



Utah Accountable Care Organization Efficiency Analysis

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EXECUTIVE SUMMARY

We are pleased to present the Utah Department of Health (DOH) with the results of our review of relative efficiency and quality for the Medicaid Accountable Care Organization (ACO) program. To complete this analysis, we relied on data provided by the DOH and the participating ACOs. We understand that DOH will use the results presented in this letter to better understand the relative efficiency and quality of the individual Medicaid ACO vendors and to possibly use these results to modify the future reimbursement structure for the program. It may not be appropriate for other purposes and any reliance on these results should include a complete copy of this report. It is important that the reader of this report understand that these results are modeled values based upon historical experience of the individual ACO vendors and future results will vary.

Our relative efficiency review of the ACO program compares estimated unit cost adjusted and risk adjusted experience for the last five calendar years for each ACO participating within the program. The relative cost of an individual ACO is presented as the measurement against the collective experience of all ACOs. We also measure the relative quality of each ACO for the last four calendar years against the nationwide commercial health plan experience. When reviewed together, the efficiency and quality combine to illustrate the historical performance of an ACO.

This report is a revised update to the December 15, 2017 report titled "Utah Accountable Care Organization Efficiency Analysis" and prepared for the Utah Office of the Legislative Auditor General. This report incorporates experience incurred through calendar year 2018, reflects the newly adopted Milliman Advanced Risk Adjusters (MARA) model for all years of data, and incorporates quality data in the measurement of efficiency. While the quality benchmarks compare performance to external benchmarks, the efficiency of cost compares performance within the program.

Tables 1 and 2 present the relative cost results by ACO, and include the following columns:

- **Unit Cost Impact PMPM** - represents the modeled costs or (savings) under two comparison scenarios. Table 1 summarizes the impact in a scenario where all ACO members shift to each of the listed ACO's specific unit cost reimbursement levels. Table 2 summarizes the impact in a scenario where each of the individual ACO's members shift to the benchmark ACO unit cost reimbursement levels. The benchmark ACO is the DOH ACO with the lowest overall risk adjusted PMPM cost.
 - The Unit Cost Impact PMPM reflects each ACO's estimated overall percent of Medicare, relative to either the program average (Table 1), or the benchmark ACO average (Table 2), percent of Medicare.
 - This value is based on reimbursement as a percent of Medicare and represents our best estimate of what the ACOs actually paid as compared to what Medicare would have paid for those claims. This amount is then benchmarked against either the program average (Table 1) or the benchmark ACO (Table 2).
- **Utilization/Mix Impact PMPM** - represents the modeled costs or (savings) under the same comparison scenarios. Table 1 summarizes the impact in a scenario where all ACO members shift to each of the listed ACO's specific level of utilization and mix of services. Table 2 summarizes the impact in a scenario where the individual ACO members are shifted to the benchmark ACO level of utilization and mix of services.
 - The Utilization/Mix Impact PMPM is intended to reflect the difference in cost explained by each ACO's utilization management programs and coordinated care delivery systems, relative to either the program average (Table 1), or the benchmark ACO (Table 2), after accounting for unit cost and risk differences.
 - This value is based on the risk-adjusted Relative Value Units (RVUs) for each ACO, compared to the average across all ACOs. RVUs are commonly used within payment schedules to define relative cost between services.

For the quality comparison, we have calculated a star rating under the NCQA health plan rating model framework, and the HEDIS and CAHPS measures reported by the ACOs and benchmarks supplied by the DOH. The weights and measures are described further within the methodology section.

Chart 1 compares the efficiency or relative cost difference of each ACO to the calculated star rating:

- **Quality (x-axis)** – represents each ACO’s calculated star rating, up to five stars, from CY 2016 through CY 2019.
- **Relative cost (y-axis)** - represents the modeled costs or (savings) under the All-ACO comparison as a percent of total costs (as found in column 7 of Table 1) from CY 2015 through CY 2018.
- **Quadrants** – each ACO and year of experience is plotted by quality score and relative cost to illustrate the savings relative to the quality, as represented by the four quadrants in the chart.
 - The shading and size of each circle represents the ACO and the year. The ACO is represented by the color, as described in the legend. The size of each marker increases from the first year of data to the last. Note that because the CY 2019 star rating model is based on prior year data, we have compared CY 2018 savings with the CY 2019 quality measure in each circle. For example, the smallest purple point with a quality score of 4.0 and a savings of 4.0% represents SelectHealth in the first year of plotted data, or CY 2015.
 - Each quadrant represents whether the ACO produces savings (top half) or costs (bottom half) and whether the ACO has higher quality (right half) or lower quality (left half). For example, the top right quadrant represents ACOs that produce both savings relative to the all ACO average and quality above nationwide average benchmarks. SelectHealth and Molina were in this quadrant for CY 2015.

Table 3 shows the most recent quality measure results (CY 2019) for each benchmark by ACO. The chart includes the name of the measure, the result by ACO, and the corresponding star rating associated with each measure. It also includes the star rating calculations separately for HEDIS measures, CAHPS measures, and the total of all measures for the overall star rating. As an example, the Molina CAHPS health plan satisfaction measure in CY 2015 indicated that 77% of members were satisfied with the health plan. This translated to a 3.0 star rating for the individual measure.

Our modeled cost / (savings) scenarios rely on our Medicare repricing analysis of the claim experience for each ACO that is summarized by each category of service. As these values reflect the average unit cost contracting levels of each ACO ACO’s network, due to proprietary considerations, the estimated percent of Medicare values are not included in this report.

All scenario results are modeled values based on the historical experience for the time period analyzed (January 2014 through December 2018) and may not be representative of future outcomes. These modeled values are also based on the assumption that the experience of each ACO reflects the capabilities and capacity of a network to handle all ACO members shifting into a single ACO, without impact on the results reflected within the historical experience. It is unlikely that any of the individual ACOs would be able to maintain their risk adjusted utilization and unit cost position if the entire enrollment shifted to a single ACO. In addition, federal regulations at 42 CFR 438.xx requires state Medicaid programs to offer Medicaid members a choice of at least two managed care organizations when choosing their plan.

The ACOs’ experiences reflect the management of their own enrolled populations. We use the average across all ACO experience together to set one benchmark of performance and select the ACO with the lowest overall risk adjusted cost as the second benchmark. The Total Impact PMPM represents the modeled individual ACO performance relative to the first benchmark. The ACO Specific Cost Impact PMPM represents the modeled individual ACO performance relative to the second benchmark. Totaling the ACO Specific Cost Impact PMPM over all ACOs represents the savings to shift all members into the lowest cost benchmark ACO.

This analysis is limited to medical costs, excluding state directed payments. It also important to note that this analysis does not include any cost related to the pharmacy prescription drug benefit. The medical component of the ACO program covers physical health only and does not include long term services and support, custodial care nursing facility or behavioral health benefits. All adjustments and exclusions are included in the “Methodology” section of this report.

The efficiency calculations shown in Table 1 reflect the impact of shifting all ACO enrollees to the unit cost and utilization/mix levels of the indicated ACO.

Exhibit 1 provides additional detail supporting the overall results shown in Table 1.

While reviewing these results, it is important to consider the limitations of the risk model we use to risk adjust the paid costs for each ACO. Consistent with the SFY 2021 ACO capitation rate development, we have used the Milliman Advanced Risk Adjusters (MARA) risk model calibrated to the Utah ACO membership and claims experience to account for the underlying morbidity of each ACO's population. The prior version of this efficiency analysis relied on the concurrent risk scores from the Chronic Illness and Disability Payment System, based upon the national coefficients. For the selection of the MARA model, an analysis and review of historical performance demonstrated improved performance over the prior model, which is the reason for updating the prior results. This report does not address any errors that may be introduced to the analysis through the risk score model.

The size of enrollment for each ACO is also an important consideration in the year-over-year comparison of results. For the populations included in this analysis, the overall paid cost trends are 8 percent for 2018 and 2 percent for 2017. Because the individual ACO efficiency measures are relative to the overall average for each individual year, the comparisons of results are relative within each calendar year.

Health Choice and Healthy U both generate modeled costs for most years. The source of Health Choice's higher modeled costs varies between higher unit cost levels and utilization/mix impacts depending on the year. Healthy U has generally improved their unit cost levels, but the utilization/mix impact continues to result in costs to the state when compared with other ACOs. As an example, Healthy U enrollees use significantly more outpatient services than the benchmark ACO, as measured by risk-adjusted RVUs. Overall, this has an \$11.94 PMPM cost to the program compared to the benchmark ACO in CY 2018, ignoring the potential limitations of the modeling and potential higher quality of outcomes. One important consideration to these results is that Healthy U has the highest average risk scores across all five years. Any errors in the risk score modeling would have a notable impact on the results of this analysis.

Table 2 provides further detail by showing the impact of shifting each individual ACO population to the unit cost and utilization/mix levels of the most efficient ACO within each year. Exhibit 2 provides additional detail of the results shown in Table 2.

The All ACO impact from Table 2 is equal to the Total Cost Impact from Table 1 for the ACO that is designated as the benchmark. The next section of this report includes a more detailed discussion of our observations. These observations do not take into consideration all of the causal factors that may contribute to these numbers. In addition, federal regulations found in 42 CFR 438 require the state to provide Medicaid members with at least 2 choices of plan and prohibit states from requiring enrollment in managed care for certain members (42 CFR 438.50 (d).)

Table 1: All Enrollment Switching to Each Individual ACO

Year	ACO	Experience Summary		Cost Impact			
		(1)	(2)	(3)	(4)	(5) = (3) + (4)	(6) = (5) / (All ACO Paid PMPM)
		Member Months	Paid PMPM	Unit Cost Impact PMPM	Util/Mix Impact PMPM	Total Impact PMPM	% Impact
2018	All	2,615,679	\$200.73				
2018	Health Choice	212,755	195.99	(4.38)	5.48	1.10	0.5%
2018	Healthy U	542,021	250.72	0.20	3.77	3.97	2.0%
2018	Molina	776,637	159.24	(1.96)	(6.03)	(7.99)	-4.0%
2018	SelectHealth	1,084,266	206.39	1.82	3.04	4.86	2.4%
2017	All	2,736,476	\$185.80				
2017	Health Choice	211,306	169.03	5.76	(5.45)	0.31	0.2%
2017	Healthy U	525,099	228.27	2.07	5.00	7.06	3.8%
2017	Molina	883,394	155.09	(6.44)	(5.04)	(11.48)	-6.2%
2017	SelectHealth	1,116,677	193.30	2.20	4.04	6.24	3.4%
2016	All	2,822,290	\$181.70				
2016	Health Choice	206,102	200.42	17.24	4.69	21.93	12.1%
2016	Healthy U	542,923	214.31	(8.10)	6.80	(1.30)	-0.7%
2016	Molina	929,729	156.31	0.48	(5.23)	(4.75)	-2.6%
2016	SelectHealth	1,143,536	183.49	1.28	0.70	1.98	1.1%
2015	All	2,589,391	\$175.92				
2015	Health Choice	136,317	172.84	13.95	(0.53)	13.42	7.6%
2015	Healthy U	534,315	222.19	4.22	8.21	12.43	7.1%
2015	Molina	873,330	159.20	1.96	(2.61)	(0.65)	-0.4%
2015	SelectHealth	1,045,429	166.64	(5.90)	(1.20)	(7.10)	-4.0%
2014	All	2,259,719	\$173.22				
2014	Health Choice	50,596	188.25	37.25	(15.32)	21.92	12.7%
2014	Healthy U	485,099	230.13	19.07	11.32	30.39	17.5%
2014	Molina	779,535	142.96	(3.59)	(2.14)	(5.73)	-3.3%
2014	SelectHealth	944,489	168.17	(10.64)	(1.89)	(12.54)	-7.2%

Table 2: Individual ACO Enrollment Switching to Benchmark ACO

Year	ACO (Benchmark)	Experience Summary		Cost Impact			
		(1)	(2)	(3)	(4)	(5) = (3) + (4)	(6) = (5) / (2)
		Member Months	Paid PMPM	Unit Cost Impact PMPM	Util/Mix Impact PMPM	Total Impact PMPM	% Impact
2018	All	2,615,679	\$200.73	(\$1.96)	(\$6.03)	(\$7.99)	-4.0%
2018	<i>Molina</i>	776,637	159.24	-	-	-	-
2018	SelectHealth	1,084,266	206.39	(3.85)	(9.05)	(12.90)	-6.3%
2018	Healthy U	542,021	250.72	(2.70)	(11.94)	(14.65)	-5.8%
2018	Health Choice	212,755	195.99	2.41	(11.24)	(8.83)	-4.5%
2017	All	2,736,476	\$185.80	(\$6.44)	(\$5.04)	(\$11.48)	-6.2%
2017	<i>Molina</i>	883,394	155.09	-	-	-	-
2017	SelectHealth	1,116,677	193.30	(8.88)	(8.95)	(17.83)	-9.2%
2017	Healthy U	525,099	228.27	(10.34)	(11.61)	(21.95)	-9.6%
2017	Health Choice	211,306	169.03	(10.77)	0.06	(10.71)	-6.3%
2016	All	2,822,290	\$181.70	\$0.48	(\$5.23)	(\$4.75)	-2.6%
2016	<i>Molina</i>	929,729	156.31	-	-	-	-
2016	SelectHealth	1,143,536	183.49	(0.80)	(5.92)	(6.73)	-3.7%
2016	Healthy U	542,923	214.31	10.59	(14.68)	(4.10)	-1.9%
2016	Health Choice	206,102	200.42	(16.89)	(9.37)	(26.26)	-13.1%
2015	All	2,589,391	\$175.92	(\$5.90)	(\$1.20)	(\$7.10)	-4.0%
2015	<i>SelectHealth</i>	1,045,429	166.64	-	-	-	-
2015	<i>Molina</i>	873,330	159.20	(7.03)	1.17	(5.86)	-3.7%
2015	Healthy U	534,315	222.19	(12.48)	(10.56)	(23.04)	-10.4%
2015	Health Choice	136,317	172.84	(18.07)	(0.67)	(18.74)	-10.8%
2014	All	2,259,719	\$173.22	(\$10.64)	(\$1.89)	(\$12.54)	-7.2%
2014	<i>SelectHealth</i>	944,489	168.17	-	-	-	-
2014	<i>Molina</i>	779,535	142.96	(5.94)	0.13	(5.81)	-4.1%
2014	Healthy U	485,099	230.13	(35.56)	(12.96)	(48.52)	-21.1%
2014	Health Choice	50,596	188.25	(42.84)	9.59	(33.24)	-17.7%

Chart 1: Individual ACO Relative Costs Compared to Quality by Year

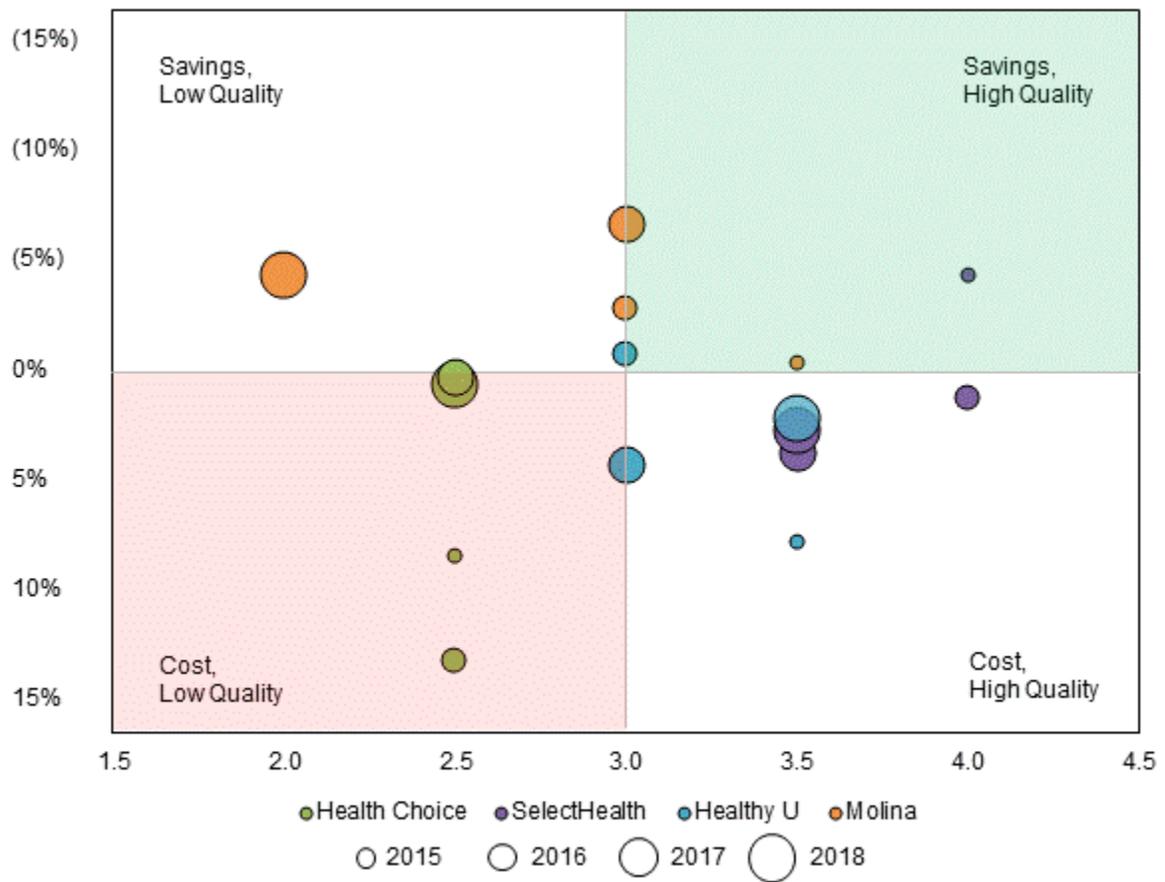


Table 3: CY 2019 Quality Metrics by ACO and Measure

2019 Quality Results by Plan	Health Choice		Healthy U		SelectHealth		Molina	
	<u>Result</u>	<u>Stars</u>	<u>Result</u>	<u>Stars</u>	<u>Result</u>	<u>Stars</u>	<u>Result</u>	<u>Stars</u>
Star Rating (Final)	2.50		3.50		3.50		2.00	
HEDIS Measures	2.30		3.46		3.58		2.21	
Childhood Immunization: Combo 3	72%	3.00	79%	5.00	76%	4.00	71%	3.00
6 or More Well Child Visits in first 15 Months of Life	59%	2.00	60%	2.00	63%	3.00	61%	2.00
Immunizations for Adolescents*	31%	2.00	44%	4.00	31%	2.00	28%	2.00
Well Child Visits Age 3-6	58%	1.00	64%	2.00	64%	2.00	59%	1.00
Child/Adolescent BMI Assessment	57%	2.00	84%	4.00	91%	5.00	63%	2.00
Breast Cancer Screening	29%	1.00	48%	2.00	47%	1.00	40%	1.00
Cervical Cancer Screening	44%	1.00	57%	2.00	57%	3.00	53%	2.00
Postpartum Care Rate	66%	3.00	55%	2.00	76%	5.00	53%	2.00
Timeliness of Prenatal Care	69%	2.00	74%	2.00	91%	5.00	62%	1.00
Use of Imaging for Low Back Pain	80%	5.00	72%	3.00	74%	4.00	67%	2.00
Antidepressant Medication Management: Acute Phase	n/a	n/a	47%	2.00	54%	3.00	33%	1.00
Appropriate Treatment for Children w/ Upper Resp. Infection	94%	4.00	95%	4.00	95%	4.00	94%	4.00
Controlling High Blood Pressure	61%	3.00	76%	5.00	73%	5.00	55%	2.00
Diabetes: A1c Testing	82%	1.00	89%	3.00	89%	3.00	87%	3.00
Diabetes: Eye Exam	49%	2.00	56%	3.00	66%	4.00	52%	2.00
Adults' Access to Preventive/Ambulatory Health Services	83%	3.00	85%	4.00	88%	5.00	83%	3.00
CAHPS Measures	3.30		3.30		3.52		1.91	
Customer Service	86%	2.00	87%	2.00	90%	3.00	79%	1.00
How Well Doctors Communicate	96%	5.00	91%	2.00	92%	3.00	90%	2.00
Getting Care Quickly	80%	2.00	85%	4.00	84%	3.00	81%	3.00
Getting Needed Care	84%	3.00	84%	3.00	86%	4.00	83%	3.00
Satisfaction: Health Care	80%	4.00	80%	4.00	78%	4.00	69%	1.00
Satisfaction: Health Plan	71%	2.00	75%	2.00	82%	4.00	70%	1.00
Satisfaction: Specialist	83%	3.00	88%	5.00	82%	3.00	76%	1.00
Satisfaction: Personal Doctor	89%	5.00	85%	4.00	86%	4.00	82%	3.00

* Combo 1 in 2016 - 2018; Combo 2 in 2019

RESULTS

The following summary identifies additional observations from the results of the efficiency analysis. We recommend reviewing Exhibits 1 and 2 concurrently while reading this section.

- **Health Choice:** The Health Choice ACO consistently generated overall modeled cost inefficiencies from CY 2014 through CY 2018 and produced below average quality scores from CY 2016 through CY 2019. This ACO also has the smallest enrollment of all ACOs, so it may be more difficult for Health Choice to negotiate reimbursement rates as low as the other ACOs. If all ACO members shifted to the Health Choice ACO, and the utilization and cost profile remain unchanged from the historical experience, then the modeled annual DOH costs would have increased by approximately 12.7%, 7.6%, 12.1%, 0.2% and 0.5% respectively for calendar years 2014 through 2018.
 - As shown in Exhibit 1, the main reason for the Health Choice ACO's relative inefficiency was related to high unit cost experience in CY 2014 through CY 2017 and to utilization and mix of services in CY 2018, as reflected in their high modeled Unit Cost Impact PMPM and Util/Mix Impact PMPM. This is also the newest ACO and higher reimbursement levels may be the result of initial network development in order to provide sufficient access for enrollees which have improved over time.
 - Health Choice has the highest increase in membership since CY 2014 (approximately 320% increase).
 - Health Choice's overall quality score was steady each year at 2.5, below the nationwide average.
- **Healthy U:** The Healthy U ACO consistently generated modeled overall cost inefficiencies between CY 2014 and CY 2018, with the exception of CY 2016.
 - The high overall utilization/mix patterns for Healthy U appear to be the primary source of modeled cost inefficiency relative to the overall ACO average. Healthy U has the highest risk score in each of the years, and the modeled cost inefficiency could be influenced by estimation error in the risk adjustment model.
 - Healthy U has had consistently average or slightly above average quality, with star ratings ranging from 3.0 to 3.5.
- **Molina:** The Molina ACO has managed their ACO population cost efficiently between CY 2014 and CY 2018 relative to the overall ACO average.
 - Molina is modeled to be the most cost efficient ACO from CY 2016 through CY 2018, as indicated by the highest savings amounts under "Total Cost Impact."
 - Molina has had falling quality ratings. From CY 2016 to CY 2019. Molina fell from a 3.5 star rating to a 2.0 rating. This could in part be due to the disruption caused by the termination of Molina's contract with the University of Utah Hospitals and Clinics effective August 30, 2018.
- **SelectHealth:** The SelectHealth ACO managed their ACO population efficiently between CY 2014 and CY 2015 relative to the overall ACO average, but have generated modeled overall cost inefficiencies in CY 2016 through CY 2018.
 - SelectHealth is modeled to be the most efficient ACO for CY 2014 and CY 2015, as indicated by the highest savings amounts under "Total Cost Impact."
 - SelectHealth has had consistently higher quality than other ACOs at scores of either 3.5 or 4.0. In every year, SelectHealth had the highest or tied for the highest quality score among the four ACOs.

METHODOLOGY

The purpose of this section is to provide an overview of the methodology used to model and analyze the historical ACO claims data, estimate Medicare repriced amounts, calculate concurrent risk scores and conduct an efficiency analysis of the ACO individual organizations.

Data and Exclusions

Several sources of information were relied upon to complete the efficiency analysis. Information was provided by both the DOH and the health ACOs including:

- ACO encounter data
- Detailed eligibility files by rate cell
- NCQA HEDIS and CAHPS ACO data and nationwide benchmarks

The DOH provides Medicaid eligibility and encounter data to us on a regular basis, as a part of the ongoing management of the ACO program by the DOH. Our understanding is that the DOH initially reviews, edits, and processes the health ACO submitted claim and encounter data files into the state data warehouse. The state data warehouse is used to generate the claim files that are shared with us, and then we further process these data files for this analysis.

We process these DOH claim and eligibility files through Milliman's *Health Cost Guidelines (HCG) Groupers* software, in order to:

1. Perform data validation to review the data quality and check the data for reasonableness. We did not perform a complete audit of the data provided; to the extent that the data we received is inaccurate or incomplete, this analysis may also be inaccurate.
2. Assign each claim to a category of service consistent with the categories published in the Milliman *HCG*'s. In particular, each claim is assigned a high-level category of "Inpatient Facility", "Outpatient Facility", or "Professional/Other"

Processed claims files and summaries are shared with the DOH with each ACO for feedback and validation. The DOH and Milliman have joint meetings and discussions with the ACOs to confirm that all summary totals reasonably align with the initially submitted raw data, individual financial reporting, and with all parties' expectations for total benefit costs. These processed and validated eligibility and claims costs form the starting point for this analysis.

We used claims incurred from January 2014 through December 2018, adjusted for incurred but not reported (IBNR) amounts. IBNR completion factors are calculated separately by month and are applied during the construction of the cost models. IBNR varies by time period as we used three separate data fields to build the five year database:

1. Data incurred January 2014 through June 2015, paid through November 2016
2. Data incurred July 2015 through December 2016, paid through May 2018
3. Data incurred January 2017 through December 2018, paid through November 2019

We do not include state directed payments which are included outside of the claims process.

All ACO costs are modeled based on paid claims, excluding coordination of benefits or third-party liability (COB/TPL) and enrollee cost sharing.

The following claims are excluded from this analysis:

- Claims from the following over-65 year old rate cells:
 - Rate Cell E – Non-Dual Eligible Aged (65 years and older)
 - Rate Cell M – Dual Eligible Aged (65 years and older)
- Skilled Nursing Facility (SNF), newborn delivery and Pharmacy claims

- Claims with an unknown ACO program or an unknown rate cell
- Claims incurred outside the study period (1/1/2014 through 12/31/2018)
- Claims without records on the eligibility file

Please refer to the ACO Databook delivered to DOH on December 23, 2019 for complete documentation regarding the methodology and assumptions used to process and summarize the DOH ACO claims and enrollment information.

Medicare Repricing and RVU Assignment

Milliman’s GlobalRVUs™ are a relative value system that covers the entire range of healthcare services: facility (inpatient and ambulatory) and professional. RVUs are commonly used with payment schedules to define relative cost between services, similar to Medicare’s Resource Based Relative Value System (RBRVS). Note that RVUs typically underestimate the resources needed for the highest severity claims. The inpatient RVUs account for this through length of stay based RVUs, but generally ACOs with higher acuity patients may be harmed by this measure.

Once RVUs are assigned, the data is repriced to Medicare allowable amounts using the Milliman Medicare Repricer. Having the Medicare allowed costs as a benchmark permits analyzing costs relative to the Medicare fee schedule.

If an RVU assignment is unavailable for a particular type of claims, then the tool imputes an RVU value based on average provider and area-level information within the incurred year.

A portion of the ACO data could not be repriced to Medicare, either due to DOH-specific coding or other limitations. In these cases, we relied on the RVU’s assigned to the claim lines and average Medicare allowed conversion factors, by ACO, year and service category.

Multiple assumptions are necessary to reprice the ACO data at estimated Medicare payment levels. Those assumptions and limitations of the Medicare Repricer are described below:

Inpatient Facility

- The inpatient Medicare Repricer is based on the data and information published by CMS as of the beginning of the fiscal year being priced (e.g., as of 10/1/2018 for FY2019). CMS may update these values throughout the fiscal year. In general, our repriced amounts do not reflect these updates.
- Medicare typically uses facility-specific base rates when determining inpatient Medicare allowed amounts. If no provider information was available in the claims data, the Salt Lake City, UT area-specific base rates were used instead. These base rates do not include adjustments for Disproportionate Share (DSH), Uncompensated Care, and Indirect Medical Education (IME) which are also specific to each facility.
- The inpatient Medicare Repricer does not include new technology add-on payments.
- No adjustment is made for providers that participate in Medicare’s Bundled Payments for Care Improvement (BPCI) initiative.
- The inpatient Medicare Repricer does not include Section 1109 payments. Section 1109 makes available \$400 million in funds from the Medicare Trust Fund for CMS to allocate to hospitals located in counties with age, sex, and race adjusted per capita costs in the lowest quartile nationwide. Medicare pays these outside of PPS as annual one-time payments.
- Inpatient claims are repriced based on their diagnosis-related grouping (DRG). DRGs are assigned during the repricing process in the CMS grouper.

Ambulatory Facility

- The ambulatory Medicare Repricer is based on the data and information published by CMS as of the beginning of the calendar year being priced to (e.g., as of 1/1/2018 for CY 2018).
- The ambulatory Medicare Repricer prices claims using Medicare’s Hospital Outpatient Prospective Payment System (OPPS) fee schedule for hospital claims and the Ambulatory Surgical Center (ASC) payment for ASCs.

Professional/Non-Facility

- Medicare makes significant changes to payment rates annually. Interim payment changes are also made throughout the year, though these mid-year updates usually have a small impact on Medicare allowable levels. The Physician Repricer represents our understanding of Medicare payment rules in effect as of the date of release. The repricer is updated annually to reflect annual changes to Medicare's payment rules and rates (e.g., as of 1/1/2018 for CY 2018).
- We assume Private Duty Nursing and Home Health claims had the standard physician conversion factors (e.g. \$35.87 in CY 2016). The total repriced allowed amount is then calculated as the total RVUs multiplied by this conversion factor.
- The Physician Repricer does not reduce payments to reflect Sequestration.
- The Physician Repricer does not include physician incentive payment adjustments made under Medicare.

Risk Scores

In order to assess the morbidity of each individual ACO population, we calculate the concurrent risk scores using MARA, a collection of risk adjusters developed by Milliman, using nationwide commercial and Medicare data. Over the winter, Milliman created a custom MyMARA model, based on the Utah DOH data. The MyMARA model, selected through the risk model comparison analysis, uses machine-learning algorithms to boost performance by capturing non-linear effects and interactions between multiple conditions. The MyMARA model uses the base MARA predictor variables (such as the MARA condition flags) but also includes custom variables specific to the Utah ACO program, including county and rate cell. Using these variables, and the MARA standard risk adjustment model as a starting prediction, the MyMARA model is created as a partial recalibration of a MARA risk adjustment model to the Utah historical data. The recalibration is "partial" because the model is only recalibrated where there is sufficient data and evidence to justify changing the standard MARA predictions.

As with any risk adjustment tool, results are not perfect. However, MyMARA represents a significant improvement in accuracy over CDPS+Rx, which was used in a prior edition of this efficiency analysis. The improvement is particularly noticeable for high cost populations which are harder to risk adjust. It should also be noted that the relative rankings for cost effectiveness have not shifted significantly as compared to the prior CDPS+Rx results. Molina and SelectHealth continue to be the most cost effective ACOs, ignoring quality.

The development of the risk score relativities are summarized in Exhibit 3.

Quality Measures

In order to assess the quality performance of each ACO, we reviewed HEDIS and CAHPS measures separately by ACO and year. Our methodology is generally consistent with the NCQA Health Insurance Plan Ratings for 2019-2020¹ and involved the following steps:

- The overall star rating is the weighted average scores from the plan's HEDIS and CAHPS individual measure ratings and rounded to the nearest half star.
- The weights are consistent with the NCQA methodology, and is determined by the weight type as follows:
 - HEDIS process measures receive a weight of 1.
 - HEDIS outcome and immediate outcome measures receive a weight of 3.
 - CAHPS patient experience measures are given a weight of 1.5.
- We compare each annual quality measure result against the Nationwide Medicaid benchmarks for all lines of business. To be consistent with the NCQA methodology, we relied on the following cut points to determine the quality rating scores:

¹ https://www.ncqa.org/wp-content/uploads/2019/09/20190827_2019_Health_Plan_Ratings_Methodology.pdf

- A measure in the top decile of nationwide plans receives a score of 5.
- A measure in the top third of plans, but not the top decile receives a score of 4.
- A measure in the middle third of plans receives a score of 3.
- A measure in the bottom third of plans, but not in the bottom decile receives a score of 2.
- A measure in the bottom 10 percent of plans receives a score of 1.

Detailed results are presented in Exhibit 4a through 4d by ACO.

LIMITATIONS AND STATEMENT OF QUALIFICATION

The attached efficiency analysis and quality review results are intended for the use by DOH in the course of the regular review and management of the ACO program. Any user of the data must possess a certain level of expertise in actuarial science and health care modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this presentation to third parties. Similarly, third parties are instructed that they are to place no reliance upon this analysis prepared for DOH by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. The terms of Milliman's contract with DOH signed on March 21, 2017 apply to this analysis and its use. Other parties receiving this report must rely upon their own experts in drawing conclusions about the data underlying the cost model, and the comparisons of relative cost and quality. It is the responsibility of any insurance carrier to establish required revenue levels appropriate for their risk, management, and contractual obligations for the prospective population.

Results presented here represent best estimates of future experience. Actual experience will vary from our estimates for many reasons, potentially including differences in population health status, unit cost levels, delivery systems, random variation, or other factors. It is important that actual experience be monitored and adjustments made, as appropriate.

This analysis has relied extensively on data provided by DOH and the current ACOs participating in Medicaid. The data included claims and encounters for medical benefits. Milliman has reviewed this data for reasonableness, but has not performed an independent audit. Adjustments may be necessary if the data is inaccurate or incomplete.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are all member of the American Academy of Actuaries and meet the qualification standards for performing this analysis.

Exhibit 1
Utah Department of Health
ACO Efficiency Analysis
Summary of Modeled Cost / (Savings)
Scenario: All Enrollment switching to each Individual ACO

		Demographics			Paid Claims		Cost Impact			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Year	ACO	Member Months	Risk Score	Risk Relativity	Paid PMPM	Risk-Adj. PMPM	Unit Cost Impact PMPM	Util/Mix Impact PMPM	Total Impact PMPM	% Impact
2018	All	2,615,679	1.230	1.000	\$200.73	\$200.73				
2018	Health Choice	212,755	1.129	0.970	195.99	202.12	(4.38)	5.48	1.10	0.5%
2018	Healthy U	542,021	1.664	1.202	250.72	208.60	0.20	3.77	3.97	2.0%
2018	Molina	776,637	0.961	0.848	159.24	187.77	(1.96)	(6.03)	(7.99)	-4.0%
2018	SelectHealth	1,084,266	1.225	1.001	206.39	206.26	1.82	3.04	4.86	2.4%
2017	All	2,736,476	1.207	1.000	\$185.80	\$185.80				
2017	Health Choice	211,306	1.016	0.918	169.03	184.23	5.76	(5.45)	\$0.31	0.2%
2017	Healthy U	525,099	1.607	1.167	228.27	195.55	2.07	5.00	7.06	3.8%
2017	Molina	883,394	1.024	0.913	155.09	169.91	(6.44)	(5.04)	(11.48)	-6.2%
2017	SelectHealth	1,116,677	1.200	0.995	193.30	194.24	2.20	4.04	6.24	3.4%
2016	All	2,822,290	1.180	1.000	\$181.70	\$181.70				
2016	Health Choice	206,102	1.080	0.984	200.42	203.73	\$17.24	4.69	\$21.93	12.1%
2016	Healthy U	542,923	1.558	1.158	214.31	185.04	(8.10)	6.80	(1.30)	-0.7%
2016	Molina	929,729	0.992	0.909	156.31	171.96	0.48	(5.23)	(4.75)	-2.6%
2016	SelectHealth	1,143,536	1.171	0.994	183.49	184.68	1.28	0.70	1.98	1.1%
2015	All	2,589,391	1.176	1.000	\$175.92	\$175.92				
2015	Health Choice	136,317	1.030	0.935	172.84	184.87	\$13.95	(0.53)	\$13.42	7.6%
2015	Healthy U	534,315	1.558	1.168	222.19	190.27	4.22	8.21	12.43	7.1%
2015	Molina	873,330	1.004	0.938	159.20	169.80	1.96	(2.61)	(0.65)	-0.4%
2015	SelectHealth	1,045,429	1.143	0.966	166.64	172.45	(5.90)	(1.20)	(7.10)	-4.0%
2014	All	2,259,719	1.166	1.000	\$173.22	\$173.22				
2014	Health Choice	50,596	1.093	0.976	188.25	192.86	\$37.25	(15.32)	\$21.92	12.7%
2014	Healthy U	485,099	1.529	1.175	230.13	195.80	19.07	11.32	30.39	17.5%
2014	Molina	779,535	0.927	0.879	142.96	162.72	(3.59)	(2.14)	(5.73)	-3.3%
2014	SelectHealth	944,489	1.182	1.001	168.17	168.08	(10.64)	(1.89)	(12.54)	-7.2%

Notes:

- (1) This analysis excludes Medicare members (Rate cells E & M) and those with an "Unknown" ACO provider or rate cell assignment.
- (2) The medical-only concurrent risk scores were developed using Milliman's MyMARA risk model calibrated to Utah Medicaid data.
- (3) See Exhibit 3 for development of the risk relativities
- (4) Milliman paid amounts exclude DCR costs, SNF claims, pharmacy claims, claims outside the study period and claims without records on the eligibility file.
- (5) = (4) / (3)
- (6) The Medicare repriced allowed PMPM's are based on the ACO-specific utilization and the average year-specific Medicare repriced unit cost across all ACOs.
- (7) = (6) / (3)
- (8) = (5) / (7)
- (9) = (8) / (All ACO Paid PMPM)

Exhibit 2

Utah Department of Health

ACO Efficiency Analysis

Summary of Modeled Cost / (Savings)

Scenario: Individual ACO Enrollment switching to Benchmark ACO

Year	Benchmark	ACO	Demographics			Paid Claims		Cost Impact			
			(1) Member Months	(2) Risk Score	(3) Risk Relativity	(4) Paid PMPM	(5) Risk-Adj. PMPM	(6) Unit Cost Impact PMPM	(7) Util/Mix Impact PMPM	(8) Total Impact PMPM	(9) % Impact
2018	Molina	All	2,615,679	0.961	1.000	\$200.73	\$200.73	(\$1.96)	(\$6.03)	(\$7.99)	-4.0%
2018	Molina	Molina	776,637	0.961	0.848	159.24	187.77	-	-	-	0.0%
2018	Molina	SelectHealth	1,084,266	0.961	1.001	206.39	206.26	(3.85)	(9.05)	(12.90)	-6.3%
2018	Molina	Healthy U	542,021	0.961	1.202	250.72	208.60	(2.70)	(11.94)	(14.65)	-5.8%
2018	Molina	Health Choice	212,755	0.961	0.970	195.99	202.12	2.41	(11.24)	(8.83)	-4.5%
2017	Molina	All	2,736,476	1.024	1.000	\$185.80	\$185.80	(\$6.44)	(\$5.04)	(\$11.48)	-6.2%
2017	Molina	Molina	883,394	1.024	0.913	155.09	169.91	-	-	-	0.0%
2017	Molina	SelectHealth	1,116,677	1.024	0.995	193.30	194.24	(8.88)	(8.95)	(17.83)	-9.2%
2017	Molina	Healthy U	525,099	1.024	1.167	228.27	195.55	(10.34)	(11.61)	(21.95)	-9.6%
2017	Molina	Health Choice	211,306	1.024	0.918	169.03	184.23	(10.77)	0.06	(10.71)	-6.3%
2016	Molina	All	2,822,290	0.992	1.000	\$181.70	\$181.70	\$0.48	(\$5.23)	(\$4.75)	-2.6%
2016	Molina	Molina	929,729	0.992	0.909	156.31	171.96	-	-	-	0.0%
2016	Molina	SelectHealth	1,143,536	0.992	0.994	183.49	184.68	(0.80)	(5.92)	(6.73)	-3.7%
2016	Molina	Healthy U	542,923	0.992	1.158	214.31	185.04	10.59	(14.68)	(4.10)	-1.9%
2016	Molina	Health Choice	206,102	0.992	0.984	200.42	203.73	(16.89)	(9.37)	(26.26)	-13.1%
2015	SelectHealth	All	2,589,391	1.143	1.000	\$175.92	\$175.92	(\$5.90)	(\$1.20)	(\$7.10)	-4.0%
2015	SelectHealth	SelectHealth	1,045,429	1.143	0.966	166.64	172.45	-	-	-	0.0%
2015	SelectHealth	Molina	873,330	1.143	0.938	159.20	169.80	(7.03)	1.17	(5.86)	-3.7%
2015	SelectHealth	Healthy U	534,315	1.143	1.168	222.19	190.27	(12.48)	(10.56)	(23.04)	-10.4%
2015	SelectHealth	Health Choice	136,317	1.143	0.935	172.84	184.87	(18.07)	(0.67)	(18.74)	-10.8%
2014	SelectHealth	All	2,259,719	1.182	1.000	\$173.22	\$173.22	(\$10.64)	(\$1.89)	(\$12.54)	-7.2%
2014	SelectHealth	SelectHealth	944,489	1.182	1.001	168.17	168.08	-	-	-	0.0%
2014	SelectHealth	Molina	779,535	1.182	0.879	142.96	162.72	(5.94)	0.13	(5.81)	-4.1%
2014	SelectHealth	Healthy U	485,099	1.182	1.175	230.13	195.80	(35.56)	(12.96)	(48.52)	-21.1%
2014	SelectHealth	Health Choice	50,596	1.182	0.976	188.25	192.86	(42.84)	9.59	(33.24)	-17.7%

Notes:

- (1) This analysis excludes Medicare members (Rate cells E & M) and those with an "Unknown" ACO provider or rate cell assignment.
- (2) The medical-only concurrent risk scores were developed using Milliman's MyMARA risk model calibrated to Utah Medicaid data.
- (3) See Exhibit 3 for development of the risk relativities
- (4) Milliman paid amounts exclude DCR costs, SNF claims, pharmacy claims, claims outside the study period and claims without records on the eligibility file.
- (5) = (4) / (3)
- (6) The unit cost efficiency indicator is based on the relativity between the ACO-specific percent of Medicare and the average year-specific percent of Medicare.
- (7) The utilization/mix efficiency indicator is based on the relative risk-adjusted Relative Value Units (RVUs) for each ACO, compared to the average across all ACOs.
- (8) = (6) + (7)
- (9) = (8) / (4)

Exhibit 3
Utah Department of Health
ACO Efficiency Analysis
Risk Relativity Development

Year	Population	1: Member Months					2: Risk Scores				
		Health Choice	Healthy U	Molina	SelectHealth	Total	Health Choice	Healthy U	Molina	SelectHealth	Total
2014 Total		50,596	485,099	779,535	944,489	2,259,719	1.093	1.529	0.927	1.182	1.166
2015 Total		136,317	534,315	873,330	1,045,429	2,589,391	1.030	1.558	1.004	1.143	1.176
2016 Total		206,102	542,923	929,729	1,143,536	2,822,290	1.080	1.558	0.992	1.171	1.180
2017 Total		211,306	525,099	883,394	1,116,677	2,736,476	1.016	1.607	1.024	1.200	1.207
2018 Total		212,755	542,021	776,637	1,084,266	2,615,679	1.129	1.664	0.961	1.225	1.230
2014 Able Bodied Adults		10,151	67,880	116,950	137,787	332,768	1.516	1.921	1.741	1.763	1.780
2015 Able Bodied Adults		23,710	67,448	118,245	145,653	355,056	1.610	1.982	1.859	1.769	1.829
2016 Able Bodied Adults		33,950	66,509	122,720	164,482	387,661	1.722	2.116	1.844	1.771	1.849
2017 Able Bodied Adults		33,310	64,467	114,730	160,330	372,837	1.666	2.034	1.855	1.774	1.834
2018 Able Bodied Adults		33,583	70,876	101,455	166,096	372,010	1.728	2.105	1.787	1.777	1.837
2014 Able Bodied Children		34,673	326,068	573,596	663,083	1,597,420	0.543	0.604	0.462	0.529	0.520
2015 Able Bodied Children		97,011	363,931	647,348	739,557	1,847,847	0.478	0.527	0.470	0.489	0.489
2016 Able Bodied Children		148,152	370,752	686,268	807,244	2,012,416	0.506	0.504	0.459	0.518	0.494
2017 Able Bodied Children		152,149	355,109	648,363	782,902	1,938,523	0.483	0.530	0.457	0.519	0.498
2018 Able Bodied Children		150,386	361,275	566,264	745,216	1,823,141	0.501	0.564	0.437	0.544	0.511
2014 Disabled Adults/Children		5,772	91,151	88,989	143,619	329,531	3.654	4.548	2.855	3.639	3.679
2015 Disabled Adults/Children		15,596	102,936	107,737	160,219	386,488	3.584	4.927	3.273	3.596	3.860
2016 Disabled Adults/Children		24,000	105,662	120,741	171,810	422,213	3.712	4.908	3.159	3.661	3.832
2017 Disabled Adults/Children		25,847	105,523	120,301	173,445	425,116	3.310	4.972	3.287	3.747	3.894
2018 Disabled Adults/Children		28,786	109,870	108,918	172,954	420,528	3.711	4.997	2.920	3.629	3.808

Year	Population	3: Risk-Adjusted Paid PMPM					4: Risk Scores Relativity				
		Health Choice	Healthy U	Molina	Select Health	Total	Health Choice	Healthy U	Molina	Select Health	Total
2014 Total		\$192.86	\$195.80	\$162.72	\$168.08	\$173.22	0.976	1.175	0.879	1.001	1.000
2015 Total		\$184.87	\$190.27	\$169.80	\$172.45	\$175.92	0.935	1.168	0.938	0.966	1.000
2016 Total		\$203.73	\$185.04	\$171.96	\$184.68	\$181.70	0.984	1.158	0.909	0.994	1.000
2017 Total		\$184.23	\$195.55	\$169.91	\$194.24	\$185.80	0.918	1.167	0.913	0.995	1.000
2018 Total		\$202.12	\$208.60	\$187.77	\$206.26	\$200.73	0.970	1.202	0.848	1.001	1.000
2014 Able Bodied Adults		\$252.50	\$293.74	\$280.61	\$244.58	\$267.99	0.852	1.079	0.978	0.990	1.000
2015 Able Bodied Adults		\$286.57	\$295.39	\$287.71	\$269.18	\$281.87	0.880	1.084	1.016	0.967	1.000
2016 Able Bodied Adults		\$311.19	\$285.33	\$280.65	\$285.71	\$286.12	0.931	1.144	0.997	0.958	1.000
2017 Able Bodied Adults		\$280.06	\$286.70	\$266.49	\$290.17	\$281.31	0.908	1.109	1.011	0.967	1.000
2018 Able Bodied Adults		\$280.26	\$294.88	\$284.21	\$313.36	\$298.78	0.940	1.146	0.972	0.967	1.000
2014 Able Bodied Children		\$111.53	\$107.31	\$99.62	\$98.78	\$101.36	1.044	1.160	0.888	1.016	1.000
2015 Able Bodied Children		\$103.89	\$99.09	\$103.15	\$97.05	\$99.88	0.977	1.077	0.961	0.999	1.000
2016 Able Bodied Children		\$125.69	\$99.91	\$106.69	\$105.69	\$106.43	1.024	1.018	0.928	1.049	1.000
2017 Able Bodied Children		\$112.73	\$108.48	\$106.58	\$110.13	\$108.92	0.972	1.066	0.919	1.043	1.000
2018 Able Bodied Children		\$121.98	\$119.41	\$119.42	\$120.18	\$119.96	0.981	1.104	0.854	1.064	1.000
2014 Disabled Adults/Children		\$576.51	\$439.39	\$414.50	\$414.67	\$425.90	0.993	1.236	0.776	0.989	1.000
2015 Disabled Adults/Children		\$533.94	\$443.74	\$440.87	\$432.59	\$442.13	0.929	1.276	0.848	0.932	1.000
2016 Disabled Adults/Children		\$533.42	\$420.62	\$432.48	\$459.09	\$444.58	0.969	1.281	0.824	0.955	1.000
2017 Disabled Adults/Children		\$481.58	\$432.85	\$419.13	\$485.19	\$452.64	0.850	1.277	0.844	0.962	1.000
2018 Disabled Adults/Children		\$529.64	\$446.19	\$453.32	\$474.31	\$464.19	0.974	1.312	0.767	0.953	1.000

(1) The population is divided into broad categories as follows:

- Able Bodied Children: Rate Cells A, C, K and L
- Able Bodied Adults: Rate Cells B, D, P, Q and R
- Disabled Children/Adults: Rate Cells F, G, H, I, and N

(2) The medical-only concurrent risk scores were developed using Milliman's MyMARA risk model calibrated to Utah Medicaid data.

(3) The paid PMPM for each ACO, year and population combination is normalized using the corresponding risk score from Box 2.

(4) The risk score relativity for each population, ACO and year combination is calculated as the risk score from Box 2 normalized across all ACOs. The all-population risk score is the average of each population's relativity weighted by the risk-adjusted PMPMs shown in Box 3.

Exhibit 4a
Utah Department of Health
ACO Efficiency Analysis
Quality Scores - Health Choice

Measure	Source	2016 Experience			2017 Experience			2018 Experience			2019 Experience		
		Weight	Result	Stars									
Star Rating (Final)													
Star Rating (Unrounded)		2.50			2.50			2.50			2.50		
		34.5			2.48			33.5			2.43		
		33.5			2.63			34.5			2.64		
HEDIS Measures		23.0			2.35			22.0			2.05		
		22.0			2.45			23.0			2.30		
Childhood Immunization: Combo 3	HEDIS	3.0	75%	4	3.0	74%	3	3.0	69%	3	3.0	72%	3
6 or More Well Child Visits in first 15 Months of Life	HEDIS	1.0	59%	3	1.0	52%	2	1.0	57%	2	1.0	59%	2
Immunizations for Adolescents - Combo 1 (changed to combo 2 in 2019)	HEDIS	3.0	79%	3	3.0	79%	3	3.0	86%	4	3.0	31%	2
Well Child Visits Age 3-6	HEDIS	1.0	58%	1	1.0	56%	1	1.0	58%	1	1.0	58%	1
Child/Adolescent BMI Assessment	HEDIS	1.0	39%	1	1.0	45%	1	1.0	59%	2	1.0	57%	2
Breast Cancer Screening	HEDIS	1.0	30%	1	1.0	31%	1	1.0	27%	1	1.0	29%	1
Cervical Cancer Screening	HEDIS	1.0	48%	2	1.0	42%	1	1.0	44%	1	1.0	44%	1
Postpartum Care Rate	HEDIS	1.0	58%	3	1.0	53%	2	1.0	61%	2	1.0	66%	3
Timeliness of Prenatal Care	HEDIS	1.0	n/a	n/a	1.0	n/a	n/a	1.0	n/a	n/a	1.0	69%	2
Use of Imaging for Low Back Pain	HEDIS	1.0	73%	3	1.0	81%	5	1.0	82%	5	1.0	80%	5
Antidepressant Medication Management: Acute Phase	HEDIS	1.0	33%	1	1.0	n/a	n/a	1.0	n/a	n/a	1.0	n/a	n/a
Appropriate Treatment for Children with Upper Respiratory Infection	HEDIS	1.0	91%	3	1.0	91%	3	1.0	93%	3	1.0	94%	4
Controlling High Blood Pressure	HEDIS	3.0	29%	1	3.0	38%	1	3.0	45%	2	3.0	61%	3
Diabetes: A1c Testing	HEDIS	3.0	81%	2	3.0	77%	1	3.0	83%	2	3.0	82%	1
Diabetes: Eye Exam	HEDIS	1.0	36%	1	1.0	48%	2	1.0	42%	1	1.0	49%	2
Adults' Access to Preventive/Ambulatory Health Services	HEDIS	1.0	95%	5	1.0	83%	3	1.0	81%	3	1.0	83%	3
CAHPS Measures		11.5			2.74			11.5			3.17		
		11.5			2.96			11.5			3.30		
Customer Service	CAHPS	1.0	88%	3	1.0	85%	2	1.0	85%	1	1.0	86%	2
How Well Doctors Communicate	CAHPS	1.5	93%	4	1.5	92%	3	1.5	92%	3	1.5	96%	5
Getting Care Quickly	CAHPS	1.5	80%	3	1.5	84%	4	1.5	84%	3	1.5	80%	2
Getting Needed Care	CAHPS	1.5	85%	4	1.5	86%	4	1.5	86%	4	1.5	84%	3
Satisfaction: Health Care	CAHPS	1.5	67%	1	1.5	74%	3	1.5	74%	3	1.5	80%	4
Satisfaction: Health Plan	CAHPS	1.5	66%	1	1.5	65%	1	1.5	65%	1	1.5	71%	2
Satisfaction: Specialist	CAHPS	1.5	84%	4	1.5	84%	4	1.5	84%	4	1.5	83%	3
Satisfaction: Personal Doctor	CAHPS	1.5	79%	2	1.5	84%	4	1.5	84%	4	1.5	89%	5

Exhibit 4b
Utah Department of Health
ACO Efficiency Analysis
Quality Scores - Healthy U

Measure	Source	2016 Experience			2017 Experience			2018 Experience			2019 Experience		
		Weight	Result	Stars									
Star Rating (Final)													
Star Rating (Unrounded)		3.50			3.00			3.00			3.50		
		34.5			3.42			34.5			3.17		
		34.5			3.16			34.5			3.16		
HEDIS Measures		23.0			3.26			23.0			3.35		
		23.0			3.39			23.0			3.39		
		24.0			3.46			24.0			3.46		
Childhood Immunization: Combo 3	HEDIS	3.0	75%	4	3.0	78%	4	3.0	73%	3	3.0	79%	5
6 or More Well Child Visits in first 15 Months of Life	HEDIS	1.0	56%	3	1.0	59%	3	1.0	55%	2	1.0	60%	2
Immunizations for Adolescents - Combo 1 (changed to combo 2 in 2019)	HEDIS	3.0	78%	3	3.0	86%	4	3.0	89%	5	3.0	44%	4
Well Child Visits Age 3-6	HEDIS	1.0	69%	3	1.0	64%	2	1.0	62%	2	1.0	64%	2
Child/Adolescent BMI Assessment	HEDIS	1.0	62%	3	1.0	72%	3	1.0	87%	4	1.0	84%	4
Breast Cancer Screening	HEDIS	1.0	52%	2	1.0	51%	2	1.0	49%	2	1.0	48%	2
Cervical Cancer Screening	HEDIS	1.0	45%	2	1.0	47%	2	1.0	57%	3	1.0	57%	2
Postpartum Care Rate	HEDIS	1.0	57%	3	1.0	59%	2	1.0	58%	2	1.0	55%	2
Timeliness of Prenatal Care	HEDIS	1.0	n/a	n/a	1.0	n/a	n/a	1.0	n/a	n/a	1.0	74%	2
Use of Imaging for Low Back Pain	HEDIS	1.0	73%	3	1.0	70%	3	1.0	75%	4	1.0	72%	3
Antidepressant Medication Management: Acute Phase	HEDIS	1.0	39%	1	1.0	82%	5	1.0	43%	1	1.0	47%	2
Appropriate Treatment for Children with Upper Respiratory Infection	HEDIS	1.0	95%	4	1.0	95%	4	1.0	94%	4	1.0	95%	4
Controlling High Blood Pressure	HEDIS	3.0	64%	4	3.0	64%	4	3.0	70%	4	3.0	76%	5
Diabetes: A1c Testing	HEDIS	3.0	88%	4	3.0	87%	3	3.0	89%	4	3.0	89%	3
Diabetes: Eye Exam	HEDIS	1.0	42%	2	1.0	52%	2	1.0	48%	2	1.0	56%	3
Adults' Access to Preventive/Ambulatory Health Services	HEDIS	1.0	87%	4	1.0	86%	4	1.0	84%	4	1.0	85%	4
CAHPS Measures		11.5			3.74			11.5			2.83		
		11.5			2.70			11.5			2.70		
		11.5			3.30			11.5			3.30		
Customer Service	CAHPS	1.0	90%	4	1.0	83%	1	1.0	83%	1	1.0	87%	2
How Well Doctors Communicate	CAHPS	1.5	90%	3	1.5	90%	2	1.5	90%	2	1.5	91%	2
Getting Care Quickly	CAHPS	1.5	82%	3	1.5	85%	4	1.5	85%	4	1.5	85%	4
Getting Needed Care	CAHPS	1.5	86%	5	1.5	85%	4	1.5	85%	4	1.5	84%	3
Satisfaction: Health Care	CAHPS	1.5	76%	4	1.5	74%	3	1.5	74%	3	1.5	80%	4
Satisfaction: Health Plan	CAHPS	1.5	75%	3	1.5	74%	2	1.5	74%	2	1.5	75%	2
Satisfaction: Specialist	CAHPS	1.5	84%	4	1.5	83%	4	1.5	83%	3	1.5	88%	5
Satisfaction: Personal Doctor	CAHPS	1.5	82%	4	1.5	80%	2	1.5	80%	2	1.5	85%	4

Exhibit 4c
Utah Department of Health
ACO Efficiency Analysis
Quality Scores - SelectHealth

Measure	Source	2016 Experience			2017 Experience			2018 Experience			2019 Experience					
		Weight	Result	Stars												
Star Rating (Final)					4.00			4.00			3.50			3.50		
Star Rating (Unrounded)					34.5			34.5			34.5			35.5		
HEDIS Measures					23.0			23.0			23.0			24.0		
Childhood Immunization: Combo 3	HEDIS	3.0	76%	4	3.0	76%	4	3.0	72%	3	3.0	76%	4			
6 or More Well Child Visits in first 15 Months of Life	HEDIS	1.0	60%	3	1.0	59%	3	1.0	65%	3	1.0	63%	3			
Immunizations for Adolescents - Combo 1 (changed to combo 2 in 2019)	HEDIS	3.0	78%	3	3.0	86%	4	3.0	85%	4	3.0	31%	2			
Well Child Visits Age 3-6	HEDIS	1.0	61%	1	1.0	64%	2	1.0	64%	2	1.0	64%	2			
Child/Adolescent BMI Assessment	HEDIS	1.0	86%	4	1.0	84%	4	1.0	88%	5	1.0	91%	5			
Breast Cancer Screening	HEDIS	1.0	47%	1	1.0	48%	1	1.0	50%	2	1.0	47%	1			
Cervical Cancer Screening	HEDIS	1.0	52%	3	1.0	64%	4	1.0	54%	2	1.0	57%	3			
Postpartum Care Rate	HEDIS	1.0	71%	4	1.0	71%	4	1.0	73%	4	1.0	76%	5			
Timeliness of Prenatal Care	HEDIS	1.0	n/a	n/a	1.0	n/a	n/a	1.0	n/a	n/a	1.0	91%	5			
Use of Imaging for Low Back Pain	HEDIS	1.0	79%	4	1.0	73%	3	1.0	76%	4	1.0	74%	4			
Antidepressant Medication Management: Acute Phase	HEDIS	1.0	60%	4	1.0	58%	4	1.0	69%	5	1.0	54%	3			
Appropriate Treatment for Children with Upper Respiratory Infection	HEDIS	1.0	95%	4	1.0	95%	4	1.0	96%	4	1.0	95%	4			
Controlling High Blood Pressure	HEDIS	3.0	73%	5	3.0	73%	5	3.0	70%	4	3.0	73%	5			
Diabetes: A1c Testing	HEDIS	3.0	91%	4	3.0	88%	3	3.0	91%	4	3.0	89%	3			
Diabetes: Eye Exam	HEDIS	1.0	38%	2	1.0	62%	4	1.0	65%	4	1.0	66%	4			
Adults' Access to Preventive/Ambulatory Health Services	HEDIS	1.0	94%	5	1.0	94%	5	1.0	87%	4	1.0	88%	5			
CAHPS Measures					11.5			11.5			11.5			11.5		
Customer Service	CAHPS	1.0	88%	3	1.0	92%	5	1.0	92%	5	1.0	90%	3			
How Well Doctors Communicate	CAHPS	1.5	92%	4	1.5	92%	3	1.5	92%	3	1.5	92%	3			
Getting Care Quickly	CAHPS	1.5	83%	4	1.5	84%	4	1.5	84%	3	1.5	84%	3			
Getting Needed Care	CAHPS	1.5	86%	5	1.5	85%	4	1.5	85%	4	1.5	86%	4			
Satisfaction: Health Care	CAHPS	1.5	77%	4	1.5	79%	4	1.5	79%	4	1.5	78%	4			
Satisfaction: Health Plan	CAHPS	1.5	76%	3	1.5	79%	4	1.5	79%	3	1.5	82%	4			
Satisfaction: Specialist	CAHPS	1.5	85%	5	1.5	84%	4	1.5	84%	4	1.5	82%	3			
Satisfaction: Personal Doctor	CAHPS	1.5	84%	4	1.5	86%	5	1.5	86%	5	1.5	86%	4			

Exhibit 4d
Utah Department of Health
ACO Efficiency Analysis
Quality Scores - Molina

Measure	Source	2016 Experience			2017 Experience			2018 Experience			2019 Experience														
		Weight	Result	Stars																					
Star Rating (Final)																									
Star Rating (Unrounded)		3.50			3.00			3.00			2.00														
		34.5			3.46			34.5			2.97			34.5			2.97			35.5			2.11		
HEDIS Measures		23.0			3.22			23.0			3.17			23.0			3.17			24.0			2.21		
Childhood Immunization: Combo 3	HEDIS	3.0	72%	3	3.0	70%	3	3.0	74%	4	3.0	71%	3												
6 or More Well Child Visits in first 15 Months of Life	HEDIS	1.0	60%	3	1.0	57%	2	1.0	62%	3	1.0	61%	2												
Immunizations for Adolescents - Combo 1 (changed to combo 2 in 2019)	HEDIS	3.0	77%	3	3.0	83%	4	3.0	84%	4	3.0	28%	2												
Well Child Visits Age 3-6	HEDIS	1.0	66%	2	1.0	63%	2	1.0	63%	2	1.0	59%	1												
Child/Adolescent BMI Assessment	HEDIS	1.0	70%	3	1.0	71%	3	1.0	74%	3	1.0	63%	2												
Breast Cancer Screening	HEDIS	1.0	55%	3	1.0	50%	2	1.0	43%	1	1.0	40%	1												
Cervical Cancer Screening	HEDIS	1.0	55%	3	1.0	54%	2	1.0	54%	2	1.0	53%	2												
Postpartum Care Rate	HEDIS	1.0	65%	3	1.0	64%	3	1.0	59%	2	1.0	53%	2												
Timeliness of Prenatal Care	HEDIS	1.0	n/a	n/a	1.0	n/a	n/a	1.0	n/a	n/a	1.0	62%	1												
Use of Imaging for Low Back Pain	HEDIS	1.0	77%	4	1.0	72%	3	1.0	72%	3	1.0	67%	2												
Antidepressant Medication Management: Acute Phase	HEDIS	1.0	42%	1	1.0	59%	4	1.0	33%	1	1.0	33%	1												
Appropriate Treatment for Children with Upper Respiratory Infection	HEDIS	1.0	91%	3	1.0	92%	3	1.0	93%	4	1.0	94%	4												
Controlling High Blood Pressure	HEDIS	3.0	66%	4	3.0	64%	4	3.0	60%	3	3.0	55%	2												
Diabetes: A1c Testing	HEDIS	3.0	90%	4	3.0	88%	3	3.0	91%	4	3.0	87%	3												
Diabetes: Eye Exam	HEDIS	1.0	50%	3	1.0	55%	3	1.0	55%	3	1.0	52%	2												
Adults' Access to Preventive/Ambulatory Health Services	HEDIS	1.0	86%	4	1.0	86%	4	1.0	85%	4	1.0	83%	3												
CAHPS Measures		11.5			3.96			11.5			2.57			11.5			2.57			11.5			1.91		
Customer Service	CAHPS	1.0	86%	2	1.0	83%	1	1.0	83%	1	1.0	79%	1												
How Well Doctors Communicate	CAHPS	1.5	94%	5	1.5	92%	3	1.5	92%	3	1.5	90%	2												
Getting Care Quickly	CAHPS	1.5	87%	5	1.5	82%	3	1.5	82%	3	1.5	81%	3												
Getting Needed Care	CAHPS	1.5	84%	4	1.5	83%	3	1.5	83%	3	1.5	83%	3												
Satisfaction: Health Care	CAHPS	1.5	78%	4	1.5	73%	2	1.5	73%	3	1.5	69%	1												
Satisfaction: Health Plan	CAHPS	1.5	77%	3	1.5	70%	2	1.5	70%	1	1.5	70%	1												
Satisfaction: Specialist	CAHPS	1.5	82%	3	1.5	79%	2	1.5	79%	2	1.5	76%	1												
Satisfaction: Personal Doctor	CAHPS	1.5	88%	5	1.5	85%	4	1.5	85%	4	1.5	82%	3												