reports-and-research

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?**	Yes
BXIII.1a	**Timeframes for standard prior authorization decisions** Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and within state-established timeframes. For rating periods that start before January 1, 2026, a state's time frame may not exceed 14 calendar days after receiving the request. For rating periods that start on or after January 1, 2026, a state's time frame may not exceed 7 calendar days after receiving the request. Does the state set timeframes shorter than these maximum timeframes for standard prior authorization requests?	Yes
BXIII.1b	**State's timeframe for standard prior authorization decisions** Indicate the state's maximum timeframe, as number of days, for plans to provide notice of their decisions on standard prior authorization requests.	10
BXIII.2a	**Timeframes for expedited prior authorization decisions** Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and no later than 72 hours after receipt of the request for service. Does the state set timeframes shorter than the maximum timeframe for expedited prior authorization requests?	Yes
BXIII.2b	**State's timeframe for expedited prior authorization decisions** Indicate the state's maximum timeframe, as number of hours, for plans to provide notice of	48

their decisions on expedited prior authorization requests.

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	**Program contract** Enter the title of the contract between the state and plans participating in the managed care program.	THE OHIO DEPARTMENT OF MEDICAID OHIO MEDICAID PROVIDER AGREEMENT FOR MANAGED CARE ORGANIZATION - July 1, 2023 through June 30, 2024
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	07/01/2024
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/2024_07_MCO_Final.pdf
C1I.3	**Program type** What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	**Special program benefits** Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Long-term services and supports (LTSS) Dental Transportation
C1I.4b	**Variation in special benefits** 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.	Not by service area or population (at least in terms of demographics). But there are additional services/benefits available to individuals who are eligible for Specialized Recovery Services (SRS) or an HCBS waiver, which technically are separate populations within the program. And OhioRISE has special benefits.
C1I.5	**Program enrollment**	2,498,491

	Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).	
C1I.6	**Changes to enrollment or benefits** 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.	A new eligibility category, Ohio WorkAbility, was implemented in October 2024 for disabled individuals age 65 or older who are employed or self-employed. These individuals are enrolled in ABD managed care.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Program integrity Policy making and decision support
C1III.2	**Criteria/measures to evaluate MCP performance** What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data certifications Provider ID field complete Other, specify – Validate NPI's submitted; validate all NPIs are active in our system on the date the service was provided, medicaid recipient ID is active on the date of service
C1III.3	**Encounter data performance criteria contract language** 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.	The Managed Care Provider Agreement holds all encounter data performance criteria in Appendix K, including reference to the ODM Methodology for Encounter Data Quality Measures Effective for each State Fiscal Year and available on the ODM public Website for MCOs to download.

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.	Appendix K of the Provider Agreement has the metrics that must be met, and Appendix N of the Provider Agreement shows the different types of compliance that may be imposed.
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.	The State has experienced barriers collecting encounter data due to system edits that prevent encounters entering the OMES. The State did not experience any issues validating encounter data during the reporting year.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident", as used for reporting purposes in its MLTSS program** 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.	"Critical incident" means incidents identified in paragraph (C) of this rule. C) Critical incidents. The following alleged or suspected incidents will be reported and investigated or reviewed as described in paragraph (E) or (F) of this rule. (1) Abuse: the injury, confinement, control, intimidation, or punishment of an individual that has resulted in physical harm, pain, fear, or mental anguish. Abuse includes, but is not limited to physical, emotional, verbal, or sexual abuse, or the use of restraint, seclusion, or the use of restrictive intervention implemented without authorization from the waiver case management agency, or the OhioRISE plan or its designee. (2) Neglect: when there is a duty to do so, failing to provide an individual with any treatment, care, goods, or services necessary to maintain the health or welfare of the individual. (3) Exploitation: the unlawful or improper act of using an individual or an individual's resources through the use of manipulation, intimidation, threats, deceptions, or coercion for monetary or personal benefit, profit, or gain. (4) Misappropriation: the act of depriving, defrauding, or otherwise obtaining the money, real or personal property (including prescribed medication) of an individual by any means prohibited by law that could potentially impact the health and welfare of the individual. (5) Unnatural or accidental death: death that could not have reasonably been expected, or the cause of death is not related to any known medical condition of the individual, including inadequate oversight of prescribed medication or misuse of prescribed medication. (6) Self-harm or suicide attempt: Self-harm or suicide attempt that includes a physical attempt by an individual to harm themselves that results in emergency room treatment, in-patient observation, or hospital admission. (7) The health and welfare of the individual is at risk due to the individual being lost or missing. (8) Any of the following prescribed medication issues: (a) Provider error; (b) Prescribed medication issue resulting in emergency medical services (EMS) response, emergency room visit, or hospitalization.

C1IV.2	**State definition of "timely" resolution for standard appeals** 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.	The MCO or SPBM shall review and resolve each appeal as expeditiously as the member's health condition requires, but the resolution time frame shall not exceed fifteen calendar days from the receipt of the appeal unless the resolution time frame is extended as outlined in paragraph (F) of OAC rule 5160-26-08.4
C1IV.3	**State definition of "timely" resolution for expedited appeals** 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.	Resolve the appeal as expeditiously as the member's health condition requires, but the resolution time frame shall not exceed seventy-two hours from the date the MCO or SPBM received the appeal unless the resolution time frame is extended as outlined in paragraph (F) of OAC rule 5160-26-08.4
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.	OAC rule 5160-26-08.4(C)(3): The MCO or SPBM shall review and resolve all grievances as expeditiously as the member's health condition requires. Grievance resolutions, including member notification, shall meet the following time frames:(a) Within two business days of receipt if the grievance is regarding access to services. (Access Related) (b) Within thirty calendar days of receipt for non-claims-related grievances except as specified in paragraph (C)(3)(a) of this rule. (Non-Claims Related) (c) Within sixty calendar days of receipt for claims-related grievances.

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.	The largest challenge for MCOs for maintaining and meeting the entirety of the Time and Distance and County-Based standards revolves around the availability of active Medicaid providers, for specific specialty types, in some areas of the state, notably in more rural areas of the state. In some instances, where there is only one or two active Medicaid providers available for contracting, the provider may not contract with additional MCOs. This may create additional challenges for the MCO.
C1V.2	**State response to gaps in network adequacy** How does the state work with MCPs to address gaps in network adequacy?	MCOs may reach out to ODM with concerns in fulfilling provider network standards for Time and Distance or County-Based measures. ODM will work with the MCO in addressing their concerns. First, we will provide the MCO with all actively enrolled Medicaid providers in our system that could potentially fill the provider network gap and encourage the MCO to reach out to these providers for contracting. Next, if there are no active Medicaid providers available in the county or region, or if the MCO indicated that they are having issues contracting with a provider, then this information is taken into consideration when evaluating a particular standard measure. Finally, we encourage the MCO to internally assess their own Time and Distance results and ask them to use these results for comparison and ensure that members have access to other providers using other means (e.g., providing transportation for the member to access providers). If they indicate any concerns with discrepancies, we will further analyze the situation.

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	**BSS website** 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.	https://www.ohiomh.com/
C1IX.2	**BSS auxiliary aids and services** 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.	Consumers can contact the Ohio Medicaid Hotline through a variety of ways. They are available by phone, relay services for the hearing or speech impaired, contact us email, mail, or through the consumer portal.
C1IX.3	**BSS LTSS program data** 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).	The Ohio Medicaid Hotline refers consumers to their MCO for grievance and appeal resolution. The Hotline receives consumer complaints and forwards to both the MCO and ODM for resolution. For FFS consumer complaints are forwarded to ODM for resolution.
C1IX.4	**State evaluation of BSS entity performance** What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	The state evaluates the quality, effectiveness, and efficiency of the BSS through a monthly report and monthly call monitoring.

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	**Does this program include MCOs?** If "Yes", please complete the following questions.	Yes
C1XII.5	**Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?** (i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)	Yes
C1XII.6	**Did the State or MCOs complete the most recent parity analysis(es)?**	MCO
C1XII.7a	**Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?** (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)	No
C1XII.8	**When was the last parity analysis(es) for this program completed?** 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).	11/28/2025
C1XII.9	**When was the last parity analysis(es) for this program**	07/01/2018

	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?**	No
C1XII.12a	**Has the state posted the current parity analysis(es) covering this program on its website?** 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.	No
C1XII.12c	**When will the state post the current parity analysis(es) on its State Medicaid website in accordance with 42 CFR § 438.920(b)(1)?**	12/31/2025

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).	**AmeriHealth Caritas of Ohio** 167,324 **Anthem Blue Cross and Blue Shield** 208,799 **Buckeye Health Plan** 327,858 **CareSource Ohio, Inc.** 1,122,564 **Humana Healthy Horizons** 177,178 **Molina Healthcare of Ohio** 236,645 **UnitedHealthcare Community Plan of Ohio** 258,121
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? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)	**AmeriHealth Caritas of Ohio** 5.5% **Anthem Blue Cross and Blue Shield** 6.9% **Buckeye Health Plan** 10.8% **CareSource Ohio, Inc.** 36.9% **Humana Healthy Horizons** 5.8% **Molina Healthcare of Ohio** 7.8% **UnitedHealthcare Community Plan of Ohio** 8.5%

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?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid managed care enrollment (B.I.2)	**AmeriHealth Caritas of Ohio** 6.2% **Anthem Blue Cross and Blue Shield** 7.7% **Buckeye Health Plan** 12.1% **CareSource Ohio, Inc.** 41.4% **Humana Healthy Horizons** 6.5% **Molina Healthcare of Ohio** 8.7% **UnitedHealthcare Community Plan of Ohio** 9.5%
D1I.4: Parent	**Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.** If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.	**AmeriHealth Caritas of Ohio** Independence Blue Cross **Anthem Blue Cross and Blue Shield** Elevance Health **Buckeye Health Plan** Centene Corporation **CareSource Ohio, Inc.** CareSource Ohio Inc **Humana Healthy Horizons** Humana Inc **Molina Healthcare of Ohio** Molina Healthcare Inc **UnitedHealthcare Community Plan of Ohio** UnitedHealth Group Incorporated

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	**Medical Loss Ratio (MLR)** 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.	**AmeriHealth Caritas of Ohio** 93.56% **Anthem Blue Cross and Blue Shield** 89.17% **Buckeye Health Plan** 97.07% **CareSource Ohio, Inc.** 92.66% **Humana Healthy Horizons** 94.83% **Molina Healthcare of Ohio** 91.75% **UnitedHealthcare Community Plan of Ohio** 90.58%
D1II.1b	**Level of aggregation** 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.	**AmeriHealth Caritas of Ohio** Program-specific statewide **Anthem Blue Cross and Blue Shield** Program-specific statewide **Buckeye Health Plan** Program-specific statewide **CareSource Ohio, Inc.** Program-specific statewide **Humana Healthy Horizons** Program-specific statewide **Molina Healthcare of Ohio** Program-specific statewide

UnitedHealthcare Community Plan of Ohio

Program-specific statewide

D1II.2

Population specific MLR description

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.

AmeriHealth Caritas of Ohio

No

Anthem Blue Cross and Blue Shield

No

Buckeye Health Plan

No

CareSource Ohio, Inc.

No

Humana Healthy Horizons

No

Molina Healthcare of Ohio

No

UnitedHealthcare Community Plan of Ohio

No

D1II.3

MLR reporting period discrepancies

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

AmeriHealth Caritas of Ohio

Yes

Anthem Blue Cross and Blue Shield

Yes

Buckeye Health Plan

Yes

CareSource Ohio, Inc.

Yes

Humana Healthy Horizons

Yes

Molina Healthcare of Ohio

Yes

		UnitedHealthcare Community Plan of Ohio Yes
N/A	Enter the start date.	**AmeriHealth Caritas of Ohio** 01/01/2024 **Anthem Blue Cross and Blue Shield** 01/01/2024 **Buckeye Health Plan** 01/01/2024 **CareSource Ohio, Inc.** 01/01/2024 **Humana Healthy Horizons** 01/01/2024 **Molina Healthcare of Ohio** 01/01/2024 **UnitedHealthcare Community Plan of Ohio** 01/01/2024
N/A	Enter the end date.	**AmeriHealth Caritas of Ohio** 12/31/2024 **Anthem Blue Cross and Blue Shield** 12/31/2024 **Buckeye Health Plan** 12/31/2024 **CareSource Ohio, Inc.** 12/31/2024 **Humana Healthy Horizons** 12/31/2024 **Molina Healthcare of Ohio** 12/31/2024 **UnitedHealthcare Community Plan of Ohio**

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** 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.	**AmeriHealth Caritas of Ohio** The MCO must submit encounters no later than seven calendar days from completion of the claim (i.e., remittance advice generated). The MCO must submit encounters for capitated providers within seven calendar days of receipt of the encounter. This language is in Appendix K of the Provider Agreement. **Anthem Blue Cross and Blue Shield** The MCO must submit encounters no later than seven calendar days from completion of the claim (i.e., remittance advice generated). The MCO must submit encounters for capitated providers within seven calendar days of receipt of the encounter. This language is in Appendix K of the Provider Agreement. **Buckeye Health Plan** The MCO must submit encounters no later than seven calendar days from completion of the claim (i.e., remittance advice generated). The MCO must submit encounters for capitated providers within seven calendar days of receipt of the encounter. This language is in Appendix K of the Provider Agreement. **CareSource Ohio, Inc.** The MCO must submit encounters no later than seven calendar days from completion of the claim (i.e., remittance advice generated). The MCO must submit encounters for capitated providers within seven calendar days of receipt of the encounter. This language is in Appendix K of the Provider Agreement. **Humana Healthy Horizons** The MCO must submit encounters no later than seven calendar days from completion of the claim (i.e., remittance advice generated). The MCO must submit encounters for capitated providers within seven calendar days of receipt of the

		encounter. This language is in Appendix K of the Provider Agreement. **Molina Healthcare of Ohio** The MCO must submit encounters no later than seven calendar days from completion of the claim (i.e., remittance advice generated). The MCO must submit encounters for capitated providers within seven calendar days of receipt of the encounter. This language is in Appendix K of the Provider Agreement. **UnitedHealthcare Community Plan of Ohio** The MCO must submit encounters no later than seven calendar days from completion of the claim (i.e., remittance advice generated). The MCO must submit encounters for capitated providers within seven calendar days of receipt of the encounter. This language is in Appendix K of the Provider Agreement.
D1III.2	**Share of encounter data submissions that met state's timely submission requirements** 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.	**AmeriHealth Caritas of Ohio** 97% **Anthem Blue Cross and Blue Shield** 93% **Buckeye Health Plan** 90% **CareSource Ohio, Inc.** 98% **Humana Healthy Horizons** 92% **Molina Healthcare of Ohio** 92% **UnitedHealthcare Community Plan of Ohio** 91%
D1III.3	**Share of encounter data submissions that were HIPAA compliant**	**AmeriHealth Caritas of Ohio** 99%

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? 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.	**Anthem Blue Cross and Blue Shield** 97% **Buckeye Health Plan** 95% **CareSource Ohio, Inc.** 99% **Humana Healthy Horizons** 99% **Molina Healthcare of Ohio** 99% **UnitedHealthcare Community Plan of Ohio** 99%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved during the reporting year.An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.	**AmeriHealth Caritas of Ohio** 594 **Anthem Blue Cross and Blue Shield** 2,461 **Buckeye Health Plan** 1,370 **CareSource Ohio, Inc.** 9,764 **Humana Healthy Horizons** 616 **Molina Healthcare of Ohio** 1,050 **UnitedHealthcare Community Plan of Ohio** 1,552
D1IV.1a	**Appeals denied** Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.	**AmeriHealth Caritas of Ohio** 334 **Anthem Blue Cross and Blue Shield** 910 **Buckeye Health Plan** 1,010 **CareSource Ohio, Inc.** 7,658 **Humana Healthy Horizons** 483 **Molina Healthcare of Ohio** 664 **UnitedHealthcare Community Plan of Ohio** 1,012

D1IV.1b	**Appeals resolved in partial favor of enrollee** Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.	**AmeriHealth Caritas of Ohio** NR **Anthem Blue Cross and Blue Shield** NR **Buckeye Health Plan** NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR
D1IV.1c	**Appeals resolved in favor of enrollee** Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.	**AmeriHealth Caritas of Ohio** 260 **Anthem Blue Cross and Blue Shield** 1,545 **Buckeye Health Plan** 360 **CareSource Ohio, Inc.** 2,106 **Humana Healthy Horizons** 133 **Molina Healthcare of Ohio** 386 **UnitedHealthcare Community Plan of Ohio** 539
D1IV.2	**Active appeals** Enter the total number of appeals still pending or in	**AmeriHealth Caritas of Ohio** 0

process (not yet resolved) as of the end of the reporting year.

Anthem Blue Cross and Blue Shield

4

Buckeye Health Plan

0

CareSource Ohio, Inc.

2

Humana Healthy Horizons

0

Molina Healthcare of Ohio

0

UnitedHealthcare Community Plan of Ohio

1

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter “N/A” if not applicable.An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

AmeriHealth Caritas of Ohio

NR

Anthem Blue Cross and Blue Shield

NR

Buckeye Health Plan

NR

CareSource Ohio, Inc.

NR

Humana Healthy Horizons

NR

Molina Healthcare of Ohio

NR

UnitedHealthcare Community Plan of Ohio

NR

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within

AmeriHealth Caritas of Ohio

NR

Anthem Blue Cross and Blue Shield

NR

Buckeye Health Plan

	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”.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”.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.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.	NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR
D1IV.5a	**Standard appeals for which timely resolution was provided** 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.	**AmeriHealth Caritas of Ohio** 564 **Anthem Blue Cross and Blue Shield** 2,200 **Buckeye Health Plan** 1,330 **CareSource Ohio, Inc.** 9,603 **Humana Healthy Horizons** 531 **Molina Healthcare of Ohio**

		993 **UnitedHealthcare Community Plan of Ohio** 1,331
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.	**AmeriHealth Caritas of Ohio** 33 **Anthem Blue Cross and Blue Shield** 56 **Buckeye Health Plan** 38 **CareSource Ohio, Inc.** 152 **Humana Healthy Horizons** 79 **Molina Healthcare of Ohio** 57 **UnitedHealthcare Community Plan of Ohio** 204
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).	**AmeriHealth Caritas of Ohio** 534 **Anthem Blue Cross and Blue Shield** 2,022 **Buckeye Health Plan** 976 **CareSource Ohio, Inc.** 7,246 **Humana Healthy Horizons** 342 **Molina Healthcare of Ohio** 709 **UnitedHealthcare Community Plan of Ohio**

1,170

D1IV.6b	**Resolved appeals related to reduction, suspension, or 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.	**AmeriHealth Caritas of Ohio** 1 **Anthem Blue Cross and Blue Shield** 2 **Buckeye Health Plan** 4 **CareSource Ohio, Inc.** 1 **Humana Healthy Horizons** 0 **Molina Healthcare of Ohio** 1 **UnitedHealthcare Community Plan of Ohio** 50
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.	**AmeriHealth Caritas of Ohio** 18 **Anthem Blue Cross and Blue Shield** 63 **Buckeye Health Plan** 3 **CareSource Ohio, Inc.** 1,074 **Humana Healthy Horizons** 339 **Molina Healthcare of Ohio** 0 **UnitedHealthcare Community Plan of Ohio** 59
D1IV.6d	**Resolved appeals related to service timeliness**	**AmeriHealth Caritas of Ohio**

	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).	NR **Anthem Blue Cross and Blue Shield** NR **Buckeye Health Plan** NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR
D1IV.6e	**Resolved appeals related to lack of timely plan response 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.	**AmeriHealth Caritas of Ohio** NR **Anthem Blue Cross and Blue Shield** NR **Buckeye Health Plan** NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR
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	**AmeriHealth Caritas of Ohio** NR **Anthem Blue Cross and Blue Shield** NR

	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).	**Buckeye Health Plan** NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR
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.	**AmeriHealth Caritas of Ohio** NR **Anthem Blue Cross and Blue Shield** NR **Buckeye Health Plan** NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR

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”.	**AmeriHealth Caritas of Ohio** 42 **Anthem Blue Cross and Blue Shield** 309 **Buckeye Health Plan** 12 **CareSource Ohio, Inc.** 53 **Humana Healthy Horizons** 72 **Molina Healthcare of Ohio** 51 **UnitedHealthcare Community Plan of Ohio** 74
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 not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). 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”.	**AmeriHealth Caritas of Ohio** 5 **Anthem Blue Cross and Blue Shield** 389 **Buckeye Health Plan** 126 **CareSource Ohio, Inc.** 266 **Humana Healthy Horizons** 12 **Molina Healthcare of Ohio** 4 **UnitedHealthcare Community Plan of Ohio** 50

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”.	**AmeriHealth Caritas of Ohio** 0 **Anthem Blue Cross and Blue Shield** 3 **Buckeye Health Plan** 5 **CareSource Ohio, Inc.** 15 **Humana Healthy Horizons** 2 **Molina Healthcare of Ohio** 3 **UnitedHealthcare Community Plan of Ohio** 0
D1IV.7d	**Resolved appeals related to outpatient behavioral health services** 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”.	**AmeriHealth Caritas of Ohio** 3 **Anthem Blue Cross and Blue Shield** 16 **Buckeye Health Plan** 3 **CareSource Ohio, Inc.** 18 **Humana Healthy Horizons** 0 **Molina Healthcare of Ohio** 1 **UnitedHealthcare Community Plan of Ohio** 4
D1IV.7e	**Resolved appeals related to covered outpatient prescription drugs**	**AmeriHealth Caritas of Ohio** N/A

	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”.	**Anthem Blue Cross and Blue Shield** N/A **Buckeye Health Plan** N/A **CareSource Ohio, Inc.** N/A **Humana Healthy Horizons** N/A **Molina Healthcare of Ohio** N/A **UnitedHealthcare Community Plan of Ohio** N/A
D1IV.7f	**Resolved appeals related to skilled nursing facility (SNF) services** 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”.	**AmeriHealth Caritas of Ohio** 37 **Anthem Blue Cross and Blue Shield** 197 **Buckeye Health Plan** 37 **CareSource Ohio, Inc.** 177 **Humana Healthy Horizons** 7 **Molina Healthcare of Ohio** 33 **UnitedHealthcare Community Plan of Ohio** 44
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	**AmeriHealth Caritas of Ohio** N/A **Anthem Blue Cross and Blue Shield** N/A **Buckeye Health Plan**

	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”.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	N/A **CareSource Ohio, Inc.** N/A **Humana Healthy Horizons** N/A **Molina Healthcare of Ohio** N/A **UnitedHealthcare Community Plan of Ohio** 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”.	**AmeriHealth Caritas of Ohio** 415 **Anthem Blue Cross and Blue Shield** 906 **Buckeye Health Plan** 285 **CareSource Ohio, Inc.** 5,591 **Humana Healthy Horizons** 203 **Molina Healthcare of Ohio** 423 **UnitedHealthcare Community Plan of Ohio** 610
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”.	**AmeriHealth Caritas of Ohio** N/A **Anthem Blue Cross and Blue Shield** N/A **Buckeye Health Plan** N/A **CareSource Ohio, Inc.** N/A

Humana Healthy Horizons

N/A

Molina Healthcare of Ohio

N/A

UnitedHealthcare Community Plan of Ohio

N/A

D1IV.7k:

Resolved appeals related to durable medical equipment (DME) & supplies

Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter “N/A”.

AmeriHealth Caritas of Ohio

15

Anthem Blue Cross and Blue Shield

86

Buckeye Health Plan

219

CareSource Ohio, Inc.

255

Humana Healthy Horizons

69

Molina Healthcare of Ohio

143

UnitedHealthcare Community Plan of Ohio

104

D1IV.7l:

Resolved appeals related to home health / hospice

Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter “N/A”.

AmeriHealth Caritas of Ohio

18

Anthem Blue Cross and Blue Shield

7

Buckeye Health Plan

228

CareSource Ohio, Inc.

130

Humana Healthy Horizons

6

Molina Healthcare of Ohio

111

UnitedHealthcare Community Plan of Ohio

46

D1IV.7m:

Resolved appeals related to emergency services / emergency department

Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter "N/A".

AmeriHealth Caritas of Ohio

48

Anthem Blue Cross and Blue Shield

0

Buckeye Health Plan

5

CareSource Ohio, Inc.

0

Humana Healthy Horizons

55

Molina Healthcare of Ohio

24

UnitedHealthcare Community Plan of Ohio

15

D1IV.7n:

Resolved appeals related to therapies

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

AmeriHealth Caritas of Ohio

5

Anthem Blue Cross and Blue Shield

28

Buckeye Health Plan

17

CareSource Ohio, Inc.

106

Humana Healthy Horizons

4

Molina Healthcare of Ohio

9

		UnitedHealthcare Community Plan of Ohio 8
D1IV.7o	**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-n paid primarily by Medicaid, enter “N/A”.	**AmeriHealth Caritas of Ohio** 2 **Anthem Blue Cross and Blue Shield** 115 **Buckeye Health Plan** 137 **CareSource Ohio, Inc.** 14 **Humana Healthy Horizons** 54 **Molina Healthcare of Ohio** 2 **UnitedHealthcare Community Plan of Ohio** 38

State Fair Hearings

Number	Indicator	Response
D1IV.8a	**State Fair Hearing requests** Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	**AmeriHealth Caritas of Ohio** 20 **Anthem Blue Cross and Blue Shield** 52 **Buckeye Health Plan** 130 **CareSource Ohio, Inc.** 587 **Humana Healthy Horizons** 31 **Molina Healthcare of Ohio** 106 **UnitedHealthcare Community Plan of Ohio** 95
D1IV.8b	**State Fair Hearings resulting in a favorable decision for the enrollee** Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	**AmeriHealth Caritas of Ohio** 1 **Anthem Blue Cross and Blue Shield** 5 **Buckeye Health Plan** 22 **CareSource Ohio, Inc.** 35 **Humana Healthy Horizons** 3 **Molina Healthcare of Ohio** 12 **UnitedHealthcare Community Plan of Ohio** 14

D1IV.8c	**State Fair Hearings resulting in an adverse decision for the enrollee** Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	**AmeriHealth Caritas of Ohio** 8 **Anthem Blue Cross and Blue Shield** 18 **Buckeye Health Plan** 47 **CareSource Ohio, Inc.** 278 **Humana Healthy Horizons** 13 **Molina Healthcare of Ohio** 48 **UnitedHealthcare Community Plan of Ohio** 40
D1IV.8d	**State Fair Hearings retracted prior to reaching a decision** 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.	**AmeriHealth Caritas of Ohio** 11 **Anthem Blue Cross and Blue Shield** 29 **Buckeye Health Plan** 61 **CareSource Ohio, Inc.** 273 **Humana Healthy Horizons** 15 **Molina Healthcare of Ohio** 48 **UnitedHealthcare Community Plan of Ohio** 40
D1IV.9a	**External Medical Reviews resulting in a favorable decision for the enrollee**	**AmeriHealth Caritas of Ohio** 8

	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).	**Anthem Blue Cross and Blue Shield** 5 **Buckeye Health Plan** 19 **CareSource Ohio, Inc.** 310 **Humana Healthy Horizons** 17 **Molina Healthcare of Ohio** 17 **UnitedHealthcare Community Plan of Ohio** 16
D1IV.9b	**External Medical Reviews resulting in an adverse decision for the enrollee** 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".External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	**AmeriHealth Caritas of Ohio** 11 **Anthem Blue Cross and Blue Shield** 19 **Buckeye Health Plan** 30 **CareSource Ohio, Inc.** 213 **Humana Healthy Horizons** 30 **Molina Healthcare of Ohio** 25 **UnitedHealthcare Community Plan of Ohio** 39

Grievances Overview

Number	Indicator	Response
D1IV.10	**Grievances resolved** Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.A grievance is “resolved” when it has reached completion and been closed by the plan.	**AmeriHealth Caritas of Ohio** 744 **Anthem Blue Cross and Blue Shield** 2,438 **Buckeye Health Plan** 16,016 **CareSource Ohio, Inc.** 7,955 **Humana Healthy Horizons** 760 **Molina Healthcare of Ohio** 8,083 **UnitedHealthcare Community Plan of Ohio** 21,989
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.	**AmeriHealth Caritas of Ohio** 0 **Anthem Blue Cross and Blue Shield** 7 **Buckeye Health Plan** 0 **CareSource Ohio, Inc.** 0 **Humana Healthy Horizons** 0 **Molina Healthcare of Ohio** 0 **UnitedHealthcare Community Plan of Ohio** 16

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 filed). If this does not apply, enter N/A.	**AmeriHealth Caritas of Ohio** NR **Anthem Blue Cross and Blue Shield** NR **Buckeye Health Plan** NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR
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	**AmeriHealth Caritas of Ohio** NR **Anthem Blue Cross and Blue Shield** NR **Buckeye Health Plan** NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR

	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 whether the filing of the grievance preceded the filing of the critical incident.	
D1IV.14	**Number of grievances for which timely resolution was provided** 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.	**AmeriHealth Caritas of Ohio** 738 **Anthem Blue Cross and Blue Shield** 2,378 **Buckeye Health Plan** 16,007 **CareSource Ohio, Inc.** 7,926 **Humana Healthy Horizons** 730 **Molina Healthcare of Ohio** 8,044 **UnitedHealthcare Community Plan of Ohio** 21,899

Grievances by Service

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

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** 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".	**AmeriHealth Caritas of Ohio** 0 **Anthem Blue Cross and Blue Shield** 3 **Buckeye Health Plan** 52 **CareSource Ohio, Inc.** 29 **Humana Healthy Horizons** 0 **Molina Healthcare of Ohio** 12 **UnitedHealthcare Community Plan of Ohio** 36
D1IV.15b	**Resolved grievances related to general outpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). 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".	**AmeriHealth Caritas of Ohio** 0 **Anthem Blue Cross and Blue Shield** 16 **Buckeye Health Plan** 45 **CareSource Ohio, Inc.** 29 **Humana Healthy Horizons** 3 **Molina Healthcare of Ohio** 14 **UnitedHealthcare Community Plan of Ohio** 99

D1IV.15c	**Resolved grievances related to inpatient behavioral health services** 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".	**AmeriHealth Caritas of Ohio** 0 **Anthem Blue Cross and Blue Shield** 0 **Buckeye Health Plan** 0 **CareSource Ohio, Inc.** 0 **Humana Healthy Horizons** 0 **Molina Healthcare of Ohio** 0 **UnitedHealthcare Community Plan of Ohio** 0
D1IV.15d	**Resolved grievances related to outpatient behavioral health services** 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".	**AmeriHealth Caritas of Ohio** 0 **Anthem Blue Cross and Blue Shield** 18 **Buckeye Health Plan** 14 **CareSource Ohio, Inc.** 21 **Humana Healthy Horizons** 7 **Molina Healthcare of Ohio** 36 **UnitedHealthcare Community Plan of Ohio** 157
D1IV.15e	**Resolved grievances related to coverage of outpatient prescription drugs**	**AmeriHealth Caritas of Ohio** N/A

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".

Anthem Blue Cross and Blue Shield

N/A

Buckeye Health Plan

N/A

CareSource Ohio, Inc.

N/A

Humana Healthy Horizons

N/A

Molina Healthcare of Ohio

N/A

UnitedHealthcare Community Plan of Ohio

N/A

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

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".

AmeriHealth Caritas of Ohio

0

Anthem Blue Cross and Blue Shield

2

Buckeye Health Plan

8

CareSource Ohio, Inc.

4

Humana Healthy Horizons

2

Molina Healthcare of Ohio

5

UnitedHealthcare Community Plan of Ohio

15

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

AmeriHealth Caritas of Ohio

N/A

Anthem Blue Cross and Blue Shield

N/A

Buckeye Health Plan

	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”.	N/A **CareSource Ohio, Inc.** N/A **Humana Healthy Horizons** N/A **Molina Healthcare of Ohio** N/A **UnitedHealthcare Community Plan of Ohio** 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”.	**AmeriHealth Caritas of Ohio** 4 **Anthem Blue Cross and Blue Shield** 140 **Buckeye Health Plan** 298 **CareSource Ohio, Inc.** 144 **Humana Healthy Horizons** 57 **Molina Healthcare of Ohio** 574 **UnitedHealthcare Community Plan of Ohio** 3,299
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”.	**AmeriHealth Caritas of Ohio** 210 **Anthem Blue Cross and Blue Shield** 16 **Buckeye Health Plan** 31 **CareSource Ohio, Inc.** 2,841

Humana Healthy Horizons

112

Molina Healthcare of Ohio

117

UnitedHealthcare Community Plan of Ohio

1,194

D1IV.15k

Resolved grievances related to durable medical equipment (DME) & supplies

Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter “N/A”.

AmeriHealth Caritas of Ohio

1

Anthem Blue Cross and Blue Shield

50

Buckeye Health Plan

134

CareSource Ohio, Inc.

140

Humana Healthy Horizons

18

Molina Healthcare of Ohio

140

UnitedHealthcare Community Plan of Ohio

744

D1IV.15l

Resolved grievances related to home health / hospice

Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter “N/A”.

AmeriHealth Caritas of Ohio

0

Anthem Blue Cross and Blue Shield

6

Buckeye Health Plan

64

CareSource Ohio, Inc.

15

Humana Healthy Horizons

1

Molina Healthcare of Ohio

22

UnitedHealthcare Community Plan of Ohio

67

D1IV.15m

Resolved grievances related to emergency services / emergency department

Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.

AmeriHealth Caritas of Ohio

0

Anthem Blue Cross and Blue Shield

1

Buckeye Health Plan

3

CareSource Ohio, Inc.

5

Humana Healthy Horizons

1

Molina Healthcare of Ohio

0

UnitedHealthcare Community Plan of Ohio

117

D1IV.15n

Resolved grievances related to therapies

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter “N/A”.

AmeriHealth Caritas of Ohio

0

Anthem Blue Cross and Blue Shield

7

Buckeye Health Plan

33

CareSource Ohio, Inc.

37

Humana Healthy Horizons

1

Molina Healthcare of Ohio

11

		UnitedHealthcare Community Plan of Ohio 82
D1IV.15o	**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-n paid primarily by Medicaid, enter “N/A”.	**AmeriHealth Caritas of Ohio** 529 **Anthem Blue Cross and Blue Shield** 2,179 **Buckeye Health Plan** 15,334 **CareSource Ohio, Inc.** 4,690 **Humana Healthy Horizons** 558 **Molina Healthcare of Ohio** 7,152 **UnitedHealthcare Community Plan of Ohio** 16,179

Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service** 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.	**AmeriHealth Caritas of Ohio** 113 **Anthem Blue Cross and Blue Shield** 249 **Buckeye Health Plan** 9,548 **CareSource Ohio, Inc.** 1,955 **Humana Healthy Horizons** 153 **Molina Healthcare of Ohio** 2,546 **UnitedHealthcare Community Plan of Ohio** 805
D1IV.16b	**Resolved grievances related to plan or provider care management/case management** 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.	**AmeriHealth Caritas of Ohio** 0 **Anthem Blue Cross and Blue Shield** 151 **Buckeye Health Plan** 186 **CareSource Ohio, Inc.** 114 **Humana Healthy Horizons** 27 **Molina Healthcare of Ohio** 112 **UnitedHealthcare Community Plan of Ohio** 70

D1IV.16c	**Resolved grievances related to network adequacy or access to care/services from plan or provider** 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.	**AmeriHealth Caritas of Ohio** 217 **Anthem Blue Cross and Blue Shield** 452 **Buckeye Health Plan** 183 **CareSource Ohio, Inc.** 3,412 **Humana Healthy Horizons** 332 **Molina Healthcare of Ohio** 1,273 **UnitedHealthcare Community Plan of Ohio** 11,376
D1IV.16d	**Resolved grievances related to quality of care** 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.	**AmeriHealth Caritas of Ohio** 18 **Anthem Blue Cross and Blue Shield** 290 **Buckeye Health Plan** 1,112 **CareSource Ohio, Inc.** 998 **Humana Healthy Horizons** 44 **Molina Healthcare of Ohio** 762 **UnitedHealthcare Community Plan of Ohio** 225

D1IV.16e

Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

AmeriHealth Caritas of Ohio

20

Anthem Blue Cross and Blue Shield

284

Buckeye Health Plan

749

CareSource Ohio, Inc.

391

Humana Healthy Horizons

109

Molina Healthcare of Ohio

808

UnitedHealthcare Community Plan of Ohio

3,386

D1IV.16f

Resolved grievances related to payment or billing issues

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.

AmeriHealth Caritas of Ohio

250

Anthem Blue Cross and Blue Shield

812

Buckeye Health Plan

0

CareSource Ohio, Inc.

535

Humana Healthy Horizons

37

Molina Healthcare of Ohio

1,697

UnitedHealthcare Community Plan of Ohio

5,807

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated 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.

AmeriHealth Caritas of Ohio

NR

Anthem Blue Cross and Blue Shield

NR

Buckeye Health Plan

NR

CareSource Ohio, Inc.

NR

Humana Healthy Horizons

NR

Molina Healthcare of Ohio

NR

UnitedHealthcare Community Plan of Ohio

NR

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

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

AmeriHealth Caritas of Ohio

NR

Anthem Blue Cross and Blue Shield

NR

Buckeye Health Plan

NR

CareSource Ohio, Inc.

NR

Humana Healthy Horizons

NR

Molina Healthcare of Ohio

NR

UnitedHealthcare Community Plan of Ohio

NR

D1IV.16i	**Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)** Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).	**AmeriHealth Caritas of Ohio** 0 **Anthem Blue Cross and Blue Shield** 82 **Buckeye Health Plan** 1,973 **CareSource Ohio, Inc.** 310 **Humana Healthy Horizons** 1 **Molina Healthcare of Ohio** 199 **UnitedHealthcare Community Plan of Ohio** 132
D1IV.16j	**Resolved grievances related to plan denial of expedited appeal** Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal.Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution 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.	**AmeriHealth Caritas of Ohio** 11 **Anthem Blue Cross and Blue Shield** 54 **Buckeye Health Plan** 2,265 **CareSource Ohio, Inc.** 240 **Humana Healthy Horizons** 36 **Molina Healthcare of Ohio** 677 **UnitedHealthcare Community Plan of Ohio** 179

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.	**AmeriHealth Caritas of Ohio** 115 **Anthem Blue Cross and Blue Shield** 64 **Buckeye Health Plan** 0 **CareSource Ohio, Inc.** 0 **Humana Healthy Horizons** 21 **Molina Healthcare of Ohio** 9 **UnitedHealthcare Community Plan of Ohio** 9

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.

Quality & performance measure total count: 98

Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life - Well-Child Visits in the First 15 Months, Six or More Visits

1 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

1392

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

67.44%

Anthem Blue Cross and Blue Shield

61.70%

Buckeye Health Plan

65.99%

CareSource Ohio, Inc.

63.82%

Humana Healthy Horizons

47.90%

Molina Healthcare of Ohio

63.43%

UnitedHealthcare Community Plan of Ohio

60.55%

Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life - Well-Child Visits for Age 15 Months–30 Months, Two or More Visits

D2.VII.2 Measure Domain

Primary care access and preventative care

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

1392

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

68.48%

Anthem Blue Cross and Blue Shield

70.17%

Buckeye Health Plan

72.19%

CareSource Ohio, Inc.

71.33%

Humana Healthy Horizons

65.31%

Molina Healthcare of Ohio

71.78%

UnitedHealthcare Community Plan of Ohio

71.29%

Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits 3-11 years

D2.VII.2 Measure Domain

Primary care access and preventative care

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

NA

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

NA

Measure results

AmeriHealth Caritas of Ohio

52.61%

Anthem Blue Cross and Blue Shield

57.41%

Buckeye Health Plan

62.70%

CareSource Ohio, Inc.

60.91%

Humana Healthy Horizons

50.06%

Molina Healthcare of Ohio

60.22%

UnitedHealthcare Community Plan of Ohio

59.76%

Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits 12-17 years

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

43.21%

Anthem Blue Cross and Blue Shield

50.95%

Buckeye Health Plan

54.93%

CareSource Ohio, Inc.

55.43%

Humana Healthy Horizons

39.92%

Molina Healthcare of Ohio

52.85%

UnitedHealthcare Community Plan of Ohio

51.22%

Complete

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

5 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

21.04%

Anthem Blue Cross and Blue Shield

29.11%

Buckeye Health Plan

30.24%

CareSource Ohio, Inc.

31.61%

Humana Healthy Horizons

21.07%

Molina Healthcare of Ohio

30.07%

UnitedHealthcare Community Plan of Ohio

27.56%

Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits Total

6 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

44.25%

Anthem Blue Cross and Blue Shield

51.45%

Buckeye Health Plan

55.78%

CareSource Ohio, Inc.

54.74%

Humana Healthy Horizons

41.45%

Molina Healthcare of Ohio

53.66%

UnitedHealthcare Community Plan of Ohio

52.36%

Complete

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

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0024

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

71.29%

Anthem Blue Cross and Blue Shield

81.27%

Buckeye Health Plan

77.86%

CareSource Ohio, Inc.

78.10%

Humana Healthy Horizons

79.08%

Molina Healthcare of Ohio

74.45%

UnitedHealthcare Community Plan of Ohio

78.10%

Complete

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

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0024

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

57.66%

Anthem Blue Cross and Blue Shield

69.34%

Buckeye Health Plan

69.59%

CareSource Ohio, Inc.

65.21%

Humana Healthy Horizons

73.24%

Molina Healthcare of Ohio

64.96%

UnitedHealthcare Community Plan of Ohio

69.59%

Complete

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

9 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0024

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

50.36%

Anthem Blue Cross and Blue Shield

65.45%

Buckeye Health Plan

61.31%

CareSource Ohio, Inc.

56.45%

Humana Healthy Horizons

64.72%

Molina Healthcare of Ohio

57.18%

UnitedHealthcare Community Plan of Ohio

59.85%

Complete

D2.VII.1 Measure Name: General Child Rating of Health Plan (CAHPS Health Plan Survey)

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

"0006 "

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS CAHPS

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

Yes

D2.VII.8 Measure Description

HEDIS CAHPS

Measure results

AmeriHealth Caritas of Ohio

84.07%

Anthem Blue Cross and Blue Shield

78.18%

Buckeye Health Plan

84.54%

CareSource Ohio, Inc.

85.69%

Humana Healthy Horizons

81.13%

Molina Healthcare of Ohio

85.18%

UnitedHealthcare Community Plan of Ohio

85.38%

Complete

D2.VII.1 Measure Name: General Child - Customer Service Composite (CAHPS Health Plan Survey)

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

"0006 "

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS CAHPS

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

Yes

D2.VII.8 Measure Description

HEDIS CAHPS

Measure results

AmeriHealth Caritas of Ohio

86.47%

Anthem Blue Cross and Blue Shield

85.47%

Buckeye Health Plan

90.37%

CareSource Ohio, Inc.

91.34%

Humana Healthy Horizons

87.03%

Molina Healthcare of Ohio

88.94%

UnitedHealthcare Community Plan of Ohio

89.22%

Complete

D2.VII.1 Measure Name: Topical Fluoride for Children

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

7.68%

Anthem Blue Cross and Blue Shield

7.23%

Buckeye Health Plan

8.50%

CareSource Ohio, Inc.

9.60%

Humana Healthy Horizons

6.83%

Molina Healthcare of Ohio

9.07%

UnitedHealthcare Community Plan of Ohio

7.19%

Complete

D2.VII.1 Measure Name: Oral Evaluation, Dental Services

13 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

20.74%

Anthem Blue Cross and Blue Shield

31.21%

Buckeye Health Plan

37.88%

CareSource Ohio, Inc.

37.84%

Humana Healthy Horizons

19.59%

Molina Healthcare of Ohio

39.85%

UnitedHealthcare Community Plan of Ohio

32.92%

Complete

D2.VII.1 Measure Name: Childhood Immunization Status (Combo 3)

14 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0038

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

64.48%

Anthem Blue Cross and Blue Shield

68.13%

Buckeye Health Plan

64.08%

CareSource Ohio, Inc.

62.75%

Humana Healthy Horizons

67.15%

Molina Healthcare of Ohio

65.69%

UnitedHealthcare Community Plan of Ohio

62.95%

Complete

D2.VII.1 Measure Name: "Childhood Immunization Status (Combo 10) " 15 / 98

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0038

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

24.57%

Anthem Blue Cross and Blue Shield

22.87%

Buckeye Health Plan

24.55%

CareSource Ohio, Inc.

21.12%

Humana Healthy Horizons

25.06%

Molina Healthcare of Ohio

27.49%

UnitedHealthcare Community Plan of Ohio

21.34%

Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (Combo 1)

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

63.02%

Anthem Blue Cross and Blue Shield

74.97%

Buckeye Health Plan

79.08%

CareSource Ohio, Inc.

77.66%

Humana Healthy Horizons

62.77%

Molina Healthcare of Ohio

77.82%

UnitedHealthcare Community Plan of Ohio

74.96%

Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (HPV)

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

21.90%

Anthem Blue Cross and Blue Shield

23.21%

Buckeye Health Plan

35.04%

CareSource Ohio, Inc.

31.31%

Humana Healthy Horizons

23.60%

Molina Healthcare of Ohio

33.80%

UnitedHealthcare Community Plan of Ohio

27.23%

Complete

D2.VII.1 Measure Name: Immunizations for Adolescents (Combo 2)

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

21.17%

Anthem Blue Cross and Blue Shield

22.56%

Buckeye Health Plan

34.55%

CareSource Ohio, Inc.

30.60%

Humana Healthy Horizons

22.63%

Molina Healthcare of Ohio

32.88%

UnitedHealthcare Community Plan of Ohio

26.60%

Complete

D2.VII.1 Measure Name: Lead Screening in Children

19 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

72.02%

Anthem Blue Cross and Blue Shield

68.86%

Buckeye Health Plan

71.09%

CareSource Ohio, Inc.

70.06%

Humana Healthy Horizons

72.99%

Molina Healthcare of Ohio

76.16%

UnitedHealthcare Community Plan of Ohio

70.56%

Complete

D2.VII.1 Measure Name: Appropriate Testing for Pharyngitis (Ages 3-17)

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0002

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

88.70%

Anthem Blue Cross and Blue Shield

89.83%

Buckeye Health Plan

88.57%

CareSource Ohio, Inc.

88.61%

Humana Healthy Horizons

89.09%

Molina Healthcare of Ohio

89.04%

UnitedHealthcare Community Plan of Ohio

87.99%

Complete

D2.VII.1 Measure Name: Tobacco Use: Screening and Cessation (Ages 12 – 17)

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

Percentage of members ages 12 -17 who were

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

Yes

screened for tobacco use during the last two years and who received cessation counseling intervention if identified as a tobacco user

D2.VII.8 Measure Description

Percentage of members ages 12 -17 who were screened for tobacco use during the last two years and who received cessation counseling intervention if identified as a tobacco user

Measure results

AmeriHealth Caritas of Ohio

13.71%

Anthem Blue Cross and Blue Shield

15.81%

Buckeye Health Plan

12.84%

CareSource Ohio, Inc.

13.29%

Humana Healthy Horizons

14.01%

Molina Healthcare of Ohio

18.15%

UnitedHealthcare Community Plan of Ohio

13.23%

Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department for Substance Use, 7-day Follow-Up, Ages 13-17

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

N/A

Anthem Blue Cross and Blue Shield

18.75%

Buckeye Health Plan

28.00%

CareSource Ohio, Inc.

41.67%

Humana Healthy Horizons

25.00%

Molina Healthcare of Ohio

35.85%

UnitedHealthcare Community Plan of Ohio

34.72%

Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department for Substance Use, 30-day Follow-Up, Ages 13-17

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

N/A

Anthem Blue Cross and Blue Shield

37.50%

Buckeye Health Plan

31.00%

CareSource Ohio, Inc.

53.94%

Humana Healthy Horizons

40.63%

Molina Healthcare of Ohio

47.17%

UnitedHealthcare Community Plan of Ohio

45.83%

Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department for Mental Illness, 7-day Follow-Up, Ages 6-17

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

66.84%

Anthem Blue Cross and Blue Shield

55.84%

Buckeye Health Plan

74.34%

CareSource Ohio, Inc.

79.08%

Humana Healthy Horizons

70.43%

Molina Healthcare of Ohio

73.61%

UnitedHealthcare Community Plan of Ohio

62.64%

Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department for Mental Illness, 30-day Follow-Up, Ages 6-17

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

81.12%

Anthem Blue Cross and Blue Shield

67.51%

Buckeye Health Plan

85.10%

CareSource Ohio, Inc.

87.83%

Humana Healthy Horizons

84.44%

Molina Healthcare of Ohio

85.37%

UnitedHealthcare Community Plan of Ohio

80.81%

Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness, 7 -day Follow-Up, Ages 6-17

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

N/A

Anthem Blue Cross and Blue Shield

N/A

Buckeye Health Plan

56.16%

CareSource Ohio, Inc.

66.03%

Humana Healthy Horizons

N/A

Molina Healthcare of Ohio

51.99%

UnitedHealthcare Community Plan of Ohio

48.57%

Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment, Engagement, Ages 13-17

D2.VII.2 Measure Domain

Behavioral health care

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

0004

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

Program-specific rate

D2.VII.6 Measure Set

State-specific

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

23.81%

Anthem Blue Cross and Blue Shield

20.44%

Buckeye Health Plan

17.92%

CareSource Ohio, Inc.

19.46%

Humana Healthy Horizons

31.34%

Molina Healthcare of Ohio

21.08%

UnitedHealthcare Community Plan of Ohio

15.65%

Complete

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

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

70.11%

Anthem Blue Cross and Blue Shield

68.55%

Buckeye Health Plan

75.92%

CareSource Ohio, Inc.

79.02%

Humana Healthy Horizons

77.78%

Molina Healthcare of Ohio

78.56%

UnitedHealthcare Community Plan of Ohio

78.96%

Complete

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

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

31.87%

Anthem Blue Cross and Blue Shield

32.44%

Buckeye Health Plan

33.38%

CareSource Ohio, Inc.

35.40%

Humana Healthy Horizons

30.07%

Molina Healthcare of Ohio

34.67%

UnitedHealthcare Community Plan of Ohio

36.16%

Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase

D2.VII.2 Measure Domain

Behavioral health care

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

0108

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

50.34%

Anthem Blue Cross and Blue Shield

45.13%

Buckeye Health Plan

45.45%

CareSource Ohio, Inc.

46.76%

Humana Healthy Horizons

38.04%

Molina Healthcare of Ohio

46.58%

UnitedHealthcare Community Plan of Ohio

47.76%

Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase

D2.VII.2 Measure Domain

Behavioral health care

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

0108

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

65.22%

Anthem Blue Cross and Blue Shield

53.28%

Buckeye Health Plan

50.20%

CareSource Ohio, Inc.

56.41%

Humana Healthy Horizons

36.05%

Molina Healthcare of Ohio

52.04%

UnitedHealthcare Community Plan of Ohio

60.04%

Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care – Timeliness of Prenatal Care

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

90.37%

Anthem Blue Cross and Blue Shield

87.83%

Buckeye Health Plan

90.02%

CareSource Ohio, Inc.

88.56%

Humana Healthy Horizons

85.64%

Molina Healthcare of Ohio

85.64%

UnitedHealthcare Community Plan of Ohio

88.32%

D2.VII.1 Measure Name: Prenatal and Postpartum Care – Postpartum Care

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

87.41%

Anthem Blue Cross and Blue Shield

82.73%

Buckeye Health Plan

85.64%

CareSource Ohio, Inc.

79.08%

Humana Healthy Horizons

84.18%

Molina Healthcare of Ohio

79.56%

UnitedHealthcare Community Plan of Ohio

78.83%

Complete

D2.VII.1 Measure Name: Percentage of Live Births Weighing Less Than 2,500 Grams

D2.VII.2 Measure Domain

Maternal and perinatal health

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

"1382 "

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

Program-specific rate

D2.VII.6 Measure Set

CHIPRA

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

Yes

D2.VII.8 Measure Description

CHIPRA

Measure results

AmeriHealth Caritas of Ohio

8.9%

Anthem Blue Cross and Blue Shield

9.6%

Buckeye Health Plan

9.1%

CareSource Ohio, Inc.

9.5%

Humana Healthy Horizons

8.5%

Molina Healthcare of Ohio

9.2%

UnitedHealthcare Community Plan of Ohio

9.7%

Complete

D2.VII.1 Measure Name: Breast Cancer Screening (BCS-E)

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

N/A

Anthem Blue Cross and Blue Shield

N/A

Buckeye Health Plan

58.39%

CareSource Ohio, Inc.

54.19%

Humana Healthy Horizons

N/A

Molina Healthcare of Ohio

49.28%

UnitedHealthcare Community Plan of Ohio

51.94%

Complete

D2.VII.1 Measure Name: Cervical Cancer Screening

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0032

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

43.80%

Anthem Blue Cross and Blue Shield

49.39%

Buckeye Health Plan

64.23%

CareSource Ohio, Inc.

58.15%

Humana Healthy Horizons

39.90%

Molina Healthcare of Ohio

57.66%

UnitedHealthcare Community Plan of Ohio

56.93%

Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women, Total

D2.VII.2 Measure Domain

Primary care access and preventative care

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

0033

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

57.96%

Anthem Blue Cross and Blue Shield

56.43%

Buckeye Health Plan

55.35%

CareSource Ohio, Inc.

56.74%

Humana Healthy Horizons

57.39%

Molina Healthcare of Ohio

53.94%

UnitedHealthcare Community Plan of Ohio

54.49%

Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment, Initiation Ages 18-64

D2.VII.2 Measure Domain

Behavioral health care

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

"0004 "

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

57.22%

Anthem Blue Cross and Blue Shield

53.68%

Buckeye Health Plan

51.93%

CareSource Ohio, Inc.

55.24%

Humana Healthy Horizons

57.61%

Molina Healthcare of Ohio

64.45%

UnitedHealthcare Community Plan of Ohio

56.27%

Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment, Engagement Ages 18-64

D2.VII.2 Measure Domain

Behavioral health care

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

"0004 "

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

36.11%

Anthem Blue Cross and Blue Shield

31.16%

Buckeye Health Plan

29.16%

CareSource Ohio, Inc.

33.08%

Humana Healthy Horizons

35.95%

Molina Healthcare of Ohio

38.21%

UnitedHealthcare Community Plan of Ohio

32.37%

Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness, 7-Day Folllow-up Ages 18-64

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

40.37%

Anthem Blue Cross and Blue Shield

43.92%

Buckeye Health Plan

40.37%

CareSource Ohio, Inc.

45.65%

Humana Healthy Horizons

39.32%

Molina Healthcare of Ohio

45.24%

UnitedHealthcare Community Plan of Ohio

39.00%

Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness, 30-Day Folllow-up Ages 18-64

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

59.04%

Anthem Blue Cross and Blue Shield

63.70%

Buckeye Health Plan

62.78%

CareSource Ohio, Inc.

69.48%

Humana Healthy Horizons

59.87%

Molina Healthcare of Ohio

65.97%

UnitedHealthcare Community Plan of Ohio

61.27%

Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-up Total

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

40.56%

Anthem Blue Cross and Blue Shield

44.11%

Buckeye Health Plan

43.89%

CareSource Ohio, Inc.

51.10%

Humana Healthy Horizons

39.01%

Molina Healthcare of Ohio

46.70%

UnitedHealthcare Community Plan of Ohio

40.00%

Complete

D2.VII.1 Measure Name: Antidepressant Medication Management, Effective Acute Phase Treatment, Ages 18 and older

D2.VII.2 Measure Domain

Behavioral health care

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

0105

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

65.95%

Anthem Blue Cross and Blue Shield

61.74%

Buckeye Health Plan

64.37%

CareSource Ohio, Inc.

58.70%

Humana Healthy Horizons

79.65%

Molina Healthcare of Ohio

62.45%

UnitedHealthcare Community Plan of Ohio

62.10%

Complete

D2.VII.1 Measure Name: Antidepressant Medication Management, Effective Continuation Phase Treatment, Ages 18 and older

D2.VII.2 Measure Domain

Behavioral health care

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

0105

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

53.09%

Anthem Blue Cross and Blue Shield

44.95%

Buckeye Health Plan

47.17%

CareSource Ohio, Inc.

36.46%

Humana Healthy Horizons

67.51%

Molina Healthcare of Ohio

44.89%

UnitedHealthcare Community Plan of Ohio

44.63%

Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department for Mental Illness, 7-day Follow-up Ages 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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

37.54%

Anthem Blue Cross and Blue Shield

38.15%

Buckeye Health Plan

39.27%

CareSource Ohio, Inc.

47.07%

Humana Healthy Horizons

35.36%

Molina Healthcare of Ohio

40.90%

UnitedHealthcare Community Plan of Ohio

38.42%

Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department for Mental Illness, 30-day Follow-up Ages 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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

54.43%

Anthem Blue Cross and Blue Shield

53.87%

Buckeye Health Plan

54.54%

CareSource Ohio, Inc.

61.40%

Humana Healthy Horizons

53.04%

Molina Healthcare of Ohio

56.08%

UnitedHealthcare Community Plan of Ohio

53.67%

Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Substance Use, 7-day Follow-up Ages 18 and older

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

26.87%

Anthem Blue Cross and Blue Shield

27.44%

Buckeye Health Plan

27.03%

CareSource Ohio, Inc.

38.24%

Humana Healthy Horizons

26.16%

Molina Healthcare of Ohio

37.10%

UnitedHealthcare Community Plan of Ohio

29.11%

Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Substance Use, 30-day Follow-up Ages 18 and older

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

37.33%

Anthem Blue Cross and Blue Shield

39.59%

Buckeye Health Plan

39.51%

CareSource Ohio, Inc.

52.69%

Humana Healthy Horizons

37.64%

Molina Healthcare of Ohio

50.20%

UnitedHealthcare Community Plan of Ohio

41.28%

Complete

D2.VII.1 Measure Name: Use of Opioids at High Dosage, Age 18 and older

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

0.77%

Anthem Blue Cross and Blue Shield

1.18%

Buckeye Health Plan

1.16%

CareSource Ohio, Inc.

1.90%

Humana Healthy Horizons

0.66%

Molina Healthcare of Ohio

2.16%

UnitedHealthcare Community Plan of Ohio

1.24%

Complete

D2.VII.1 Measure Name: Use of Opioids From Multiple Providers-Multiple Providers, Multiple Pharmacies, Multiple Prescribers and Multiple Pharmacies *Multiple Prescribers

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

32.18%

Anthem Blue Cross and Blue Shield

28.30%

Buckeye Health Plan

28.47%

CareSource Ohio, Inc.

25.85%

Humana Healthy Horizons

30.47%

Molina Healthcare of Ohio

28.29%

UnitedHealthcare Community Plan of Ohio

25.21%

Complete

D2.VII.1 Measure Name: Use of Opioids From Multiple Providers-Multiple Providers, Multiple Pharmacies, Multiple Prescribers and Multiple Pharmacies *Multiple Pharmacies

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

5.92%

Anthem Blue Cross and Blue Shield

5.43%

Buckeye Health Plan

4.54%

CareSource Ohio, Inc.

4.31%

Humana Healthy Horizons

5.38%

Molina Healthcare of Ohio

6.58%

UnitedHealthcare Community Plan of Ohio

3.99%

Complete

D2.VII.1 Measure Name: Use of Opioids From Multiple Providers-Multiple Providers, Multiple Pharmacies, Multiple Prescribers and Multiple Pharmacies *Multiple Prescribers & Multiple Pharmacies

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

4.69%

Anthem Blue Cross and Blue Shield

3.70%

Buckeye Health Plan

3.29%

CareSource Ohio, Inc.

2.93%

Humana Healthy Horizons

4.22%

Molina Healthcare of Ohio

4.90%

UnitedHealthcare Community Plan of Ohio

2.79%

Complete

D2.VII.1 Measure Name: Risk of Continued Opioid Use-Covered 15 Or MoreDays *Total

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

5.31%

Anthem Blue Cross and Blue Shield

5.47%

Buckeye Health Plan

5.06%

CareSource Ohio, Inc.

5.39%

Humana Healthy Horizons

6.72%

Molina Healthcare of Ohio

6.13%

UnitedHealthcare Community Plan of Ohio

5.93%

Complete

D2.VII.1 Measure Name: Risk of Continued Opioid Use-Covered 30 Or MoreDays *Total

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

3.22%

Anthem Blue Cross and Blue Shield

3.19%

Buckeye Health Plan

2.82%

CareSource Ohio, Inc.

3.25%

Humana Healthy Horizons

4.02%

Molina Healthcare of Ohio

3.44%

UnitedHealthcare Community Plan of Ohio

3.43%

Complete

D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients With Diabetes – HbA1c Control (<8.0%)

55 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0575

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

49.39%

Anthem Blue Cross and Blue Shield

60.58%

Buckeye Health Plan

62.04%

CareSource Ohio, Inc.

56.20%

Humana Healthy Horizons

63.75%

Molina Healthcare of Ohio

52.93%

UnitedHealthcare Community Plan of Ohio

54.26%

Complete

D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (>9.0%)

56 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0059

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

44.04%

Anthem Blue Cross and Blue Shield

29.20%

Buckeye Health Plan

29.20%

CareSource Ohio, Inc.

34.55%

Humana Healthy Horizons

30.66%

Molina Healthcare of Ohio

37.56%

UnitedHealthcare Community Plan of Ohio

38.44%

Complete

D2.VII.1 Measure Name: Eye Exam for Patients with Diabetes

57 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0055

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

38.20%

Anthem Blue Cross and Blue Shield

44.28%

Buckeye Health Plan

59.61%

CareSource Ohio, Inc.

54.74%

Humana Healthy Horizons

37.96%

Molina Healthcare of Ohio

54.88%

UnitedHealthcare Community Plan of Ohio

53.53%

Complete

D2.VII.1 Measure Name: Blood Pressure Control for Patients with Diabetes

58 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0061

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

64.48%

Anthem Blue Cross and Blue Shield

73.97%

Buckeye Health Plan

73.97%

CareSource Ohio, Inc.

75.18%

Humana Healthy Horizons

69.10%

Molina Healthcare of Ohio

64.15%

UnitedHealthcare Community Plan of Ohio

74.21%

Complete

D2.VII.1 Measure Name: Kidney Health Evaluation for Patients with Diabetes, Total

59 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

36.87%

Anthem Blue Cross and Blue Shield

37.81%

Buckeye Health Plan

42.38%

CareSource Ohio, Inc.

37.33%

Humana Healthy Horizons

37.24%

Molina Healthcare of Ohio

36.21%

UnitedHealthcare Community Plan of Ohio

37.30%

Complete

D2.VII.1 Measure Name: Statin Therapy for Patients With Diabetes, Received Statin Therapy

60 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

67.12%

Anthem Blue Cross and Blue Shield

65.43%

Buckeye Health Plan

69.20%

CareSource Ohio, Inc.

66.76%

Humana Healthy Horizons

61.37%

Molina Healthcare of Ohio

67.77%

UnitedHealthcare Community Plan of Ohio

67.35%

Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure

61 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0018

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

48.14%

Anthem Blue Cross and Blue Shield

63.50%

Buckeye Health Plan

70.32%

CareSource Ohio, Inc.

67.40%

Humana Healthy Horizons

65.45%

Molina Healthcare of Ohio

67.40%

UnitedHealthcare Community Plan of Ohio

69.83%

Complete

D2.VII.1 Measure Name: Statin Therapy for Patients With Cardiovascular Disease, Received Statin Therapy

62 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

83.14%

Anthem Blue Cross and Blue Shield

81.61%

Buckeye Health Plan

85.43%

CareSource Ohio, Inc.

82.53%

Humana Healthy Horizons

82.80%

Molina Healthcare of Ohio

83.32%

UnitedHealthcare Community Plan of Ohio

84.64%

Complete

D2.VII.1 Measure Name: Cardiac Rehabilitation – Initiation, Total

63 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

4.87%

Anthem Blue Cross and Blue Shield

5.62%

Buckeye Health Plan

6.21%

CareSource Ohio, Inc.

4.65%

Humana Healthy Horizons

7.05%

Molina Healthcare of Ohio

2.86%

UnitedHealthcare Community Plan of Ohio

6.44%

Complete

D2.VII.1 Measure Name: Cardiac Rehabilitation – Engagement 1, Total 64 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

10.18%

Anthem Blue Cross and Blue Shield

6.85%

Buckeye Health Plan

7.24%

CareSource Ohio, Inc.

6.37%

Humana Healthy Horizons

9.69%

Molina Healthcare of Ohio

0.41%

UnitedHealthcare Community Plan of Ohio

6.80%

Complete

D2.VII.1 Measure Name: Cardiac Rehabilitation – Engagement 2, Total 65 / 98

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

10.18%

Anthem Blue Cross and Blue Shield

7.09%

Buckeye Health Plan

5.00%

CareSource Ohio, Inc.

5.67%

Humana Healthy Horizons

9.25%

Molina Healthcare of Ohio

1.22%

UnitedHealthcare Community Plan of Ohio

5.19%

Complete

D2.VII.1 Measure Name: Cardiac Rehabilitation – Achievement, Total

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

4.87%

Anthem Blue Cross and Blue Shield

2.44%

Buckeye Health Plan

1.55%

CareSource Ohio, Inc.

1.77%

Humana Healthy Horizons

5.29%

Molina Healthcare of Ohio

0.41%

UnitedHealthcare Community Plan of Ohio

1.97%

Complete

D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation - Dispensed Systemic Corticosteroid Within 14 calendar days

67 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

2856

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

Program-specific rate

D2.VII.6 Measure Set

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

HEDIS Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

71.72%

Anthem Blue Cross and Blue Shield

79.22%

Buckeye Health Plan

75.86%

CareSource Ohio, Inc.

78.20%

Humana Healthy Horizons

73.50%

Molina Healthcare of Ohio

75.52%

UnitedHealthcare Community Plan of Ohio

75.12%

Complete

D2.VII.1 Measure Name: Pharmacotherapy Management of COPD Exacerbation - Dispensed a Systemic Bronchodilator within 30 calendar days

68 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

2856

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

86.87%

Anthem Blue Cross and Blue Shield

86.22%

Buckeye Health Plan

87.97%

CareSource Ohio, Inc.

87.76%

Humana Healthy Horizons

81.99%

Molina Healthcare of Ohio

85.60%

UnitedHealthcare Community Plan of Ohio

83.42%

Complete

D2.VII.1 Measure Name: Adults' Access to Preventive/Ambulatory Health Services – Total

D2.VII.2 Measure Domain

Primary care access and preventative care

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

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

N/A

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

66.67%

Anthem Blue Cross and Blue Shield

73.14%

Buckeye Health Plan

79.91%

CareSource Ohio, Inc.

83.69%

Humana Healthy Horizons

67.11%

Molina Healthcare of Ohio

78.30%

UnitedHealthcare Community Plan of Ohio

78.56%

Complete

D2.VII.1 Measure Name: Tobacco Use: Screening and Cessation, Ages 18 and Older

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

AMA-PCPI

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

Yes

D2.VII.8 Measure Description

Percentage of members aged 18 years and older who were screened for tobacco use during the last two years and who received cessation counseling intervention if identified as a tobacco user

Measure results

AmeriHealth Caritas of Ohio

31.09%

Anthem Blue Cross and Blue Shield

24.53%

Buckeye Health Plan

40.95%

CareSource Ohio, Inc.

43.54%

Humana Healthy Horizons

31.21%

Molina Healthcare of Ohio

47.61%

UnitedHealthcare Community Plan of Ohio

45.53%

Complete

D2.VII.1 Measure Name: Adult Rating of Health Plan (CAHPS Health Plan Survey)

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

0006

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS CAHPS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

74.00%

Anthem Blue Cross and Blue Shield

75.28%

Buckeye Health Plan

77.78%

CareSource Ohio, Inc.

78.77%

Humana Healthy Horizons

77.70%

Molina Healthcare of Ohio

80.10%

UnitedHealthcare Community Plan of Ohio

78.09%

Complete

D2.VII.1 Measure Name: Adult Customer Service Composite (CAHPS Health Plan Survey)

D2.VII.2 Measure Domain

Health plan enrollee experience of care

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

0006

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS CAHPS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

90.19%

Anthem Blue Cross and Blue Shield

87.36%

Buckeye Health Plan

91.03%

CareSource Ohio, Inc.

88.89%

Humana Healthy Horizons

91.99%

Molina Healthcare of Ohio

88.15%

UnitedHealthcare Community Plan of Ohio

95.81%

Complete

D2.VII.1 Measure Name: Antibiotic Utilization for Respiratory Conditions

D2.VII.2 Measure Domain

Utilization

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

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

27.35%

Anthem Blue Cross and Blue Shield

30.62%

Buckeye Health Plan

31.00%

CareSource Ohio, Inc.

31.68%

Humana Healthy Horizons

25.04%

Molina Healthcare of Ohio

31.59%

UnitedHealthcare Community Plan of Ohio

31.40%

Complete

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

D2.VII.2 Measure Domain

Utilization

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

0058

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

Program-specific rate

D2.VII.6 Measure Set

HEDIS

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

38.75%

Anthem Blue Cross and Blue Shield

41.54%

Buckeye Health Plan

37.20%

CareSource Ohio, Inc.

33.86%

Humana Healthy Horizons

47.33%

Molina Healthcare of Ohio

32.83%

UnitedHealthcare Community Plan of Ohio

35.99%

Complete

D2.VII.1 Measure Name: Infant Well-Care Visit with a Primary Care Provider

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

ODM Comprehensive Maternal Care program measure

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

Yes

D2.VII.8 Measure Description

Infant members who had at least two well-care visits after initial discharge and during the 90 days after birth.

Measure results

AmeriHealth Caritas of Ohio

79.7%

Anthem Blue Cross and Blue Shield

82.7%

Buckeye Health Plan

83.7%

CareSource Ohio, Inc.

82.6%

Humana Healthy Horizons

80.9%

Molina Healthcare of Ohio

79.6%

UnitedHealthcare Community Plan of Ohio

79.9%

Complete

D2.VII.1 Measure Name: Preterm Births

D2.VII.2 Measure Domain

Maternal and perinatal health

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

ODM

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

Yes

D2.VII.8 Measure Description

The percentage of live births that were delivered before 37 weeks of gestation during the measurement year. All preterm and very preterm births are included.

Measure results

AmeriHealth Caritas of Ohio

9.67%

Anthem Blue Cross and Blue Shield

11.47%

Buckeye Health Plan

11.02%

CareSource Ohio, Inc.

11.10%

Humana Healthy Horizons

9.67%

Molina Healthcare of Ohio

10.93%

UnitedHealthcare Community Plan of Ohio

11.21%

Complete

D2.VII.1 Measure Name: Primary Care Visits for Mother

77 / 98

D2.VII.2 Measure Domain

Maternal and perinatal health

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

ODM

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

Yes

D2.VII.8 Measure Description

The percentage of women with live births who have a primary care visit with a primary care provider between four and twelve weeks after birth.

Measure results

AmeriHealth Caritas of Ohio

34.2%

Anthem Blue Cross and Blue Shield

36.6%

Buckeye Health Plan

40.3%

CareSource Ohio, Inc.

43.2%

Humana Healthy Horizons

34.8%

Molina Healthcare of Ohio

39.1%

UnitedHealthcare Community Plan of Ohio

38.5%

Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life - Children who turn 1 during the measurement year

78 / 98

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

AmeriHealth Caritas of Ohio

42.23%

Anthem Blue Cross and Blue Shield

30.66%

Buckeye Health Plan

31.90%

CareSource Ohio, Inc.

37.14%

Humana Healthy Horizons

33.05%

Molina Healthcare of Ohio

39.64%

UnitedHealthcare Community Plan of Ohio

33.74%

Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life - Children who turn 2 during the measurement year

79 / 98

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

AmeriHealth Caritas of Ohio

45.21%

Anthem Blue Cross and Blue Shield

43.42%

Buckeye Health Plan

40.17%

CareSource Ohio, Inc.

44.17%

Humana Healthy Horizons

38.53%

Molina Healthcare of Ohio

47.98%

UnitedHealthcare Community Plan of Ohio

39.96%

Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life - Children who turn 3 during the measurement year

80 / 98

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

AmeriHealth Caritas of Ohio

33.28%

Anthem Blue Cross and Blue Shield

35.23%

Buckeye Health Plan

35.38%

CareSource Ohio, Inc.

40.93%

Humana Healthy Horizons

26.36%

Molina Healthcare of Ohio

40.63%

UnitedHealthcare Community Plan of Ohio

35.12%

Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life - Children who turn 1, 2, or 3 during the measurement year

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

AmeriHealth Caritas of Ohio

41.68%

Anthem Blue Cross and Blue Shield

36.37%

Buckeye Health Plan

35.73%

CareSource Ohio, Inc.

40.68%

Humana Healthy Horizons

33.78%

Molina Healthcare of Ohio

42.56%

UnitedHealthcare Community Plan of Ohio

36.24%

Complete

D2.VII.1 Measure Name: Sealant Receipt on Permanent First Molars

82 / 98

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

AmeriHealth Caritas of Ohio

13.61%

Anthem Blue Cross and Blue Shield

13.50%

Buckeye Health Plan

29.09%

CareSource Ohio, Inc.

33.53%

Humana Healthy Horizons

2.82%

Molina Healthcare of Ohio

33.70%

UnitedHealthcare Community Plan of Ohio

31.94%

Complete

D2.VII.1 Measure Name: Contraceptive Care - Postpartum Women, Ages 15-20, Most or Moderately Effective Contraceptive Method within 3 Days

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

AmeriHealth Caritas of Ohio

11.46%

Anthem Blue Cross and Blue Shield

9.81%

Buckeye Health Plan

14.71%

CareSource Ohio, Inc.

11.19%

Humana Healthy Horizons

6.49%

Molina Healthcare of Ohio

15.05%

UnitedHealthcare Community Plan of Ohio

10.53%

Complete

D2.VII.1 Measure Name: Contraceptive Care - Postpartum Women, Ages 15-20, Most or Moderately Effective Contraceptive Method within 90 Days

84 / 98

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

AmeriHealth Caritas of Ohio

45.45%

Anthem Blue Cross and Blue Shield

49.06%

Buckeye Health Plan

56.32%

CareSource Ohio, Inc.

55.31%

Humana Healthy Horizons

41.56%

Molina Healthcare of Ohio

56.86%

UnitedHealthcare Community Plan of Ohio

53.87%

Complete

D2.VII.1 Measure Name: Contraceptive Care - Postpartum Women, Ages 15-20, LARC Contraceptive Method within 3 Days

85 / 98

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

AmeriHealth Caritas of Ohio

6.72%

Anthem Blue Cross and Blue Shield

6.04%

Buckeye Health Plan

9.89%

CareSource Ohio, Inc.

6.98%

Humana Healthy Horizons

4.55%

Molina Healthcare of Ohio

8.70%

UnitedHealthcare Community Plan of Ohio

7.69%

Complete

D2.VII.1 Measure Name: Contraceptive Care - Postpartum Women, Ages 15-20, LARC Contraceptive Method within 90 Days

86 / 98

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

AmeriHealth Caritas of Ohio

17.00%

Anthem Blue Cross and Blue Shield

16.23%

Buckeye Health Plan

22.07%

CareSource Ohio, Inc.

18.57%

Humana Healthy Horizons

15.26%

Molina Healthcare of Ohio

22.41%

UnitedHealthcare Community Plan of Ohio

21.67%

Complete

D2.VII.1 Measure Name: Contraceptive Care - Postpartum Women, Ages 21-44, Most or Moderately Effective Contraceptive Method within 3 Days

87 / 98

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

AmeriHealth Caritas of Ohio

11.93%

Anthem Blue Cross and Blue Shield

13.28%

Buckeye Health Plan

16.27%

CareSource Ohio, Inc.

15.79%

Humana Healthy Horizons

12.29%

Molina Healthcare of Ohio

17.17%

UnitedHealthcare Community Plan of Ohio

15.82%

Complete

D2.VII.1 Measure Name: Contraceptive Care - Postpartum Women, Ages 21-44, Most or Moderately Effective Contraceptive Method within 90 Days

88 / 98

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

AmeriHealth Caritas of Ohio

40.91%

Anthem Blue Cross and Blue Shield

44.08%

Buckeye Health Plan

48.14%

CareSource Ohio, Inc.

47.59%

Humana Healthy Horizons

41.10%

Molina Healthcare of Ohio

49.98%

UnitedHealthcare Community Plan of Ohio

46.01%

Complete

D2.VII.1 Measure Name: Contraceptive Care - Postpartum Women, Ages 21-44, LARC Contraceptive Method within 3 Days

89 / 98

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

AmeriHealth Caritas of Ohio

4.49%

Anthem Blue Cross and Blue Shield

3.58%

Buckeye Health Plan

4.89%

CareSource Ohio, Inc.

4.79%

Humana Healthy Horizons

4.82%

Molina Healthcare of Ohio

5.19%

UnitedHealthcare Community Plan of Ohio

4.43%

Complete

D2.VII.1 Measure Name: Contraceptive Care - Postpartum Women, Ages 21-44, LARC Contraceptive Method within 90 Days

90 / 98

D2.VII.2 Measure Domain

Maternal and perinatal health

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

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

2902

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

AmeriHealth Caritas of Ohio

14.23%

Anthem Blue Cross and Blue Shield

12.27%

Buckeye Health Plan

15.41%

CareSource Ohio, Inc.

14.50%

Humana Healthy Horizons

14.37%

Molina Healthcare of Ohio

16.37%

UnitedHealthcare Community Plan of Ohio

13.40%

Complete

D2.VII.1 Measure Name: Contraceptive Care - All Women, Ages 15-20, Most or Moderately Effective Contraceptive Method

D2.VII.2 Measure Domain

Maternal and perinatal health

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

2903

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

AmeriHealth Caritas of Ohio

20.91%

Anthem Blue Cross and Blue Shield

26.59%

Buckeye Health Plan

27.32%

CareSource Ohio, Inc.

28.94%

Humana Healthy Horizons

22.03%

Molina Healthcare of Ohio

27.89%

UnitedHealthcare Community Plan of Ohio

27.52%

Complete

D2.VII.1 Measure Name: Contraceptive Care - All Women, Ages 15-20, LARC

D2.VII.2 Measure Domain

Maternal and perinatal health

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

2904

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

AmeriHealth Caritas of Ohio

3.08%

Anthem Blue Cross and Blue Shield

3.03%

Buckeye Health Plan

3.48%

CareSource Ohio, Inc.

3.89%

Humana Healthy Horizons

3.30%

Molina Healthcare of Ohio

3.92%

UnitedHealthcare Community Plan of Ohio

3.56%

Complete

D2.VII.1 Measure Name: Contraceptive Care - All Women, Ages 21-44, Most or Moderately Effective Contraceptive Method

D2.VII.2 Measure Domain

Maternal and perinatal health

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

2903

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

AmeriHealth Caritas of Ohio

21.69%

Anthem Blue Cross and Blue Shield

21.61%

Buckeye Health Plan

22.51%

CareSource Ohio, Inc.

23.88%

Humana Healthy Horizons

22.09%

Molina Healthcare of Ohio

22.36%

UnitedHealthcare Community Plan of Ohio

22.16%

Complete

D2.VII.1 Measure Name: Contraceptive Care - All Women, Ages 21-44, LARC

D2.VII.2 Measure Domain

Maternal and perinatal health

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

2904

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

AmeriHealth Caritas of Ohio

4.51%

Anthem Blue Cross and Blue Shield

3.70%

Buckeye Health Plan

3.97%

CareSource Ohio, Inc.

4.08%

Humana Healthy Horizons

4.64%

Molina Healthcare of Ohio

4.08%

UnitedHealthcare Community Plan of Ohio

3.74%

Complete

D2.VII.1 Measure Name: PQI-01 Diabetes Short-Term Complications Admission Rate (18+)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0272

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

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

15.10%

Anthem Blue Cross and Blue Shield

14.67%

Buckeye Health Plan

17.34%

CareSource Ohio, Inc.

16.18%

Humana Healthy Horizons

16.95%

Molina Healthcare of Ohio

16.18%

UnitedHealthcare Community Plan of Ohio

16.69%

Complete

D2.VII.1 Measure Name: PQI-05 COPD or Asthma Admission Rate (40+) 96 / 98

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0275

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

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

22.80%

Anthem Blue Cross and Blue Shield

27.94%

Buckeye Health Plan

37.58%

CareSource Ohio, Inc.

34.79%

Humana Healthy Horizons

20.47%

Molina Healthcare of Ohio

38.59%

UnitedHealthcare Community Plan of Ohio

30.92%

Complete

D2.VII.1 Measure Name: PQI-08 Heart Failure Admission Rate (18+)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0277

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

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

23.64%

Anthem Blue Cross and Blue Shield

17.92%

Buckeye Health Plan

25.74%

CareSource Ohio, Inc.

22.25%

Humana Healthy Horizons

19.09%

Molina Healthcare of Ohio

25.47%

UnitedHealthcare Community Plan of Ohio

23.39%

Complete

D2.VII.1 Measure Name: PQI-15 Asthma in Younger Adults Admission Rate (18-39)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

0283

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

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

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

Yes

D2.VII.8 Measure Description

N/A

Measure results

AmeriHealth Caritas of Ohio

2.30%

Anthem Blue Cross and Blue Shield

2.11%

Buckeye Health Plan

3.34%

CareSource Ohio, Inc.

3.75%

Humana Healthy Horizons

2.53%

Molina Healthcare of Ohio

2.29%

UnitedHealthcare Community Plan of Ohio

1.76%

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. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

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.

Sanction total count: 79

Complete

D3.VIII.1 Intervention type: Fine

1 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Molina Healthcare of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

$6,000

D3.VIII.7 Date assessed

08/20/2024

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

Yes, remediated 03/03/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

2 / 79

D3.VIII.2 Plan performance issue

Other, dental service standards

D3.VIII.3 Plan name

Molina Healthcare of Ohio

D3.VIII.4 Reason for intervention

Failure to meet dental and orthodontic service standards

Sanction details

D3.VIII.5 Instances of non-compliance

18

D3.VIII.6 Sanction amount

$270,000

D3.VIII.7 Date assessed

01/03/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

3 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Ohio

D3.VIII.4 Reason for intervention

Failure to meet network closure notifications

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$2,750

D3.VIII.7 Date assessed

02/28/2025

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

Yes, remediated 03/17/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

4 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Molina Healthcare of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

$2,000

D3.VIII.7 Date assessed

03/27/2025

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

Yes, remediated 04/23/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

5 / 79

D3.VIII.2 Plan performance issue

Other, prompt pay standards

D3.VIII.3 Plan name

Molina Healthcare of Ohio

D3.VIII.4 Reason for intervention

Failure to meet prompt pay standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$48,339.31

D3.VIII.7 Date assessed

05/13/2025

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

Yes, remediated 06/13/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

6 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Molina Healthcare of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

$3,000

D3.VIII.7 Date assessed

05/30/2025

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

Yes, remediated 06/03/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

7 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Molina Healthcare of Ohio

D3.VIII.4 Reason for intervention

Failure to meet 2023 HEDIS measures

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$360,244.56

D3.VIII.7 Date assessed

06/26/2025

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

Yes, remediated 07/30/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

8 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

$2,000

D3.VIII.7 Date assessed

08/16/2024

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

Yes, remediated 12/24/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

9 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

20

D3.VIII.6 Sanction amount

$20,000

D3.VIII.7 Date assessed

12/13/2024

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

Yes, remediated 04/10/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

10 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet network closure notifications

Sanction details

D3.VIII.5 Instances of non-compliance
1

D3.VIII.6 Sanction amount
$7,500

D3.VIII.7 Date assessed
01/15/2025

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 03/24/2025

D3.VIII.9 Corrective action plan
Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

11 / 79

D3.VIII.2 Plan performance issue
Other, dental service standards

D3.VIII.3 Plan name
AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet dental and orthodontic service standards.

Sanction details

D3.VIII.5 Instances of non-compliance
18

D3.VIII.6 Sanction amount
$270,000

D3.VIII.7 Date assessed
01/02/2025

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

D3.VIII.9 Corrective action plan
Yes

Complete

D3.VIII.1 Intervention type: Fine

12 / 79

D3.VIII.2 Plan performance issue
Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name
AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet 2023 HEDIS measures

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

$646,172.03

D3.VIII.7 Date assessed

06/26/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

13 / 79

D3.VIII.2 Plan performance issue

Other, provider complaint timeliness

D3.VIII.3 Plan name

AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider complaint timeliness standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$600

D3.VIII.7 Date assessed

03/19/2025

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

Yes, remediated 04/21/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

14 / 79

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Network adequacy AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

25

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

04/08/2025

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

Yes, remediated 07/22/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

15 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

20

D3.VIII.6 Sanction amount

$20,000

D3.VIII.7 Date assessed

05/30/2025

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

Yes, remediated 09/15/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

16 / 79

D3.VIII.2 Plan performance issue

Other, deliverable incident notification requirements

D3.VIII.3 Plan name

AmeriHealth Caritas of Ohio

D3.VIII.4 Reason for intervention

Failure to meet IMS and deliverable timely submission requirements

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

$1,700

D3.VIII.7 Date assessed

06/04/2025

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

Yes, remediated 07/07/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

17 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

$3,000

D3.VIII.7 Date assessed

08/13/2024

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

Yes, remediated 01/14/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

18 / 79

D3.VIII.2 Plan performance issue

Other: Information Systems, Claims, Data

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet FDR submission timeframes

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

10/21/2024

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: Fine

19 / 79

D3.VIII.2 Plan performance issue

Other: Information Systems, Claims, Data

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet FDR submission timeframes

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

12/22/2024

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: Fine

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet key staffing requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$15,000

D3.VIII.7 Date assessed

12/26/2024

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: Fine

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

8

D3.VIII.6 Sanction amount

$8,000

D3.VIII.7 Date assessed

12/12/2024

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

Yes, remediated 04/10/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet access related grievance requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$10,000

D3.VIII.7 Date assessed

12/19/2024

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

Yes, remediated 03/20/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet provider-initiated hospital unit closure

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

$35,750

1

D3.VIII.7 Date assessed

01/15/2025

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

Yes, remediated 03/20/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine and Dental Financial Sanctions

24 / 79

D3.VIII.2 Plan performance issue

Other: Dental Service standards

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet dental and orthodontic service standards

Sanction details

D3.VIII.5 Instances of non-compliance

12

D3.VIII.6 Sanction amount

$360,000

D3.VIII.7 Date assessed

01/02/2025

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

Yes, remediated 10/01/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

25 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet 2023 HEDIS measures

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$1,148,548.60

D3.VIII.7 Date assessed

06/11/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

26 / 79

D3.VIII.2 Plan performance issue

Other: Prompt pay standards

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet prompt pay standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

06/02/2025

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

Yes, remediated 10/20/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

27 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

20

D3.VIII.6 Sanction amount

$20,000

D3.VIII.7 Date assessed

05/30/2025

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

Yes, remediated 08/08/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

28 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

Failure to submit grievance files according to ODM specs/requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/30/2025

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: Fine

29 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

$1,000

D3.VIII.7 Date assessed

08/21/2024

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

Yes, remediated 09/20/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

30 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

$1,000

D3.VIII.7 Date assessed

11/15/2024

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

Yes, remediated 12/12/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

31 / 79

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to meet dental and orthodontic service standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

01/03/2025

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: Fine

32 / 79

D3.VIII.2 Plan performance issue

Other: Information Systems, Claims, Data

D3.VIII.3 Plan name

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to comply with FDR agreement provisions for vendor transition and failure to meet encounter timeliness standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$15,000

D3.VIII.7 Date assessed

02/21/2025

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: Fine

33 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

$4,000

D3.VIII.7 Date assessed

03/27/2025

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

Yes, remediated 07/03/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

34 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

$8,000

D3.VIII.7 Date assessed

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

05/30/2025

Yes, remediated 08/12/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

35 / 79

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to follow Incident Management System (IMS) and Care Coordination Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$50,000

D3.VIII.7 Date assessed

06/06/2025

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

Yes, remediated 07/11/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

36 / 79

D3.VIII.2 Plan performance issue

Other: HIPAA Violation

D3.VIII.3 Plan name

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to follow Portability and accountability Act (HIPAA)

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$4,000

D3.VIII.7 Date assessed

06/20/2025

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: Fine

37 / 79

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Buckeye Health Plan

D3.VIII.4 Reason for intervention

Failure to respond to deliverables/requests timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$100

D3.VIII.7 Date assessed

06/01/2025

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: Fine

38 / 79

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make

D3.VIII.3 Plan name

Buckeye Health Plan

progress on performance improvement projects)

D3.VIII.4 Reason for intervention

Failure to meet dental and orthodontic service standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$300,000

D3.VIII.7 Date assessed

06/23/2025

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

Yes, remediated 08/08/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

39 / 79

D3.VIII.2 Plan performance issue

Timely access

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet appeal timely resolution requirements - March 2024 Expedited Appeals

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$10,000

D3.VIII.7 Date assessed

08/16/2024

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

Yes, remediated 09/17/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to submit a request for deconfliction to fraud referral system

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/21/2024

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

Yes, remediated 10/02/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Timely access

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet appeal timely resolution requirements - June 2024 Expedited Appeals

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$10,000

D3.VIII.7 Date assessed

09/09/2024

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

Yes, remediated 10/10/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

42 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to submit data and audit information requests timely - September 2024 Late Submissions

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

$3,200

D3.VIII.7 Date assessed

10/03/2024

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

Yes, remediated 11/04/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

43 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet staffing requirements and obtain key staff approval

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$10,000

D3.VIII.7 Date assessed

10/21/2024

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

Yes, remediated 12/04/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to submit data and audit information requests timely - Oct Nov 2024 Late Submissions

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

$700

D3.VIII.7 Date assessed

12/09/2024

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

Yes, remediated 01/09/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Other, dental service standards

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet dental and orthodontic service standards

Sanction details

D3.VIII.5 Instances of non-compliance

28

D3.VIII.6 Sanction amount

$820,000

D3.VIII.7 Date assessed

01/03/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet network closure notifications

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$35,750

D3.VIII.7 Date assessed

01/14/2025

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

Yes, remediated 02/14/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to provide notification of a provider-initiated hospital termination within required timeframes

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

03/03/2025

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

Yes, remediated 06/17/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

48 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to submit data and audit information requests timely - January 2025 Late Submissions

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

$3,500

D3.VIII.7 Date assessed

03/03/2025

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

Yes, remediated 04/03/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

49 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet access grievance timely resolution requirements - Oct&Nov 2024

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$20,000

D3.VIII.7 Date assessed

03/14/2025

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

Yes, remediated 04/15/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Compliance letter

50 / 79

D3.VIII.2 Plan performance issue

Other, provider network access

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements - Q1 2025

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

03/27/2025

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

Yes, remediated 03/27/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to comply with timeframes for at least 98% of expedited service authorization requests - December 2024

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$10,000

D3.VIII.7 Date assessed

05/06/2025

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

Yes, remediated 06/06/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Timely access

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet access grievance timely resolution requirements - December 2024

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$10,000

D3.VIII.7 Date assessed

05/12/2025

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

Yes, remediated 06/12/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

53 / 79

D3.VIII.2 Plan performance issue

Timely access

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet access grievance timely resolution requirements - January 2025

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$10,000

D3.VIII.7 Date assessed

05/16/2025

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

Yes, remediated 10/27/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

54 / 79

D3.VIII.2 Plan performance issue

Timely access

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to submit a deliverable or respond to ODM's request within the required timeframe - April 2025

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

$1,900

D3.VIII.7 Date assessed

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

05/21/2025

Yes, remediated 06/24/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

55 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements - Q2 2025

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$1,000

D3.VIII.7 Date assessed

05/30/2025

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

Yes, remediated 07/01/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

56 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to reconcile provider data

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

06/03/2025

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

Yes, remediated 11/18/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

57 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

CareSource Ohio, Inc.

D3.VIII.4 Reason for intervention

Failure to meet quality measure minimum performance standards HEDIS MY2023

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

$4,586,472.69

D3.VIII.7 Date assessed

06/26/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

58 / 79

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet EDI data requirements.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/20/2024

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

Yes, remediated 08/28/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

59 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements.

Sanction details

D3.VIII.5 Instances of non-compliance

11

D3.VIII.6 Sanction amount

$11,000

D3.VIII.7 Date assessed

08/22/2024

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

Yes, remediated 09/26/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

60 / 79

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Humana Healthy Horizons

Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

Failure to meet the requirements in loading rates timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

09/10/2024

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

Yes, remediated 09/27/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Other (fine, corrective action plan)

61 / 79

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet EDI 835 data compliance requirements.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

10/25/2024

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

Yes, remediated 08/28/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

62 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

21

D3.VIII.6 Sanction amount

$21,000

D3.VIII.7 Date assessed

12/21/2024

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

Yes, remediated 03/14/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

63 / 79

D3.VIII.2 Plan performance issue

Other, dental service standards

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet dental and orthodontic service standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$360,000

D3.VIII.7 Date assessed

01/03/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

64 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements.

Sanction details

D3.VIII.5 Instances of non-compliance

25

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

03/27/2025

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

Yes, remediated 05/05/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

65 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet CPSE reporting requirements.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/04/2025

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

Yes, remediated 09/03/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

66 / 79

D3.VIII.2 Plan performance issue

Other (late deliverables)

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to submit a deliverable or respond to ODM's request.

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

$1,100

D3.VIII.7 Date assessed

05/29/2025

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

Yes, remediated 07/09/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

67 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements.

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

22

$22,000

D3.VIII.7 Date assessed

05/30/2025

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

Yes, remediated 07/07/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

68 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet MY2023 HEDIS Results

Sanction details

D3.VIII.5 Instances of non-compliance

8

D3.VIII.6 Sanction amount

$787,858.80

D3.VIII.7 Date assessed

06/26/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

69 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

19

D3.VIII.6 Sanction amount

$19,000

D3.VIII.7 Date assessed

08/21/2024

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

Yes, remediated 09/11/2024

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

70 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

17

D3.VIII.6 Sanction amount

$17,000

D3.VIII.7 Date assessed

12/17/2024

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

Yes, remediated 04/18/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

71 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

18

D3.VIII.6 Sanction amount

$18,000

D3.VIII.7 Date assessed

03/28/2025

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

Yes, remediated 05/08/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

72 / 79

D3.VIII.2 Plan performance issue

Network adequacy

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to meet provider panel requirements

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

$7,000

D3.VIII.7 Date assessed

05/30/2025

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

Yes, remediated 07/10/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

73 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to provide 90-day member notification for a change in value added services

Sanction details

D3.VIII.5 Instances of non-compliance
1

D3.VIII.6 Sanction amount
N/A

D3.VIII.7 Date assessed
11/12/2024

D3.VIII.8 Remediation date non-compliance was corrected
Yes, remediated 02/26/2025

D3.VIII.9 Corrective action plan
Yes

Complete

D3.VIII.1 Intervention type: Corrective action plan

74 / 79

D3.VIII.2 Plan performance issue
Other, dental service standards

D3.VIII.3 Plan name
UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to meet dental and orthodontic service standards

Sanction details

D3.VIII.5 Instances of non-compliance
1

D3.VIII.6 Sanction amount
$180,000

D3.VIII.7 Date assessed
01/03/2025

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

D3.VIII.9 Corrective action plan
Yes

Complete

D3.VIII.1 Intervention type: Fine

75 / 79

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name
UnitedHealthcare Community Plan of Ohio

Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

Failure to meet MY2023 HEDIS Results

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

$781,082.60

D3.VIII.7 Date assessed

06/27/2025

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

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

D3.VIII.2 Plan performance issue

Other, key staff requirements

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to notify ODM of key staffing requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$25,000

D3.VIII.7 Date assessed

03/20/2025

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

Yes, remediated 04/24/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

77 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to notify ODM of a provider-initiated hospital termination

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$7,000

D3.VIII.7 Date assessed

03/20/2025

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

Yes, remediated 04/28/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

78 / 79

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to notify ODM of a provider initiated hospital termination

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/30/2025

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

Yes, remediated 09/26/2025

D3.VIII.9 Corrective action plan

Yes

Complete

D3.VIII.1 Intervention type: Fine

79 / 79

D3.VIII.2 Plan performance issue

Critical Incident

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Ohio

D3.VIII.4 Reason for intervention

Failure to submit a critical incident within the required timeframe

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

$700

D3.VIII.7 Date assessed

06/25/2025

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

Yes, remediated 08/04/2025

D3.VIII.9 Corrective action plan

Yes

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	**Dedicated program integrity staff** 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).	**AmeriHealth Caritas of Ohio** 7.12 **Anthem Blue Cross and Blue Shield** 11.5 **Buckeye Health Plan** 7.02 **CareSource Ohio, Inc.** 31.25 **Humana Healthy Horizons** 2.433 **Molina Healthcare of Ohio** 5.41 **UnitedHealthcare Community Plan of Ohio** 2.5
D1X.2	**Count of opened program integrity investigations** How many program integrity investigations were opened by the plan during the reporting year?	**AmeriHealth Caritas of Ohio** 40 **Anthem Blue Cross and Blue Shield** 70 **Buckeye Health Plan** 205 **CareSource Ohio, Inc.** 517 **Humana Healthy Horizons** 93 **Molina Healthcare of Ohio** 203 **UnitedHealthcare Community Plan of Ohio** 193

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

AmeriHealth Caritas of Ohio

19

Anthem Blue Cross and Blue Shield

21

Buckeye Health Plan

201

CareSource Ohio, Inc.

361

Humana Healthy Horizons

54

Molina Healthcare of Ohio

160

UnitedHealthcare Community Plan of Ohio

219

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

AmeriHealth Caritas of Ohio

Makes referrals to the State Medicaid Agency (SMA) only

Anthem Blue Cross and Blue Shield

Makes referrals to the State Medicaid Agency (SMA) only

Buckeye Health Plan

Makes referrals to the State Medicaid Agency (SMA) only

CareSource Ohio, Inc.

Makes referrals to the State Medicaid Agency (SMA) only

Humana Healthy Horizons

Makes referrals to the State Medicaid Agency (SMA) only

Molina Healthcare of Ohio

Makes referrals to the State Medicaid Agency (SMA) only

UnitedHealthcare Community Plan of Ohio

Makes referrals to the State Medicaid Agency (SMA) only

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 referrals made.

AmeriHealth Caritas of Ohio

23

Anthem Blue Cross and Blue Shield

42

Buckeye Health Plan

137

CareSource Ohio, Inc.

135

Humana Healthy Horizons

14

Molina Healthcare of Ohio

83

UnitedHealthcare Community Plan of Ohio

80

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?

AmeriHealth Caritas of Ohio

07/01/2024

Anthem Blue Cross and Blue Shield

07/01/2024

Buckeye Health Plan

07/01/2024

CareSource Ohio, Inc.

07/01/2024

Humana Healthy Horizons

07/01/2024

Molina Healthcare of Ohio

07/01/2024

UnitedHealthcare Community Plan of Ohio

07/01/2024

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?

AmeriHealth Caritas of Ohio

06/30/2025

Anthem Blue Cross and Blue Shield

06/30/2025

Buckeye Health Plan

06/30/2025

CareSource Ohio, Inc.

06/30/2025

Humana Healthy Horizons

06/30/2025

Molina Healthcare of Ohio

06/30/2025

UnitedHealthcare Community Plan of Ohio

06/30/2025

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?

AmeriHealth Caritas of Ohio

$33,028,638.13

Anthem Blue Cross and Blue Shield

$26,530,568.77

Buckeye Health Plan

$654,067,989.42

CareSource Ohio, Inc.

$305,713,164.99

Humana Healthy Horizons

$78,568,251.40

Molina Healthcare of Ohio

$76,003,341.30

UnitedHealthcare Community Plan of Ohio

		$6,881,330.43
D1X.9d:	**Plan overpayment reporting to the state: Corresponding premium revenue** What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))	**AmeriHealth Caritas of Ohio** NR **Anthem Blue Cross and Blue Shield** NR **Buckeye Health Plan** NR **CareSource Ohio, Inc.** NR **Humana Healthy Horizons** NR **Molina Healthcare of Ohio** NR **UnitedHealthcare Community Plan of Ohio** NR
D1X.10	**Changes in beneficiary circumstances** Select the frequency the plan reports changes in beneficiary circumstances to the state.	**AmeriHealth Caritas of Ohio** Daily **Anthem Blue Cross and Blue Shield** Daily **Buckeye Health Plan** Daily **CareSource Ohio, Inc.** Daily **Humana Healthy Horizons** Daily **Molina Healthcare of Ohio** Daily

UnitedHealthcare Community Plan of Ohio

Daily

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.	**AmeriHealth Caritas of Ohio** No ILOSs were offered by this plan **Anthem Blue Cross and Blue Shield** No ILOSs were offered by this plan **Buckeye Health Plan** No ILOSs were offered by this plan **CareSource Ohio, Inc.** No ILOSs were offered by this plan **Humana Healthy Horizons** No ILOSs were offered by this plan **Molina Healthcare of Ohio** No ILOSs were offered by this plan **UnitedHealthcare Community Plan of Ohio** 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.	Yes

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).	**Automated Health Systems (AHS)** 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).	**Automated Health Systems (AHS)** Other, specify – Enrollment broker and call center services

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

Number	Indicator	Response
F1	**Notes (optional)**	Not answered