

# Managed Care Program Annual Report (MCPAR) for Nevada: Nevada Medicaid Managed Care Program

| Due date   | Last edited | Edited by    | Status    |
|------------|-------------|--------------|-----------|
| 06/29/2023 | 06/29/2023  | Jaimie Evins | Submitted |

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

## Section A: Program Information

### Point of Contact

| Number | Indicator   | Response |
|--------|---|----------|
| A1     | State name<br>Auto-populated from your account profile. | Nevada   |

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|     |   |              |
|-----|---|--------------|
| A2a | Contact name  | Maria Curiel |
|     | <p>First and last name of the contact person.<br/> 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.</p> |              |

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|     |   |                       |
|-----|---|-----------------------|
| A2b | Contact email address   | m.curiel@dncfp.nv.gov |
|     | <p>Enter email address.<br/> Department or program-wide email addresses ok.</p> |                       |

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|     |   |              |
|-----|---|--------------|
| A3a | Submitter name  | MARIA CURIEL |
|     | <p>CMS receives this data upon submission of this MCPAR report.</p> |              |

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|     |   |                       |
|-----|---|-----------------------|
| A3b | Submitter email address   | m.curiel@dncfp.nv.gov |
|     | <p>CMS receives this data upon submission of this MCPAR report.</p> |                       |

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|----|---|------------|
| A4 | Date of report submission   | 06/29/2023 |
|    | <p>CMS receives this date upon submission of this MCPAR report.</p> |            |

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Reporting Period

| Number | Indicator                                    | Response   |
|--------|--|------------|
| A5a    | Reporting period start date                  | 01/01/2022 |
|        | <p>Auto-populated from report dashboard.</p> |            |

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|-----|---------------------------------------|------------|
| A5b | Reporting period end date             | 12/31/2022 |
|     | Auto-populated from report dashboard. |            |

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|----|---------------------------------------|--------------------------------------|
| A6 | Program name                          | Nevada Medicaid Managed Care Program |
|    | Auto-populated from report dashboard. |                                      |

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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 | Anthem Blue Cross and Blue Shield |
|           | Health Plan of Nevada             |
|           | Molina Healthcare of Nevada       |
|           | SilverSummit Healthplan           |

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Add BSS entities (A.8)

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

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

| Indicator       | Response                        |
|-----------------|---------------------------------|
| BSS entity name | Nevada Medicaid District Office |

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## Section B: State-Level Indicators

### Topic I. Program Characteristics and Enrollment

| Number | Indicator   | Response |
|--------|---|----------|
| BI.1   | Statewide Medicaid enrollment<br>Enter the total number of individuals enrolled in Medicaid as of the first day of the last month of the reporting year.<br>Include all FFS and managed care enrollees, and count each person only once, regardless of the delivery system(s) in which they are enrolled. | 899,088  |

|      |   |         |
|------|---|---------|
| BI.2 | Statewide Medicaid managed care enrollment<br>Enter the total, unduplicated number of individuals enrolled in any type of Medicaid managed care as of the first day of the last month of the reporting year.<br>Include enrollees in all programs, and count each person only once, even if they are enrolled in more than one managed care program or more than one managed care plan. | 673,148 |
|------|---|---------|

### Topic III. Encounter Data Report

| Number | Indicator | Response |
|--------|-----------|----------|
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|        |  |      |
|--------|--|------|
| BIII.1 | <p>Data validation entity</p> <p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p>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 postacceptance analyses. See Glossary in Excel Workbook for more information.</p> | EQRO |
|--------|--|------|

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Topic X: Program Integrity

| Number | Indicator  | Response   |
|--------|--|--|
| BX.1   | <p>Payment risks between the state and plans</p> <p>Describe service-specific or focused PI activities that the state conducted during the</p> | <p>In accordance with 42 CFR 438.608(a), the State performs an MCO Annual Compliance</p> <p>Plan Review of MCO reports 315 and 316, other which are submitted by the MCOs on July 1st. the</p> <p>The State provides educational guidance to</p> |

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.

managed care plans through the quarterly PI network calls and the annual trainings. Guidance is also given to the plans during the year on an ad hoc basis. In CY2022, the State started an MCO-initiated provider payment suspension process. As noted in B.X.5, the State is developing a report to verify identified and recovered overpayments listed on monthly MCO reports 309, 311, 312, 313.

|      |  |  |
|------|--|--|
| BX.2 | <p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>  | State requires the return of overpayments  |
| BX.3 | <p>Location of contract provision stating overpayment standard</p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>  | Contract S1457 Section 7.10.7.2 Contract S1457 Section 7.10.8.2  |
| BX.4 | <p>Description of overpayment contract standard</p> <p>Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.</p> | 7.10.7.2. The Contractor will recover and retain all Overpayments resulting from a Contractor-initiated fraud, waste and abuse review, investigation or audit. 7.10.8.2. Any improper payments identified by the State that have not been reported by the Contractor as being under review may be recovered and retained by the State. |
| BX.5 | <p>State overpayment reporting monitoring</p>  | Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement  |

and/or timeliness of reporting? The regulations at 438.604(a) MCOs submit monthly overpayment reports 312 and 313 using a template developed by the state to facilitate monitoring overpayments. MCO reports 309 and (7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

311 also list identified overpayments. However, these four reports are insufficient in verifying compliance as detailed in the CMS 2021 MCO Audit. Currently SUR is developing a report using the State's Data

Warehouse that can take the identified overpayment claims from the MCOs and verify that the adjustments have been made in MMIS. The State will reach out to the individual plans for clarification and/or data issues as they arise.

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| BX.6  | <p>Changes in beneficiary circumstances</p> <p>Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).</p> | <p>MIT is used to correctly reflect current eligibility status posted by Welfare. Any updates to a clients eligibility due to incarceration, DOD, switch of plans, that are not picked up by the system will be reported and sent to MIT to be updated manually to bring the clients eligibility in line.</p> |
| BX.7a | <p>Changes in provider circumstances: Monitoring plans</p> <p>Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>   | Yes   |
| BX.7b | <p>Changes in provider circumstances: Metrics</p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p>  | Yes   |

|       |  |   |
|-------|--|---|
| BX.7c | <p>Changes in provider circumstances: Describe metric</p> <p>Describe the metric or indicator that the state uses.</p>   | <p>The MCOs submit 302 termination reports on a weekly basis per contract section 7.6.2.5.12.1; this reporting encompasses all reasons to include "for cause," terminations. Plan performance is evaluated based upon timely submission of this report.</p> |
| BX.8a | <p>Federal database checks:<br/>Excluded person or entities</p> <p>During the state's federal database checks, did the state find any person or entity excluded? Select one.</p> <p>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.</p> | No  |
| BX.9a | <p>Website posting of 5 percent or more ownership control</p> <p>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 §455.104 and required by 42 CFR 438.602(g)(3).</p>   | No  |



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| BX.10 | <p>Periodic audits</p> <p>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, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).</p> | <p>DHCFP's contracted External Quality Review Organization (EQRO), Health Services Advisory Group (HSAG), conducted FY2022 Encounter Data Validation (EDV) Study in accordance with CMS EQR Protocol 5. The FY22 EDV report is posted on the DHCFP website at <a href="https://dhcfp.nv.gov/Resources/AdminSupport/Reports/CaseloadData/">https://dhcfp.nv.gov/Resources/AdminSupport/Reports/CaseloadData/</a></p> |
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Section C: Program-Level Indicators

Topic I: Program Characteristics

| Number | Indicator   | Response  |
|--------|---|---|
| C1I.1  | <p>Program contract MCO RFP S1457 Enter the title of the contract between the state and plans participating in the managed care program.</p>            |   |
| N/A    | <p>Enter the date of the contract between the state and plans participating in the managed care program.</p>  | 01/01/2022  |
| C1I.2  | <p>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p> | <a href="https://dhcfp.nv.gov/ManagedCareContracts/">https://dhcfp.nv.gov/ManagedCareContracts/</a> |

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|        |  |  |
|--------|--|--|
| C1I.3  | <p>Program type</p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>  | Managed Care Organization (MCO)  |
| C1I.4a | <p>Special program benefits</p> <p>Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more.</p> <p>Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.</p> | <p>Behavioral health</p> <p>Long-term services and supports (LTSS)</p>   |
| C1I.4b | <p>Variation in special benefits</p> <p>What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.</p>  | <p>LTSS benefits under the MCO contract are limited to Personal Care Services (PCS), Private Duty Nursing (PDN), Nursing Facilities and Home Health. Managed care in Nevada is limited to Urban Clark and Washoe Counties.</p> |

|       |   |   |
|-------|---|---|
| C1I.5 | <p>Program enrollment</p> <p>Enter the total number of individuals enrolled in the managed care program as of the first day of the last month of the reporting year.</p>                    | 673,148   |
| C1I.6 | <p>Changes to enrollment or benefits</p> <p>Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year.</p> | <p>Effective 1/1/2022 Nevada implemented a new MCO contract, adding a new MCP, Molina Healthcare of Nevada. In the new contract the Seriously Mentally Ill (SMI) population became mandatory managed care. Services added to the new contract include: Residential Treatment Centers (RTC), Certified Community Behavioral Health Centers (CCBHC), and extended MCO coverage for Nursing Facility (NF) stays from 45 to 180 days.</p> |

Topic III: Encounter Data Report

| Number  | Indicator  | Response   |
|---------|--|--|
| C1III.1 | <p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p> | <p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> |

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.

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).

Federal regulations also require

Timeliness of initial data submissions

Timeliness of data corrections

Provider ID field complete

Overall data accuracy (as determined through data validation)

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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.

Contract S1457 Section 7.12.4.9.

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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.

Contract S1457 Section 7.15.3.20

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|---------|--|-----|
| C1III.5 | <p>Incentives for encounter data quality</p> <p>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.</p> | N/A |
| C1III.6 | <p>Barriers to collecting/validating Barriers encounter data</p> <p>Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting period.</p>                       | No  |

Topic IV. Appeals, State Fair Hearings & Grievances

| Number | Indicator  | Response   |
|--------|--|--|
| C1IV.1 | <p>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p> | <p>Critical incidents are incidents that fall in the categories outlined in Contract S1457 Section 7.9.14.2.</p> |

|        |  |  |
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| C1IV.2 | <p>State definition of "timely" resolution for standard appeals</p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program.</p> <p>Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p> | <p>7.8.10.9.1.2. Standard resolution of Appeals: The Contractor is allowed no more than thirty (30) Calendar Days from the date of receipt of the Appeal.</p>  |
| C1IV.3 | <p>State definition of "timely" resolution for expedited appeals</p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program.</p> <p>Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>             | <p>7.8.10.9.1.3. Expedited resolution of Appeals: The Contractor must resolve each expedited Appeal and provide notice, as expeditiously as the Member's health condition requires, not to exceed seventy-two (72) hours after the Contractor receives the expedited Appeal request.</p>     |
| C1IV.4 | <p>State definition of "timely" resolution for grievances</p> <p>Provide the state's definition of timely resolution for grievances in the managed care program.</p> <p>Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution</p>   | <p>of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.</p> <p>7.8.10.9.1.1. Standard disposition of Grievances: The Contractor is allowed no more than ninety (90) Calendar Days from the date of receipt of the Grievance.</p> |

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

| Number | Indicator  | Response  |
|--------|--|---|
| C1V.1  | Gaps/challenges in network adequacy<br>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards. | Nevada Medicaid Managed Care is currently only in urban Clark and Washoe counties. Although housing communities have grown in some of the zip codes in these counties, provider offices and services have not expanded to the same areas. Additionally, there are a few provider types, including Pediatric Specialists, that are just not prevalent in Nevada. |
| C1V.2  | State response to gaps in network adequacy<br>How does the state work with MCPs to address gaps in network adequacy?   | DHCFP has implemented bonus incentive payment programs to encourage MCPs to promote the use of value-based purchasing models and development of a more robust primary care system to improve members' access to critical services. Additionally, the Nevada Legislature recently passed a rate increase for Physicians, APRNs and Nurse Midwives.               |

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#### Access Measures

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

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

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

Access measure total count: 14



C2.V.1 General category: General quantitative availability and accessibility standard 1 / 14

C2.V.2 Measure standard  
15 minutes/10 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Primary care

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard 2 / 14

C2.V.2 Measure standard  
15 minutes/10 miles

C2.V.3 Standard type  
Maximum time or distance



C2.V.4 Provider  
OB/GYN

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly

  
Complete

C2.V.1 General category: General quantitative availability and accessibility standard 3 / 14

C2.V.2 Measure standard  
15 minutes/10 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Pediatrics

C2.V.5 Region  
Urban

C2.V.6 Population  
Pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly

  
Complete

C2.V.1 General category: General quantitative availability and accessibility standard 4 / 14

C2.V.2 Measure standard  
45 minutes/30 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Hospital

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric



C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard 5 / 14

C2.V.2 Measure standard  
60 minutes/40 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Endocrinology

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard 6 / 14

C2.V.2 Measure standard  
60 minutes/40 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Infectious Disease

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods

Quarterly

  
Complete

C2.V.1 General category: General quantitative availability and accessibility standard 7 / 14

C2.V.2 Measure standard  
45 minutes/30 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Oncologist-  
Medical/Surgical

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



Complete

8 / 14

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

C2.V.2 Measure standard  
60 minutes/40 miles

C2.V.3 Standard type  
Maximum time or distance

|                                    |               |
|------------------------------------|---------------|
| C2.V.4 Provider                    | C2.V.5 Region |
| Oncologist-<br>Radiation/Radiology | Urban         |

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly

C2.V.6 Population  
Adult and pediatric



C2.V.1 General category: General quantitative availability and accessibility standard 9 / 14

C2.V.2 Measure standard  
60 minutes/40 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Rheumatologist

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard 10 / 14

C2.V.2 Measure standard  
45 minutes/30 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Psychiatrist

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard 11 / 14

C2.V.2 Measure standard  
45 minutes/30 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Board Certified  
Child and Adolescent  
Psychiatrist

C2.V.5 Region  
Urban

C2.V.6 Population  
Pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard <sup>12 / 14</sup>

C2.V.2 Measure standard  
45 minutes/30 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Behavioral health

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard <sup>13 / 14</sup>

C2.V.2 Measure standard  
45 minutes/30 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Outpatient Dialysis

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard <sup>14 / 14</sup>

C2.V.2 Measure standard  
15 minutes/10 miles

C2.V.3 Standard type  
Maximum time or distance

C2.V.4 Provider  
Pharmacy

C2.V.5 Region  
Urban

C2.V.6 Population  
Adult and pediatric

C2.V.7 Monitoring Methods  
Geomapping, 402 Network Adequacy Report

C2.V.8 Frequency of oversight methods  
Quarterly

## Topic IX: Beneficiary Support System (BSS)

| Number | Indicator | Response |
|--------|-----------|----------|
|--------|-----------|----------|

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|--------|-------------|--------------------|
| C1IX.1 | BSS website | dhcfp@dhcfp.nv.gov |
|--------|-------------|--------------------|



List the website(s) and/or email

<https://dhcftp.nv.gov/Members/BLU/MCOMain> address that beneficiaries use to / seek assistance from the BSS through electronic means.

Separate entries with commas.

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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, inperson, and via auxiliary aids and services when requested.

A statewide phone queue for Medicaid beneficiaries operates 8am-5pm Monday-Friday, all business days. Phone numbers to this queue are posted on our contacts page at [DHCFTP.NV.GOV](http://DHCFTP.NV.GOV). Phone numbers to the statewide queue are: 702-668-4200, 775-6871900, 775-753-1191, 775-684-3651, 866-5691746, and include a TTY option. This phone line is conducted in Spanish and English. Addresses to all DHCFTP offices are listed on the DHCFTP website under this contact page for Carson City, Elko, Las Vegas, and Reno. There is a 'contact us' form and our [dhcftp@dhcftp.nv.gov](mailto:dhcftp@dhcftp.nv.gov) email address that accepts all Medicaid inquiries. The contact page also includes social media links to Facebook and Twitter.

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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).

DHCFTP District Office staff assists NV Medicaid beneficiaries to resolve any access to care issues, concerns or complaints. Health Care Coordinators are available to assist beneficiaries in resolving issues and record any complaints and intervene with providers if necessary. Any reports of Fraud, Waste, or Abuse is reported to our Surveillance Utilization and Review (SUR) unit to investigate. Managed Care Quality Assurance (MCQU) unit is notified of MCO concerns. Any appeals for service reduction, termination, or denial are referred to the Hearings Unit.

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|        |   |  |
|--------|---|--|
| C1IX.4 | <p>State evaluation of BSS entity performance</p> <p>What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p> | <p>Random call monitoring and front desk interaction monitoring takes place by the District Office supervisors and managers to ensure appropriate information is provided to beneficiaries. Regular training of all customer service and District Office staff on Medicaid processes is also in place. All District Office Care Coordination cases are reviewed by a unit supervisor for quality at the conclusion of the case. Access to care and complaints by provider type and area are tracked on a monthly basis. Customer Service queue reports are run weekly to review hold times and adjustments are made to staffing if needed.</p> |
|--------|---|--|

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Topic X: Program Integrity

| Number | Indicator   | Response |
|--------|---|----------|
| C1X.3  | <p>Prohibited affiliation disclosure</p> <p>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).</p> | No       |

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Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

| Number | Indicator | Response |
|--------|-----------|----------|
|--------|-----------|----------|

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|       |  |                                   |
|-------|--|-----------------------------------|
| D1I.1 | Plan enrollment  | Anthem Blue Cross and Blue Shield |
|       | What is the total number of individuals enrolled in each plan as of the first day of the last month of the reporting year? | 204,578                           |
|       |  | Health Plan of Nevada             |
|       |  | 222,611                           |
|       |  | Molina Healthcare of Nevada       |
|       |  | 113,405                           |
|       |  | SilverSummit Healthplan           |
|       |  | 132,554                           |

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|       |   |                                   |
|-------|---|-----------------------------------|
| D1I.2 | Plan share of Medicaid  | Anthem Blue Cross and Blue Shield |
|       | What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? | 23%                               |
|       |   | Health Plan of Nevada             |
|       | • Numerator: Plan enrollment (D1.I.1)   | 25%                               |
|       | • Denominator: Statewide Medicaid enrollment (B.I.1)  | Molina Healthcare of Nevada       |
|       |   | 13%                               |
|       |   | SilverSummit Healthplan           |
|       |   | 15%                               |

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|       |   |                                   |
|-------|---|-----------------------------------|
| D1I.3 | Plan share of any Medicaid managed care   | Anthem Blue Cross and Blue Shield |
|       | What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? | 30%                               |
|       |   | Health Plan of Nevada             |
|       |   | 33%                               |

- Numerator: Plan enrollment (D1.I.1) Molina Healthcare of Nevada
  - Medicaid managed care enrollment (B.I.2) 17% Denominator: Statewide
- SilverSummit Healthplan  
20%
- 

Topic II. Financial Performance

| Number  | Indicator   | Response                          |
|---------|---|-----------------------------------|
| D1II.1a | Medical Loss Ratio (MLR)  | 85%                               |
|         | 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.   | Health Plan of Nevada<br>86%      |
|         | 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 Anthem Blue Cross and Blue Shield the regulatory definition of MLR. | Molina Healthcare of Nevada<br>0% |
|         |   | SilverSummit Healthplan<br>83%    |

|         |  |  |
|---------|--|--|
| D1II.1b | <p>Level of aggregation</p> <p>What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.</p> <p>As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.</p>   | <p>Anthem Blue Cross and Blue Shield</p> <p>Program-specific statewide</p> <p>Health Plan of Nevada</p> <p>Program-specific statewide</p> <p>Molina Healthcare of Nevada</p> <p>Other, specify – Not under contract for 2021 and 2022 MLR data not yet available.</p> <p>SilverSummit Healthplan</p> <p>Program-specific statewide</p> |
| D1II.2  | <p>Population specific MLR description</p> <p>Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.</p> <p>See glossary for the regulatory definition of MLR.</p> | <p>Anthem Blue Cross and Blue Shield</p> <p>N/A</p> <p>Health Plan of Nevada</p> <p>N/A</p> <p>Molina Healthcare of Nevada</p> <p>N/A</p> <p>SilverSummit Healthplan</p> <p>N/A</p>  |
| D1II.3  | <p>MLR reporting period discrepancies</p> <p>Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?</p>  | <p>Anthem Blue Cross and Blue Shield</p> <p>Yes</p> <p>Health Plan of Nevada</p> <p>Yes</p> <p>Molina Healthcare of Nevada</p>   |

No  
SilverSummit Healthplan  
Yes

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N/A      Enter the start date.      Anthem Blue Cross and Blue Shield  
01/01/2021  
  
Health Plan of Nevada  
01/01/2021  
  
Molina Healthcare of Nevada  
Not applicable  
  
SilverSummit Healthplan  
01/01/2021

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N/A      Enter the end date.      Anthem Blue Cross and Blue Shield  
12/31/2021  
  
Health Plan of Nevada  
12/31/2021  
  
Molina Healthcare of Nevada  
Not applicable  
  
SilverSummit Healthplan  
12/31/2021

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Topic III. Encounter Data

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| Number  | Indicator   | Response                   |
|---------|---|----------------------------|
| D1III.1 | Definition of timely encounter<br>Shield data submissions | Anthem Blue Cross and Blue |

|   |                             |
|---|-----------------------------|
|   | 180 days                    |
| Describe the state's standard for timely encounter data submissions used in this program.               | Health Plan of Nevada       |
| If reporting frequencies and standards differ by type of encounter within this program, please explain. | 180 days                    |
|   | Molina Healthcare of Nevada |
|   | 180 days                    |
|   | SilverSummit Healthplan     |
|   | 180 days                    |

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|         |   |  |
|---------|---|--|
| D1III.2 | Share of encounter data submissions that met state's timely submission requirements   | Anthem Blue Cross and Blue Shield<br>99.5% |
|         | What percent of the plan's encounter data file submissions (submitted during the reporting period) met state requirements for timely submission?  | Health Plan of Nevada<br>98.46%            |
|         | If the state has not yet received any encounter data file submissions for the entire contract period 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 period. | Molina Healthcare of Nevada<br>98.43%      |
|         |   | SilverSummit Healthplan<br>99.51%          |

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|         |  |  |
|---------|--|--|
| D1III.3 | Share of encounter data submissions that were HIPAA compliant  | Anthem Blue Cross and Blue Shield<br>99.5% |
|         | What percent of the plan's encounter data submissions (submitted during the reporting period) met state requirements for HIPAA compliance?   | Health Plan of Nevada<br>98.46%            |
|         | 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 period. | Molina Healthcare of Nevada<br>98.43%      |
|         |  | SilverSummit Healthplan<br>99.51%          |

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

| Number | Indicator   | Response                             |
|--------|---|--------------------------------------|
| D1IV.1 | Appeals resolved (at the plan level)  | Anthem Blue Cross and Blue Shield    |
|        | Enter the total number of appeals resolved as of the first day of the last month of the reporting year.   | 41,247                               |
|        | 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. | Health Plan of Nevada<br>529         |
|        |   | Molina Healthcare of Nevada<br>6,506 |
|        |   | SilverSummit Healthplan<br>999       |

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|                             |  |  |
|-----------------------------|--|--|
| D1IV.2                      | <p>Active appeals</p> <p>Enter the total number of appeals still pending or in process (not yet resolved) as of the first day of the last month of the reporting year.</p>   | <p>Anthem Blue Cross and Blue Shield</p> <p>0</p> <p>Health Plan of Nevada</p> <p>203</p> <p>Molina Healthcare of Nevada</p> <p>1,357</p> <p>SilverSummit Healthplan</p> <p>347</p>  |
| D1IV.3                      | <p>Appeals filed on behalf of LTSS users</p> <p>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 Anthem Blue Cross and Blue Shield</p> | <p>filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal</p> <p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan</p> |
| N/A                         | <p>Health Plan of Nevada</p> <p>0</p> <p>reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).</p>  | <p>SilverSummit Healthplan</p> <p>0</p>  |
| Molina Healthcare of Nevada | <p>D1IV.4 Number of critical incidents</p>   | <p>does not cover LTSS, enter “N/A”.</p>   |

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

N/A

Health Plan of Nevada

0

Molina Healthcare of Nevada

0

SilverSummit Healthplan

0

enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

|         |   |  |
|---------|---|--|
| D1IV.5a | <p>Standard appeals for which timely resolution was provided</p> <p>Enter the total number of standard appeals for which timely resolution was provided by plan during the reporting period.<br/>See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.</p>   | <p>Anthem Blue Cross and Blue Shield<br/>43,843</p> <p>Health Plan of Nevada<br/>487</p> <p>Molina Healthcare of Nevada<br/>170</p> <p>SilverSummit Healthplan<br/>549</p> |
| D1IV.5b | <p>Expedited appeals for which timely resolution was provided</p> <p>Enter the total number of expedited appeals for which timely resolution was provided by plan during the reporting period.<br/>See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.</p> | <p>Anthem Blue Cross and Blue Shield<br/>7</p> <p>Health Plan of Nevada<br/>69</p> <p>Molina Healthcare of Nevada<br/>9</p> <p>SilverSummit Healthplan<br/>12</p>          |
| D1IV.6a | <p>Resolved appeals related to denial of authorization or limited authorization of a service</p> <p>Enter the total number of appeals resolved by the plan</p>  | <p>during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited</p>   |

|                       |                                   |                             |       |
|-----------------------|-----------------------------------|-----------------------------|-------|
| 12,615                | Anthem Blue Cross and Blue Shield | Health Plan of Nevada       | 532   |
| Health Plan of Nevada |                                   | Molina Healthcare of Nevada | 5,617 |
| 470                   |                                   |                             |       |

authorization of a service.  
 (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

1,198

SilverSummit Healthplan

368

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|         |  |                                   |   |
|---------|--|-----------------------------------|---|
| D1IV.6b | Resolved appeals related to reduction, suspension, or termination of a previously authorized service   | Anthem Blue Cross and Blue Shield | 6 |
|         | 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. | Health Plan of Nevada             | 3 |
|         |  | Molina Healthcare of Nevada       | 0 |
|         |  | SilverSummit Healthplan           | 0 |

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|  |         |                         |     |
|--|---------|-------------------------|-----|
| Molina Healthcare of Nevada                | D1IV.6c | SilverSummit Healthplan | 939 |
| 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.

Anthem Blue Cross and Blue Shield

28,800

|         |   |   |
|---------|---|---|
| D1IV.6d | <p>Resolved appeals related to service timeliness</p> <p>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).</p>   | <p>Anthem Blue Cross and Blue Shield</p> <p>0</p> <p>Health Plan of Nevada</p> <p>0</p> <p>Molina Healthcare of Nevada</p> <p>0</p> <p>SilverSummit Healthplan</p> <p>0</p> |
| D1IV.6e | <p>Resolved appeals related to lack of timely plan response to an appeal or grievance</p> <p>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.</p> | <p>Anthem Blue Cross and Blue Shield</p> <p>0</p> <p>Health Plan of Nevada</p> <p>0</p> <p>Molina Healthcare of Nevada</p> <p>0</p> <p>SilverSummit Healthplan</p> <p>0</p> |
| D1IV.6f | <p>Resolved appeals related to plan denial of an enrollee's right to request out-of-network care</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the</p>          | <p>network (only applicable to residents of rural areas with only one MCO).</p> <p>Anthem Blue Cross and Blue Shield</p> <p>N/A</p> <p>Health Plan of Nevada</p>            |

|                             |  |  |
|-----------------------------|--|--|
| N/A                         |  | 0                                      |
| Molina Healthcare of Nevada |  | SilverSummit Healthplan<br>N/A         |
| D1IV.6g                     | Resolved appeals related to denial of an enrollee's request to dispute financial liability   | Anthem Blue Cross and Blue Shield<br>0 |
|                             | 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. | Health Plan of Nevada<br>0             |
|                             |  | Molina Healthcare of Nevada<br>0       |
|                             |  | SilverSummit Healthplan<br>0           |

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### 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 |
|--------|-----------|----------|
|--------|-----------|----------|

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|         |   |  |
|---------|---|--|
| D1IV.7a | Resolved appeals related to general inpatient services  | Anthem Blue Cross and Blue Shield<br>9,295 |
|         | 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. | Health Plan of Nevada<br>75                |
|         | Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c.  | Molina Healthcare of Nevada<br>3           |
|         | If the managed care plan does not cover general inpatient services, enter "N/A".  | SilverSummit Healthplan<br>139             |

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|         |   |   |
|---------|---|---|
| D1IV.7b | Resolved appeals related to general outpatient services | Anthem Blue Cross and Blue Shield<br>23,758 |
|         | Enter the total number of appeals resolved by the plan  |   |

|         |  |   |
|---------|--|---|
|         | during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A". | Health Plan of Nevada<br>81<br>Molina Healthcare of Nevada<br>2,610<br>SilverSummit Healthplan<br>472   |
| D1IV.7c | Resolved appeals related to inpatient behavioral health services<br><br>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".          | Anthem Blue Cross and Blue Shield<br>225<br><br>Health Plan of Nevada<br>0<br>Molina Healthcare of Nevada<br>0<br><br>SilverSummit Healthplan<br>0      |
| D1IV.7d | Resolved appeals related to outpatient behavioral health services<br><br>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".       | Anthem Blue Cross and Blue Shield<br>5,517<br><br>Health Plan of Nevada<br>2<br>Molina Healthcare of Nevada<br>130<br><br>SilverSummit Healthplan<br>94 |



Health Plan of Nevada

|         |   |   |
|---------|---|---|
| D1IV.7e | Resolved appeals related to Anthem Blue Cross and Blue Shield covered outpatient prescription drugs   | 138   |
|         | Enter the total number of appeals resolved by the plan during the reporting year that 369 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". | Molina Healthcare of Nevada<br>0<br>SilverSummit Healthplan<br>20 |

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|         |  |  |
|---------|--|--|
| D1IV.7f | Resolved appeals related to skilled nursing facility (SNF) services  | Anthem Blue Cross and Blue Shield<br>70  |
|         | 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". | Health Plan of Nevada<br>0<br>Molina Healthcare of Nevada<br>0<br>SilverSummit Healthplan<br>0 |

---

|         |   | Health Plan of Nevada   |
|---------|---|---|
| D1IV.7g | Resolved appeals related to long-term services and supports (LTSS)  | Anthem Blue Cross and Blue Shield<br>440  |
|         | Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A". | Health Plan of Nevada<br>23<br>Molina Healthcare of Nevada<br>0<br>SilverSummit Healthplan<br>3 |
| D1IV.7h | Resolved appeals related to dental services   | Anthem Blue Cross and Blue Shield<br>N/A  |
|         | 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".  | N/A<br>Molina Healthcare of Nevada<br>N/A<br>SilverSummit Healthplan<br>N/A                     |

|         |   | Health Plan of Nevada                    |
|---------|---|--|
| D1IV.7i | Resolved appeals related to non-emergency medical transportation (NEMT)   | Anthem Blue Cross and Blue Shield<br>N/A |
|         | 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".  | Health Plan of Nevada<br>N/A             |
|         |   | Molina Healthcare of Nevada<br>N/A       |
|         |   | SilverSummit Healthplan<br>N/A           |
| D1IV.7j | Resolved appeals related to other service types   | Anthem Blue Cross and Blue Shield        |
|         | Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i, enter "N/A". | 1,804                                    |
|         |   | Health Plan of Nevada<br>51              |
|         |   | Molina Healthcare of Nevada<br>85        |
|         |   | SilverSummit Healthplan<br>280           |

| Number  | Indicator   | Response  |
|---------|---|---|
| D1IV.8a | State Fair Hearing requests<br>Enter the total number of requests for a State Fair Hearing filed during the reporting year by plan that issued the adverse benefit determination.   | Anthem Blue Cross and Blue Shield<br>6<br>Health Plan of Nevada<br>11<br>Molina Healthcare of Nevada<br>1<br>SilverSummit Healthplan<br>6 |
| D1IV.8b | State Fair Hearings resulting in a favorable decision for the enrollee<br>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee. | Anthem Blue Cross and Blue Shield<br>0<br>Health Plan of Nevada<br>0<br>Molina Healthcare of Nevada<br>0<br>SilverSummit Healthplan<br>0  |
| D1IV.8c | State Fair Hearings resulting in an adverse decision for the enrollee<br>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.                      | 0<br>Health Plan of Nevada<br>0<br>Molina Healthcare of Nevada<br>0   |
|         | Anthem Blue Cross and Blue Shield   |   |

0

|         |   |   |
|---------|---|---|
| D1IV.8d | <p>State Fair Hearings retracted prior to reaching a decision</p> <p>Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) prior to reaching a decision.</p>  | <p>Anthem Blue Cross and Blue Shield</p> <p>4</p> <p>Health Plan of Nevada</p> <p>9</p> <p>Molina Healthcare of Nevada</p> <p>1</p> <p>SilverSummit Healthplan</p> <p>5</p>         |
| D1IV.9a | <p>External Medical Reviews resulting in a favorable decision for the enrollee</p> <p>If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).</p> | <p>Anthem Blue Cross and Blue Shield</p> <p>N/A</p> <p>Health Plan of Nevada</p> <p>N/A</p> <p>Molina Healthcare of Nevada</p> <p>N/A</p> <p>SilverSummit Healthplan</p> <p>N/A</p> |
| D1IV.9b | <p>External Medical Reviews resulting in an adverse decision for the enrollee</p> <p>If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the</p>   | <p>were adverse to the enrollee. If your state does not offer an external Anthem Blue Cross and Blue Shield</p> <p>N/A</p> <p>Health Plan of Nevada</p>                             |

N/A

Molina Healthcare of Nevada

N/A

medical review process, enter "N/A".

SilverSummit Healthplan

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

N/A

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### Grievances Overview

| Number  | Indicator  | Response                          |
|---------|--|-----------------------------------|
| D1IV.10 | Grievances resolved  | Anthem Blue Cross and Blue Shield |
|         | Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan. | 234                               |
|         |  | Health Plan of Nevada             |
|         |  | 409                               |
|         |  | Molina Healthcare of Nevada       |
|         |  | 7,371                             |
|         |  | SilverSummit Healthplan           |
|         |  | 165                               |

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|         |  |                                   |       |
|---------|--|-----------------------------------|-------|
| D1IV.11 | Active grievances  | Anthem Blue Cross and Blue Shield | 815   |
|         | Enter the total number of grievances still pending or in process (not yet resolved) as of the first day of the last month of the reporting year. | Health Plan of Nevada             | 186   |
|         |  | Molina Healthcare of Nevada       | 2,059 |
|         |  | SilverSummit Healthplan           | 153   |

D1IV.12 Grievances filed on behalf of LTSS users Anthem Blue Cross and Blue Shield

0

D1IV.13 Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.

Health Plan of Nevada

filed grievances in the reporting year. The grievance and critical incident do not have to

0

Number of critical incidents

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.

Molina Healthcare of Nevada

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

0

SilverSummit Healthplan

0

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

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

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously

already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan Anthem Blue Cross and Blue Shield

0

Molina Healthcare of Nevada

0

SilverSummit Healthplan

0

0

Health Plan of Nevada

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.

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|         |  |  |
|---------|--|--|
| D1IV.14 | Number of grievances for which timely resolution was provided  | Anthem Blue Cross and Blue Shield<br>232 |
|         | Enter the number of grievances for which timely resolution was provided by plan during the reporting period.<br>See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances. | Health Plan of Nevada<br>409             |
|         |  | Molina Healthcare of Nevada<br>2,551     |
|         |  | SilverSummit Healthplan                  |



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 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  | Anthem Blue Cross and Blue Shield<br>0 |
|          | 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".   | Health Plan of Nevada<br>0             |
|          |  | Molina Healthcare of Nevada<br>0       |
|          |  | SilverSummit Healthplan<br>0           |
| D1IV.15b | Resolved grievances related to general outpatient services   | Anthem Blue Cross and Blue Shield<br>0 |
|          | Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A". | Health Plan of Nevada<br>0             |
|          |  | Molina Healthcare of Nevada<br>0       |
|          |  | SilverSummit Healthplan<br>0           |

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|          |  |  |
|----------|--|--|
| D1IV.15c | Resolved grievances related to inpatient behavioral health services  | Anthem Blue Cross and Blue Shield<br>0                         |
|          | 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". | Health Plan of Nevada<br>0<br>Molina Healthcare of Nevada<br>0 |
|          |  | SilverSummit Healthplan<br>0                                   |
| D1IV.15d | Resolved grievances related to outpatient behavioral health services   | Anthem Blue Cross and Blue Shield<br>0                         |
|          |  | Health Plan of Nevada  |

Enter the total number of  
 0  
 grievances resolved by the plan  
 during the reporting year that  
 were related to outpatient  
 Molina Healthcare of Nevada  
 mental health and/or substance  
 0  
 use services. If the managed  
 care plan does not cover this  
 SilverSummit Healthplan  
 type of service, enter "N/A".  
 0

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D1IV.15e Resolved grievances related to Anthem Blue Cross and Blue  
 coverage of outpatient Shield  
 prescription drugs 0  
 Enter the total number of  
 grievances resolved by the plan  
 during the reporting year that  
 Health Plan of Nevada  
 were related to outpatient 0  
 prescription drugs covered by  
 the managed care plan. If the  
 Molina Healthcare of Nevada  
 managed care plan does not  
 cover this type of service, enter 0  
 "N/A".  
 SilverSummit Healthplan  
 0

---

D1IV.15f Resolved grievances related to Anthem Blue Cross and Blue  
 skilled nursing facility (SNF) Shield  
 services 0  
 Enter the total number of  
 grievances resolved by the plan  
 during the reporting year that  
 Health Plan of Nevada  
 were related to SNF services. If 0  
 the managed care plan does not  
 cover this type of service, enter  
 Molina Healthcare of Nevada  
 "N/A". 0  
 SilverSummit Healthplan  
 0

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D1IV.15g Resolved grievances related to Anthem Blue Cross and Blue Shield  
 long-term services and supports

|   |   |
|---|---|
| Enter the total number of<br>(LTSS)<br><br>grievances resolved by the plan<br>during the reporting year that<br>were related to institutional<br>LTSS or LTSS provided through<br>home and community-based<br>(HCBS) services, including<br>personal care and self-directed<br>services. If the managed care<br>plan does not cover this type of<br>service, enter "N/A". | 0<br><br>Health Plan of Nevada<br>0<br>Molina Healthcare of Nevada<br>0<br>SilverSummit Healthplan<br>0 |
|---|---|

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|          |   |   |
|----------|---|---|
| D1IV.15h | Resolved grievances related to<br>dental services<br><br>Enter the total number of<br>grievances resolved by the plan<br>during the reporting year that<br>were related to dental services.<br>If the managed care plan does<br>not cover this type of service,<br>enter "N/A". | Anthem Blue Cross and Blue<br>Shield<br>N/A<br><br>Health Plan of Nevada<br>N/A<br><br>Molina Healthcare of Nevada<br>N/A<br><br>SilverSummit Healthplan<br>N/A |
|----------|---|---|

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| Enter the total number of |   |  |
|---------------------------|---|--|
| D1IV.15i                  | Resolved grievances related to non-emergency medical transportation (NEMT)  | Anthem Blue Cross and Blue Shield<br>N/A   |
|                           | 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". | Health Plan of Nevada<br>N/A<br>Molina Healthcare of Nevada<br>N/A<br><br>SilverSummit Healthplan<br>N/A |

|          |  |  |
|----------|--|--|
| D1IV.15j | Resolved grievances related to other service types | Anthem Blue Cross and Blue Shield<br>234<br>grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i, enter "N/A".<br>Health Plan of Nevada<br>409<br><br>Molina Healthcare of Nevada<br>1,050<br><br>SilverSummit Healthplan |
|----------|--|--|

Enter the total number of

D1IV.16b 165 Resolved grievances related to plan or provider care management/case Molina Healthcare of Nevada

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  | Anthem Blue Cross and Blue Shield<br>0 |
|          | Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.   | Health Plan of Nevada<br>0             |
|          | 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. | Molina Healthcare of Nevada<br>0       |
|          |   | SilverSummit Healthplan<br>0           |

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.

Anthem Blue Cross and Blue Shield

0

Health Plan of Nevada

0

|          |   |  |
|----------|---|--|
|          | 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.   | 0<br>SilverSummit Healthplan<br>0  |
| D1IV.16c | Resolved grievances related to access to care/services from plan or provider<br><br>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 innetwork providers, excessive travel or wait times, or other access issues. | Anthem Blue Cross and Blue Shield<br>49<br><br>Health Plan of Nevada<br>107<br><br>Molina Healthcare of Nevada<br>525<br><br>SilverSummit Healthplan<br>22 |
| D1IV.16d | Resolved grievances related to quality of care<br><br>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.   | Anthem Blue Cross and Blue Shield<br>11<br><br>Health Plan of Nevada<br>214<br><br>Molina Healthcare of Nevada<br>48<br><br>SilverSummit Healthplan<br>44  |
| D1IV.16e | Resolved grievances related to plan communications<br><br>Enter the total number of grievances resolved by the plan   | Anthem Blue Cross and Blue Shield<br>0   |

Health Plan of Nevada

during the reporting year that  
were related to plan 0 communications.

Plan communication grievances include grievances related to the 0

clarity or accuracy of enrollee  
materials or other plan

SilverSummit Healthplan

communications or to an  
enrollee's access to or the

0

accessibility of enrollee  
materials or plan

communications.

---

D1IV.16f Resolved grievances related to payment or billing issues Anthem Blue Cross and Blue Shield

Enter the total number of grievances resolved during the reporting period that were filed for a reason related to payment or billing issues. 0

Health Plan of Nevada

0

Molina Healthcare of Nevada

0

SilverSummit Healthplan

0

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|          |   |  |
|----------|---|--|
| D1IV.16g | Resolved grievances related to suspected fraud  | Anthem Blue Cross and Blue Shield  |
|          | Enter the total number of grievances resolved during the reporting year that were related to suspected fraud.   | 0  |
|          | Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General. | Health Plan of Nevada<br>0<br>Molina Healthcare of Nevada<br>0<br>SilverSummit Healthplan<br>0 |

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|          |  |  |
|----------|--|--|
| D1IV.16h | Resolved grievances related to abuse, neglect or exploitation  | Anthem Blue Cross and Blue Shield  |
|          | Enter the total number of grievances resolved during the reporting year that were related to abuse, neglect or exploitation. | 0  |
|          | Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.                              | Health Plan of Nevada<br>0<br>Molina Healthcare of Nevada<br>0<br>SilverSummit Healthplan<br>0 |

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|          |  |  |
|----------|--|--|
| D1IV.16i | Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)  | Anthem Blue Cross and Blue Shield<br>0   |
|          | Enter the total number of grievances resolved 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).   | Health Plan of Nevada<br>0               |
|          |  | Molina Healthcare of Nevada<br>0         |
|          |  | SilverSummit Healthplan<br>0             |
| D1IV.16j | Resolved grievances related to plan denial of expedited appeal   | Anthem Blue Cross and Blue Shield<br>0   |
|          | Enter the total number of grievances resolved 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. | Health Plan of Nevada<br>0               |
|          |  | Molina Healthcare of Nevada<br>0         |
|          |  | SilverSummit Healthplan<br>0             |
| D1IV.16k | Resolved grievances filed for other reasons  | Anthem Blue Cross and Blue Shield<br>174 |
|          | Enter the total number of grievances resolved during the reporting period that were filed for a reason other than the reasons listed above.  | Health Plan of Nevada<br>88              |
|          |  | Molina Healthcare of Nevada 477          |

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: 72



D2.VII.1 Measure Name: Adult's Access to Preventive/Ambulatory Health Services (AAP)-Ages 20-44 Years 1 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

## Measure results

Anthem Blue Cross and Blue Shield  
62.89%

Health Plan of Nevada  
66.38%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
55.38%



Complete

D2.VII.1 Measure Name: Adult's Access to Preventive/Ambulatory Health Services (AAP)-Ages 45-64 Years

2 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

## Measure results

Anthem Blue Cross and Blue Shield  
70.45%

Health Plan of Nevada  
74.57%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
66.42%

  
Complete

D2.VII.1 Measure Name: Adult's Access to Preventive/Ambulatory Health Services (AAP)-Ages 65+ Years 3 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
68.99%

Health Plan of Nevada  
71.43%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
59.23%

  
Complete

D2.VII.1 Measure Name: Adult's Access to Preventive/Ambulatory Health Services (AAP)-Total

4 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
65.03%

Health Plan of Nevada  
68.93%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
58.64%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS) - Comob 3 5 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
57.42%

Health Plan of Nevada  
60.58%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
57.42%



Complete

D2.VII.1 Measure Name: Childhood Immunization Status (CIS) - Comob 7 6 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
49.15%

Health Plan of Nevada  
52.80%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
51.58%



D2.VII.1 Measure Name: Childhood Immunization Status (CIS) - Comob 10 <sup>7 / 72</sup>

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results



Anthem Blue Cross and Blue Shield  
25.55%

Health Plan of Nevada  
27.25%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
27.49%



Complete

D2.VII.1 Measure Name: Immunization for Adolescents (IMA)-Combo 1

8 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
81.27%

Health Plan of Nevada  
83.21%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
76.64%



Complete

D2.VII.1 Measure Name: Immunization for Adolescents (IMA)-Combo 2

9 / 72

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

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
30.17%

Health Plan of Nevada  
37.96%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
27.74%



D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)-BMI Percentile 10 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
80.05%

Health Plan of Nevada  
86.58%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
73.24%



D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)-Counseling for Nutrition 11 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
74.94%

Health Plan of Nevada  
76.68%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
66.91%



D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)-Counseling for Physical Activity 12 / 72

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

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
72.26%

Health Plan of Nevada  
72.84%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
61.07%



D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life (W30)-First 15 Months

13 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
58.50%

Health Plan of Nevada  
57.43%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
56.31%



Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life (W30)-15-30 Months

14 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
60.39%

Health Plan of Nevada  
59.91%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
60.53%

  
Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV)-3-<sup>15 / 72</sup>  
11 Years

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National  
Quality Forum (NQF)  
number  
1516

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

D2.VII.6 Measure Set  
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b  
Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
50.14%

Health Plan of Nevada  
50.75%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021



SilverSummit Healthplan  
43.66%

  
Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV)-12-<sup>16 / 72</sup>  
17 Years

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National  
Quality Forum (NQF)  
number  
1516

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

D2.VII.6 Measure Set  
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b  
Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
45.39%

Health Plan of Nevada  
46.03%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
35.55%

  
Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV)-18-<sup>17 / 72</sup>  
21 Years

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National  
Quality Forum (NQF)  
number  
1516

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

D2.VII.6 Measure Set  
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b  
Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
20.53%

Health Plan of Nevada  
20.86%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
16.80%

  
Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV)-<sup>18 / 72</sup>  
Total

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National  
Quality Forum (NOF)

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

number Program-specific rate  
1516

D2.VII.6 Measure Set HEDIS D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
44.67%

Health Plan of Nevada  
44.66%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
36.57%



D2.VII.1 Measure Name: Chlamydia Screening in Women (CHL)-16-20 Years

19 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

## Measure results

Anthem Blue Cross and Blue Shield  
48.04%

Health Plan of Nevada  
57.86%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
46.84%



Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women (CHL)-21-24 Years

20 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

## Measure results

Anthem Blue Cross and Blue Shield  
61.22%

Health Plan of Nevada  
62.11%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
56.73%

  
Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women (CHL)-Total

21 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
55.65%

Health Plan of Nevada  
60.02%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
53.07%

22 / 72

  
Complete

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

D2.VII.2 Measure Domain

Maternal and perinatal health

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
39.50%

Health Plan of Nevada  
51.07%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
40.99%



D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC)-Timeliness of Prenatal Care <sup>23 / 72</sup>

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
81.75%

Health Plan of Nevada  
86.37%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
73.24%



D2.VII.1 Measure Name: Prenatal and Postpartum Care (PPC)-Postpartum Care <sup>24 / 72</sup>

D2.VII.2 Measure Domain  
Maternal and perinatal health

D2.VII.3 National Quality Forum (NOF)      D2.VII.4 Measure Reporting and D2.VII.5 Programs

number Program-specific rate  
1517

D2.VII.6 Measure Set HEDIS  
D2.VII.7a Reporting Period and D2.VII.7b  
Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
71.29%

Health Plan of Nevada  
74.21%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
62.77%



D2.VII.1 Measure Name: Asthma Medication Ratio (AMR)-5-11 Years

25 / 72

D2.VII.2 Measure Domain  
Care of acute and chronic conditions

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA



## Measure results

Anthem Blue Cross and Blue Shield  
81.70%

Health Plan of Nevada  
77.84%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
72.58%



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio (AMR)-12-18 Years

26 / 72

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

## Measure results

Anthem Blue Cross and Blue Shield  
68.08%

Health Plan of Nevada  
67.40%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
53.19%



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio (AMR)-19-50 Years

27 / 72

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National

Quality Forum (NQF)

number

Program-specific rate NA

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

Programs

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b

Reporting period: Date range

No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield

55.37%

Health Plan of Nevada

50.58%

Molina Healthcare of Nevada

Molina was not a contracted plan in MY2021

SilverSummit Healthplan

34.09%



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio (AMR)-51-64 Years

28 / 72

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
54.71%

Health Plan of Nevada  
52.41%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
37.66%



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio (AMR)-Total

29 / 72

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
63.28%

Health Plan of Nevada  
58.78%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
42.00%



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Testing

30 / 72

D2.VII.2 Measure Domain  
Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number 0057  
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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
76.40%

Health Plan of Nevada  
80.78%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
75.67%



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC) -HbA1c  
Poor Control (>9.0%)

31 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
47.45%

Health Plan of Nevada  
37.71%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
52.07%

  
Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC) -HbA1c Control (<8.0%)

32 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
45.74%

Health Plan of Nevada  
51.58%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
42.82%

  
Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC) -Eye Exam (Retinal) Performed <sup>33 / 72</sup>

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
49.88%

Health Plan of Nevada  
57.91%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
49.39%





Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care (CDC) -Blood Pressure Control (<140/90 mm Hg)

34 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
51.82%

Health Plan of Nevada  
68.37%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
44.28%



Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure (CBP)

35 / 72

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

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

NA

D2.VII.6 Measure Set HEDIS  
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
53.04%

Health Plan of Nevada  
65.69%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
40.88%



Complete

D2.VII.1 Measure Name: Kidney Health Evaluation for Patients With Diabetes (KED)-18-64 Years

36 / 72

D2.VII.2 Measure Domain  
Care of acute and chronic conditions

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
28.21%

Health Plan of Nevada  
44.36%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
28.89%



Complete

D2.VII.1 Measure Name: Kidney Health Evaluation for Patients With  
Diabetes (KED)-65-74 Years

37 / 72

D2.VII.2 Measure Domain  
Care of acute and chronic conditions

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
32.20%

Health Plan of Nevada  
60.67%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
41.18%

  
Complete

D2.VII.1 Measure Name: Kidney Health Evaluation for Patients With  
Diabetes (KED)-75+ Years

38 / 72

D2.VII.2 Measure Domain  
Care of acute and chronic conditions

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
NA

Health Plan of Nevada  
NA

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021



D2.VII.1 Measure Name: Kidney Health Evaluation for Patients With Diabetes (KED)-Total

D2.VII.2 Measure Domain  
Care of acute and chronic conditions

|  |   |
|--|---|
| D2.VII.3 National Quality Forum (NQF) number<br>NA | D2.VII.4 Measure Reporting and D2.VII.5 Programs<br>Program-specific rate |
|--|---|

|                               |  |
|-------------------------------|--|
| D2.VII.6 Measure Set<br>HEDIS | D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range<br>No, 01/01/2021 - 12/31/2021 |
|-------------------------------|--|

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
28.24%

Health Plan of Nevada  
44.50%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
29.05%

  
Complete

D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for  
Individuals With Schizophrenia (SAA)

40 / 72

D2.VII.2 Measure Domain  
Behavioral health care

D2.VII.3 National  
Quality Forum (NQF)  
number  
1879

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
34.31%

Health Plan of Nevada  
43.18%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
41.14%

  
Complete

D2.VII.1 Measure Name: Antidepressant Medication Management (AMM)-  
Effective Acute Phase Treatment

41 / 72

D2.VII.2 Measure Domain  
Behavioral health care

D2.VII.3 National  
Quality Forum (NOF)

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

number Program-specific rate  
0105

D2.VII.6 Measure Set HEDIS  
D2.VII.7a Reporting Period and D2.VII.7b  
Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
52.06%

Health Plan of Nevada  
54.22%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
54.56%



D2.VII.1 Measure Name: Antidepressant Medication Management (AMM)-<sup>42 / 72</sup>  
Effective Continuation Phase Treatment

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

## Measure results

Anthem Blue Cross and Blue Shield  
35.05%

Health Plan of Nevada  
36.61%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
39.57%



D2.VII.1 Measure Name: Diabetes Screening for People With Schizophrenia<sup>43 / 72</sup>  
or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

D2.VII.2 Measure Domain  
Behavioral health care

D2.VII.3 National  
Quality Forum (NQF)  
number  
1932

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

## Measure results

Anthem Blue Cross and Blue Shield  
76.68%



Health Plan of Nevada  
72.69%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
71.56%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)-7-Day Follow Up <sup>44 / 72</sup>

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
10.69%

Health Plan of Nevada  
10.26%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
14.12%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)-30-Day Follow Up <sup>45 / 72</sup>

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
15.24%

Health Plan of Nevada  
13.44%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
20.05%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM)-7-Day Follow Up <sup>46 / 72</sup>

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
35.58%

Health Plan of Nevada  
44.07%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
40.19%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM)-30-Day Follow Up <sup>47 / 72</sup>

D2.VII.2 Measure Domain  
Behavioral health care

D2.VII.3 National Quality Forum (NOF)

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

number Program-specific rate  
3489

D2.VII.6 Measure Set HEDIS  
D2.VII.7a Reporting Period and D2.VII.7b  
Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
46.93%

Health Plan of Nevada  
53.79%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
48.43%



D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness<sup>48 / 72</sup>  
(FUH)-7-Day Follow Up

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

## Measure results

Anthem Blue Cross and Blue Shield  
28.87%

Health Plan of Nevada  
35.73%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
31.07%



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness<sup>49 / 72</sup>  
(FUH)-30-Day Follow Up

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

## Measure results

Anthem Blue Cross and Blue Shield  
46.60%

Health Plan of Nevada  
51.96%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
45.99%



D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication (ADD)-Initiation Phase 50 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
49.38%

Health Plan of Nevada  
54.56%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
49.20%



D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed ADHD Medication (ADD)-Continuation and Maintenance Phase 51 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
60.81%

Health Plan of Nevada  
72.15%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
NA



D2.VII.1 Measure Name: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)-Initiation of AOD 52 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
45.52%

Health Plan of Nevada  
40.09%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
42.27%



D2.VII.1 Measure Name: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)-Engagement of AOD 53 / 72

D2.VII.2 Measure Domain  
Behavioral health care

D2.VII.3 National Quality Forum (NOF)  
D2.VII.4 Measure Reporting and D2.VII.5 Programs



number Program-specific rate  
0004

D2.VII.6 Measure Set HEDIS  
D2.VII.7a Reporting Period and D2.VII.7b  
Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
14.85%

Health Plan of Nevada  
11.46%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
11.31%



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and  
Adolescents on Antipsychotics (APM)

54 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

## Measure results

Anthem Blue Cross and Blue Shield  
31.58%

Health Plan of Nevada  
29.86%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
34.17%



Complete

D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)-1-11 Years 55 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

## Measure results

Anthem Blue Cross and Blue Shield  
53.19%

Health Plan of Nevada  
56.63%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
NA

  
Complete

D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)-12-17 Years <sup>56 / 72</sup>

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
63.41%

Health Plan of Nevada  
54.70%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
51.61%

  
Complete

D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)-Total 57 / 72

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
59.69%

Health Plan of Nevada  
55.50%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
53.06%



D2.VII.1 Measure Name: Use of Opioids at High Dosage (HDO)

58 / 72

D2.VII.2 Measure Domain

Overuse/Appropriateness of 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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield  
8.15%

Health Plan of Nevada  
8.83%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
4.14%



D2.VII.1 Measure Name: Use of Opioids From Multiple Providers (UOP)-  
Multiple Prescribers

59 / 72

D2.VII.2 Measure Domain

Overuse/Appropriateness of Care

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

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

NA

D2.VII.6 Measure Set HEDIS  
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
20.68%

Health Plan of Nevada  
21.57%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
17.52%



Complete

D2.VII.1 Measure Name: Use of Opioids From Multiple Providers (UOP)- Multiple Pharmacies 60 / 72

D2.VII.2 Measure Domain  
Overuse/Appropriateness of 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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
0.52%

Health Plan of Nevada  
1.08%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
0.39%



D2.VII.1 Measure Name: Use of Opioids From Multiple Providers (UOP)-  
Multiple Prescribers and Multiple Pharmacies

61 / 72

D2.VII.2 Measure Domain  
Overuse/Appropriateness of 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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
0.30%

Health Plan of Nevada  
0.69%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
0.08%

  
Complete

D2.VII.1 Measure Name: Ambulatory Care—Total (per 1,000 Member Months) (AMB)-ED Visits

62 / 72

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
45.92

Health Plan of Nevada  
42.95

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021



SilverSummit Healthplan  
45.76



D2.VII.1 Measure Name: Ambulatory Care—Total (per 1,000 Member Months) (AMB)-Outpatient Visits

63 / 72

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
251.42

Health Plan of Nevada  
269.01

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
237.62



Complete

D2.VII.1 Measure Name: Mental Health Utilization—Total (MPT)-Inpatient <sup>64 / 72</sup>

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
1.09%

Health Plan of Nevada  
0.68%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
1.10%



Complete

D2.VII.1 Measure Name: Mental Health Utilization—Total (MPT)-Intensive <sup>65 / 72</sup>  
Outpatient or Partial Hospitalization

D2.VII.2 Measure Domain  
Utilization

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

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

NA

D2.VII.6 Measure Set HEDIS  
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
0.39%

Health Plan of Nevada  
0.18%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
0.15%



Complete

D2.VII.1 Measure Name: Mental Health Utilization—Total (MPT)-  
Outpatient

66 / 72

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
8.01%

Health Plan of Nevada  
5.98%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
7.06%



Complete

D2.VII.1 Measure Name: Mental Health Utilization—Total (MPT)-ED

67 / 72

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
0.29%

Health Plan of Nevada  
.02%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
4.00%

  
Complete

D2.VII.1 Measure Name: Mental Health Utilization—Total (MPT)-  
Telehealth

68 / 72

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
5.31%

Health Plan of Nevada  
3.73%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
4.47%

  
Complete

D2.VII.1 Measure Name: Mental Health Utilization—Total (MPT)-Any Service

69 / 72

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
10.27%

Health Plan of Nevada  
7.97%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
9.51%



D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR)-Observed Readmissions

70 / 72

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
13.23%

Health Plan of Nevada  
9.99%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
12.58%



D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR)-Expected Readmissions

71 / 72

D2.VII.2 Measure Domain  
Utilization

D2.VII.3 National Quality Forum (NOF)

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

number Program-specific rate  
NA

D2.VII.6 Measure Set HEDIS  
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA

Measure results

Anthem Blue Cross and Blue Shield  
9.51%

Health Plan of Nevada  
8.85%

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
9.59%



D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR)-O/E Ratio 72 / 72

D2.VII.2 Measure Domain  
Utilization

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  
No, 01/01/2021 - 12/31/2021

D2.VII.8 Measure Description  
NA



## Measure results

Anthem Blue Cross and Blue Shield  
1.39

Health Plan of Nevada  
1.13

Molina Healthcare of Nevada  
Molina was not a contracted plan in MY2021

SilverSummit Healthplan  
1.31

## Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count: 4

  
Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 4

D3.VIII.2 Intervention  
topic  
Compliance Review

D3.VIII.3 Plan name  
Anthem Blue Cross and Blue Shield

D3.VIII.4 Reason for intervention

During the 2022 Compliance Review, Anthem BCBS received a score of Not Met in 16 elements across 4 Standards. Anthem has since successfully remediated 13 of the 16 non-compliant elements. Anthem will receive Technical Assistance from DHCFP and it's EQRO to bring them into compliance for the remaining 3 elements.

Sanction details

D3.VIII.5 Instances of non-compliance  
16

D3.VIII.6 Sanction amount  
\$0

D3.VIII.7 Date assessed  
09/13/2022

D3.VIII.8 Remediation date non-compliance was corrected  
Yes 05/09/2023

D3.VIII.9 Corrective action plan  
No



D3.VIII.1 Intervention type: Corrective action plan

2 / 4

D3.VIII.2 Intervention topic  
Compliance Review

D3.VIII.3 Plan name  
Health Plan of Nevada

D3.VIII.4 Reason for intervention

During the 2022 Compliance Review, HPN received a score of Not Met in 17 elements across 7 Standards. HPN has since successfully remediated all 17 non-compliant elements.

Sanction details

D3.VIII.5 Instances of non-compliance  
17

D3.VIII.6 Sanction amount  
\$0

D3.VIII.7 Date assessed  
09/14/2022

D3.VIII.8 Remediation date non-compliance was corrected  
Yes 05/09/2023

D3.VIII.9 Corrective action plan  
No



D3.VIII.1 Intervention type: Corrective action plan

3 / 4

D3.VIII.2 Intervention topic  
Compliance Review

D3.VIII.3 Plan name  
Molina Healthcare of Nevada

#### D3.VIII.4 Reason for intervention

During the 2022 Compliance Review, Molina received a score of Not Met in 8 elements across 7 Standards. Molina has since successfully remediated 7 of the non-compliant elements. Molina will receive Technical Assistance from DHCFP and it's EQRO to bring them into compliance for the remaining 1 element.

#### Sanction details

D3.VIII.5 Instances of non-compliance  
8

D3.VIII.6 Sanction amount  
\$0

D3.VIII.7 Date assessed  
09/12/2022

D3.VIII.8 Remediation date non-compliance was corrected  
Yes 05/08/2023

D3.VIII.9 Corrective action plan  
No



Complete

D3.VIII.1 Intervention type: Corrective action plan

4 / 4

D3.VIII.2 Intervention topic  
Compliance Review

D3.VIII.3 Plan name  
SilverSummit Healthplan

#### D3.VIII.4 Reason for intervention

During the 2022 Compliance Review, SilverSummit received a score of Not Met in 14 elements across 4 Standards. SilverSummit has since successfully remediated all 14 non-compliant elements.

#### Sanction details

D3.VIII.5 Instances of non-compliance  
14

D3.VIII.6 Sanction amount  
\$0

D3.VIII.7 Date assessed  
09/15/2022

D3.VIII.8 Remediation date non-compliance was corrected  
Yes 05/10/2023

D3.VIII.9 Corrective action plan

No

Topic X. Program Integrity

| Number | Indicator  | Response                                 |
|--------|--|--|
| D1X.1  | Dedicated program integrity staff<br><br>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). | Anthem Blue Cross and Blue Shield<br>6.5 |
|        |  | Health Plan of Nevada<br>5               |
|        |  | Molina Healthcare of Nevada<br>3         |
|        |  | SilverSummit Healthplan<br>9             |
| D1X.2  | Count of opened program integrity investigations<br><br>How many program integrity investigations have been opened by the plan in the past year?   | Anthem Blue Cross and Blue Shield<br>60  |
|        |  | Health Plan of Nevada<br>74              |
|        |  | Molina Healthcare of Nevada<br>51        |
|        |  | SilverSummit Healthplan<br>48            |
| D1X.3  | Ratio of opened program integrity investigations to  | Anthem Blue Cross and Blue Shield        |

enrollees  
 What is the ratio of program  
 integrity investigations opened  
 Nevada by the plan in the past year per  
 1,000 beneficiaries enrolled in  
 the plan on the first day of the  
 last month of the reporting  
 year?

60:204

Health Plan of

74:223

Molina Healthcare of Nevada

51:113

SilverSummit Healthplan

48:133

---

|       |  |  |
|-------|--|--|
| DIX.4 | Count of resolved program<br>integrity investigations<br><br>How many program integrity<br>investigations have been<br>resolved by the plan in the past<br>year? | Anthem Blue Cross and Blue Shield<br>56<br><br>Health Plan of Nevada<br>81<br><br>Molina Healthcare of Nevada<br>17<br><br>SilverSummit Healthplan<br>85 |
|-------|--|--|

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|       |  |   |
|-------|--|---|
| D1X.5 | Ratio of resolved program integrity investigations to enrollees  | Anthem Blue Cross and Blue Shield<br>56:161   |
|       | What is the ratio of program integrity investigations resolved by the plan in the past year per 1,000 beneficiaries enrolled in the plan at the beginning of the reporting year? | Health Plan of Nevada<br>81:161<br><br>Molina Healthcare of Nevada<br>17:160<br><br>SilverSummit Healthplan<br>85:161 |

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|       |  |  |
|-------|--|--|
| D1X.6 | Referral path for program integrity referrals to the state   | Anthem Blue Cross and Blue Shield  |
|       | What is the referral path that the plan uses to make program | Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently |

|  |   |
|--|---|
| integrity referrals to the state?<br>Select one. | Health Plan of Nevada<br>Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently       |
|  | Molina Healthcare of Nevada<br>Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently |
|  | SilverSummit Healthplan<br>Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently     |

---

|       |  |   |
|-------|--|---|
| D1X.7 | Count of program integrity referrals to the state  | Anthem Blue Cross and Blue Shield<br>54 |
|       | Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals | Health Plan of Nevada<br>51             |
|       |  | Molina Healthcare of Nevada<br>43       |
|       |  | SilverSummit Healthplan<br>51           |

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|       |   |                                    |
|-------|---|------------------------------------|
| D1X.8 | Ratio of program integrity referral to the state  | 1:1                                |
|       | What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.I.2) as the denominator. | Health Plan of Nevada<br>1:1       |
|       |   | Molina Healthcare of Nevada<br>1:1 |
|       | Anthem Blue Cross and Blue Shield   | SilverSummit Healthplan<br>1:1     |

---



|       |   |  |
|-------|---|--|
| D1X.9 | Plan overpayment reporting to the state   | Health Plan of Nevada  |
|       | Describe the plan’s latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, for example, the following information: The date of the report <ul style="list-style-type: none"> <li>• (rating period or calendar year).</li> <li>• The dollar amount of overpayments recovered.</li> <li>• The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 438.8(f)(2).</li> </ul> | Report Date: As of 3/31/2022 (CY 2021)<br>Overpayments Recovered: 51,200,630<br>Ratio of overpayments/MLR premium revenue 1,072,187,104: 4.78% |
|       | Anthem Blue Cross and Blue Shield   | Molina Healthcare of Nevada  |
|       | Report Date: As of 3/31/2022 (CY2021)<br>Overpayments Recovered: 4,538,406<br>Ratio of overpayments/MLR premium revenue 936,994,737: 0.48%  | Report Date: As of 3/31/23 (CY 2022)<br>Overpayments Recovered: 840,811<br>Ratio: No MLR for CY2022, MHC was new in 2022, no prior data        |
|       |   | SilverSummit Healthplan  |
|       |   | Report Date: As of 3/31/2022 (CY 2021)<br>Overpayments Recovered: 5,763,970<br>Ratio of overpayments/MLR premium revenue 296,508,297: 1.94%    |

|        |  |                             |
|--------|--|-----------------------------|
| D1X.10 | Changes in beneficiary circumstances   | Weekly                      |
|        | Select the frequency the plan reports changes in beneficiary circumstances to the state. | Molina Healthcare of Nevada |
|        | Anthem Blue Cross and Blue Shield  | Weekly                      |
|        | Weekly   | SilverSummit Healthplan     |
|        | Health Plan of Nevada  | Weekly                      |

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 |
|--------|-----------|----------|
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| EIX.1 | <p>BSS entity type</p> <p>What type of entity was contracted to perform each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).</p> | <p>Nevada Medicaid District Office</p> <p>State Government Entity</p>  |
| EIX.2 | <p>BSS entity role</p> <p>What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).</p>                  | <p>Nevada Medicaid District Office</p> <p>Enrollment Broker/Choice Counseling</p> <p>Beneficiary Outreach</p> <p>LTSS Complaint Access Point</p> <p>LTSS Grievance/Appeals Education</p> |