

Statewide Executive Summary
HealthChoice and Primary Adult Care participating organizations
HEDIS® 2010

Prepared for:

Maryland Department of Health and Mental Hygiene

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Background

The Maryland Department of Health and Mental Hygiene (DHMH) is responsible for evaluating the quality of care provided to 631,973 Maryland Medicaid beneficiaries enrolled in the HealthChoice program, a mandatory managed care program established in 1997 under the §1115 federal waiver, and to 38,839 Primary Adult Care (PAC) beneficiaries, a program established to provide services to lower-income Maryland residents.

One way to evaluate quality is to use HEDIS[®] (Healthcare Effectiveness Data and Information Set), a group of standardized performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). As part of DHMH's ongoing quality-monitoring efforts, state regulations require healthcare organizations to annually submit selected HEDIS measures to DHMH.

Seven HealthChoice organizations participated in the submission and validation of HEDIS 2010 data: AMERIGROUP Community Care, Diamond Plan, Jai Medical Systems, Maryland Physicians Care, MedStar Family Choice, Priority Partners, and UnitedHealthcare. Four HealthChoice organizations reported PAC information in 2010: Jai Medical Systems, Maryland Physicians Care, Priority Partners, and UnitedHealthcare.

In order to ensure the validity of HEDIS data, DHMH contracted with an independent NCQA-licensed HEDIS audit firm, HealthcareData Company, LLC, to validate each organization's results. Audit activities for all seven organizations were conducted as prescribed by NCQA's HEDIS Compliance Audit Standards, Policies and Procedures.

I. Measures Designated for Reporting

Annually, DHMH determines the set of measures required for HEDIS reporting. DHMH selects these measures because they provide meaningful managed care organization comparative information and they measure performance pertinent to DHMH's priorities and goals.

Measures selected by DHMH for HealthChoice Reporting

DHMH required HealthChoice managed care organizations to report 21 HEDIS measures for services rendered in calendar year 2009.

Effectiveness of Care

- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC), all indicators except HbA1c good control (<7.0%)
- Use of Appropriate Medications for People with Asthma (ASM)
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- Appropriate Testing for Children with Pharyngitis (CWP)
- Chlamydia Screening in Women (CHL)

Access/Availability of Care

- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Children and Adolescents' Access to Primary Care Practitioners (CAP)
- Prenatal and Postpartum Care (PPC)
- Call Answer Timeliness (CAT)
- Call Abandonment (CAB)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)¹

Use of Services

- Frequency of Ongoing Prenatal Care (FPC)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well-Care Visits (AWC)
- Ambulatory Care (AMB)
- Identification of Alcohol and Other Drug Services (IAD)¹

Measures selected by DHMH for Primary Adult Care (PAC) performance reporting

DHMH required Primary Adult Care (PAC) organizations to report four HEDIS measures for services rendered in calendar year 2009.

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC), all indicators except HbA1c good control (<7.0%)
- Adults' Access to Preventive / Ambulatory Health Services (AAP)

1. HEDIS 2010 results will not be publicly reported.

II. HEDIS Methodology

The HEDIS-reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS 2010 Volume 2: Technical Specifications*.

Data collection: The organization pulls together all data sources, typically into a data warehouse, against which HEDIS software programs are applied to calculate measures. Three approaches may be taken for data collection:

Administrative data: Data from transaction systems (claims, encounters, enrollment, practitioner) provide the majority of administrative data. Organizations may receive encounter files from pharmacy, laboratory, vision, and behavioral health vendors.

Supplemental data: NCQA defines supplemental data as atypical administrative data, i.e., not claims or encounters. Sources include immunization registry files, laboratory results files, case management databases, and medical record-derived databases.

Medical record data: Data abstracted from paper or electronic medical records may be applied to certain measures, using the NCQA-defined hybrid method. HEDIS specifications describe statistically sound methods of sampling, so that only a subset of the eligible population's medical records needs to be chased.

NCQA specifies hybrid calculation methods, in addition to administrative methods, for several measures selected by DHMH for HEDIS reporting:

- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC)—HbA1c testing; HbA1c poor control >9.0;
HbA1c control <8.0*
- Comprehensive Diabetes Care (CDC)—Eye exam (retinal) performed
- Comprehensive Diabetes Care (CDC)—LDL-C screening; LDL-C control <100mg/dL*
- Comprehensive Diabetes Care (CDC)—Medical attention for nephropathy
- Comprehensive Diabetes Care (CDC)—Blood pressure control <140/90 mm Hg;
Blood pressure control <130/80 mm Hg*
- Prenatal and Postpartum Care (PPC)
- Frequency of Ongoing Prenatal Care (FPC)
- Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well-Care Visits (AWC)

Use of the hybrid method is optional. NCQA maintains that no one approach to measure calculation or data collection is considered superior to another. From organization to organization, the percentages of data obtained from one data source versus another are highly variable, making it inappropriate to make across-the-board statements about the need for, or positive impact of, one method versus another. In fact, an organization's yield from the hybrid method may impact the final rate by only a few percentage points, an impact that is also achievable through improvement of administrative data systems.

* An organization must use the same method for the group of indicators.

III. Measure-specific Findings

Three years of HealthChoice results are displayed in Table A, along with the 2010 Maryland Average Reportable Rate (MARR) and most recent (HEDIS 2009) National HEDIS Mean (NHM). Table A1 shows two years of PAC results, along with the 2009 and 2010 MARR.

Measure-specific descriptions and five-year historical results are located on the pages following Table A.

Table A – HealthChoice Organizations HEDIS 2010 Results, page one of three	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2010	HEDIS 2009
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NMH
	Children's Prevention and Screening																						
Childhood Immunization Status (CIS) – Combination 2 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV)	89.8%	82.1%	78.4%	68.1%	73.0%	76.0%	85.0%	87.1%	81.9%	72.2%	74.7%	80.0%	84.7%	89.2%	86.6%	86.5%	82.1%	74.7%	78.0%	84.8%	83.9%	80.2%	73.7%
Childhood Immunization Status (CIS) – Combination 3 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate)	81.0%	74.6%	73.5%	59.9%	69.4%	71.4%	82.7%	80.6%	80.8%	67.8%	70.1%	76.2%	78.1%	87.8%	83.7%	77.4%	77.4%	68.4%	72.2%	78.7%	78.3%	76.0%	67.6%
Childhood Immunization Status (CIS) – Combination 4 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, hepatitis A)	*	*	40.0%	*	*	29.0%	*	*	39.0%	*	*	26.0%	*	*	28.0%	*	*	27.5%	*	*	52.1%	34.5%	*
Childhood Immunization Status (CIS) – Combination 5 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, rotavirus)	*	*	45.9%	*	*	33.6%	*	*	55.4%	*	*	40.1%	*	*	48.2%	*	*	46.2%	*	*	56.4%	46.6%	*
Childhood Immunization Status (CIS) – Combination 6 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, influenza)	*	*	35.1%	*	*	36.4%	*	*	27.7%	*	*	34.5%	*	*	40.9%	*	*	40.1%	*	*	48.4%	37.6%	*
Childhood Immunization Status (CIS) – Combination 7 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, hepatitis A, rotavirus)	*	*	27.4%	*	*	16.1%	*	*	29.4%	*	*	16.1%	*	*	19.2%	*	*	19.5%	*	*	38.7%	23.8%	*
Childhood Immunization Status (CIS) – Combination 8 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, hepatitis A, influenza)	*	*	21.9%	*	*	16.6%	*	*	15.8%	*	*	15.6%	*	*	15.1%	*	*	19.2%	*	*	34.3%	19.8%	*
Childhood Immunization Status (CIS) – Combination 9 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, rotavirus, influenza)	*	*	23.8%	*	*	18.0%	*	*	19.8%	*	*	20.0%	*	*	25.5%	*	*	26.8%	*	*	38.0%	24.5%	*
Childhood Immunization Status (CIS) – Combination 10 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, hepatitis A, rotavirus, and influenza)	*	*	16.3%	*	*	9.2%	*	*	12.4%	*	*	10.0%	*	*	10.7%	*	*	13.9%	*	*	27.3%	14.3%	*
Immunizations for Adolescents (IMA) – Combination 1 (Meningococcal, Tdap/Td)	*	*	41.7%	*	*	32.1%	*	*	67.3%	*	*	45.7%	*	*	45.7%	*	*	41.6%	*	*	42.3%	45.2%	*
Well-Child Visits in the First 15 months of Life (W15) – Zero visits ¹	1.1%	2.4%	1.2%	3.1%	2.6%	4.4%	5.3%	2.6%	2.8%	1.1%	0.7%	1.5%	1.8%	1.1%	1.4%	0.7%	1.5%	0.6%	1.7%	1.8%	1.8%	2.0%	2.7%
Well-Child Visits in the First 15 months of Life (W15) – DHMH Five or Six-or-more visits rates (additive)	85.4%	83.0%	84.2%	70.7%	77.1%	66.7%	82.0%	81.8%	89.4%	87.1%	87.3%	84.2%	82.3%	81.0%	86.2%	81.3%	86.4%	86.9%	86.2%	86.0%	85.1%	83.2%	75.4%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	77.5%	74.2%	76.0%	66.4%	70.0%	70.4%	89.1%	89.9%	92.3%	79.1%	73.1%	85.7%	74.1%	79.4%	79.2%	77.4%	75.3%	86.6%	76.3%	75.4%	82.4%	81.8%	69.7%
Adolescent Well-Care Visits (AWC)	50.3%	54.1%	52.2%	44.6%	49.7%	50.6%	73.3%	76.1%	79.9%	51.3%	49.5%	64.7%	45.7%	52.8%	61.1%	52.6%	53.4%	64.9%	52.5%	47.3%	64.7%	62.6%	45.9%
Respiratory Conditions																							
Appropriate Testing for Children with Pharyngitis (CWP)	67.8%	66.4%	61.9%	47.9%	69.4%	62.4%	50.0%	67.3%	70.9%	74.8%	75.6%	77.4%	75.8%	78.9%	82.7%	78.2%	72.0%	73.5%	67.4%	69.8%	68.8%	71.1%	61.4%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	87.1%	85.0%	84.9%	82.9%	82.9%	80.6%	87.3%	95.5%	95.2%	85.1%	84.0%	84.1%	86.2%	86.3%	85.7%	96.6%	84.4%	87.2%	80.6%	80.6%	79.6%	85.3%	85.5%
Use of Appropriate Medications for People With Asthma (ASM) – Ages 5-11 (Note: HEDIS 2008-2009 age is 5-9)	91.7%	90.0%	91.0%	NA	NA	NA	NA	NA	85.1%	90.5%	91.5%	94.9%	91.5%	94.0%	92.9%	87.8%	91.9%	92.2%	92.0%	91.8%	91.3%	91.2%	92.0%
Use of Appropriate Medications for People With Asthma (ASM) – Ages 12-50 (Note: HEDIS 2008-2009 had two age groups, 10-17 and 18-56)	88.4%	88.7%	86.8%	NA	NA	95.2%	83.3%	72.5%	91.6%	89.0%	88.7%	88.3%	92.0%	93.4%	92.4%	85.2%	88.2%	88.4%	90.3%	89.8%	83.0%	89.4%	89.1%
Use of Appropriate Medications for People With Asthma (ASM) (Note: This age group was discontinued for HEDIS 2010)	87.9%	86.0%		NA	92.3%		94.0%	91.7%		86.5%	84.0%		85.1%	92.9%		78.7%	88.8%		86.0%	88.6%			85.2%
Use of Appropriate Medications for People With Asthma (ASM) – Total combined ages 5-50 (Note: HEDIS 2008-2009 age group is 5-56)	89.6%	88.6%	89.2%	NA	91.6%	94.5%	91.6%	87.3%	89.5%	88.7%	87.9%	91.2%	89.5%	93.4%	92.7%	85.0%	89.5%	90.3%	89.6%	90.1%	87.4%	90.7%	88.7%

1. A lower rate indicates better performance. MARR = Maryland Average Reportable Rate NHM = National HEDIS Mean ACC = AMERIGROUP Community Care DIA = Diamond Plan JMS = Jai Medical Systems, Inc.
* New measure for HEDIS 2010. No data for prior years. *Italics denote age group changed from previous year's specifications.* MSFC = MedStar Family Choice, Inc. PP = Priority Partners MPC = Maryland Physicians Care UHC = UnitedHealthcare

Table A – HealthChoice Organizations HEDIS 2010 Results, page two of three	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2010	HEDIS 2009
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NMH
Member Access																							
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 12-24 months	96.7%	97.4%	97.6%	92.2%	91.8%	91.5%	91.7%	88.3%	95.1%	96.5%	96.6%	97.3%	96.9%	96.8%	97.2%	94.2%	97.8%	98.1%	95.8%	96.3%	96.7%	96.2%	95.0%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 25 months to 6 years	91.1%	91.7%	92.7%	82.9%	85.5%	85.3%	88.4%	89.5%	90.3%	90.0%	91.1%	91.8%	89.8%	91.6%	90.5%	86.5%	91.7%	93.1%	90.8%	92.2%	92.4%	90.9%	87.2%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 7-11 years	92.3%	92.6%	93.3%	82.7%	84.6%	85.0%	89.3%	93.7%	94.1%	91.2%	91.6%	92.6%	92.2%	92.2%	93.4%	88.0%	92.9%	93.8%	92.1%	92.2%	93.2%	92.2%	87.8%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 12-19 years	88.4%	87.3%	87.7%	84.9%	81.0%	86.4%	92.8%	91.9%	90.9%	89.2%	88.4%	89.0%	90.0%	88.7%	90.6%	84.0%	89.0%	89.5%	88.6%	87.6%	88.6%	89.0%	85.3%
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 20-44	76.7%	77.3%	79.4%	71.3%	75.2%	76.6%	76.1%	77.2%	78.6%	74.4%	79.0%	81.7%	74.8%	79.2%	78.7%	77.0%	79.3%	82.4%	73.8%	75.7%	79.2%	79.5%	79.8%
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 45-64	83.8%	83.9%	85.0%	78.6%	78.6%	77.0%	85.8%	86.9%	88.5%	85.0%	87.5%	87.3%	84.1%	85.5%	84.6%	87.1%	87.5%	88.3%	85.3%	85.6%	87.1%	85.4%	85.5%
Women's Health																							
Breast Cancer Screening (BCS)	42.0%	41.3%	43.7%	32.8%	39.9%	40.8%	64.3%	64.4%	60.8%	45.6%	46.1%	44.5%	50.9%	57.6%	63.4%	42.3%	42.2%	45.4%	51.4%	51.2%	48.2%	49.5%	50.8%
Cervical Cancer Screening (CCS)	61.4%	67.9%	67.3%	48.0%	62.7%	65.6%	73.8%	78.0%	76.4%	64.1%	66.3%	67.9%	64.7%	66.4%	67.7%	65.6%	63.0%	67.7%	64.8%	66.1%	64.4%	68.1%	66.0%
Chlamydia Screening in Women (CHL) – Age 16-20 years	55.6%	58.3%	63.2%	52.2%	46.4%	58.9%	79.5%	81.0%	84.9%	57.7%	58.6%	61.3%	56.6%	52.0%	57.1%	58.0%	58.1%	61.0%	46.0%	50.3%	57.9%	63.5%	52.7%
Chlamydia Screening in Women (CHL) – Age 21-24 years (Note: Rates for 2008 and prior year were for ages 21-25.)	66.0%	68.7%	71.3%	65.2%	56.8%	68.5%	70.9%	73.9%	75.4%	67.7%	68.2%	66.1%	64.3%	63.4%	62.8%	64.7%	63.6%	67.9%	55.8%	59.3%	64.2%	68.0%	59.4%
Chlamydia Screening in Women (CHL) – Total, 16-24 years of age (Note: Rates for 2008 and prior year were for ages 16-25.)	59.2%	61.3%	66.2%	57.8%	50.2%	63.7%	76.6%	78.7%	81.4%	60.5%	61.1%	63.0%	58.9%	55.1%	58.8%	59.7%	59.4%	63.2%	48.6%	52.5%	59.9%	65.2%	54.9%
Prenatal and Postpartum Care																							
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	90.9%	90.9%	87.7%	85.0%	87.3%	81.4%	89.7%	88.4%	86.7%	84.0%	87.0%	89.7%	90.0%	87.2%	89.6%	91.1%	91.4%	91.0%	91.7%	89.7%	86.6%	87.5%	81.9%
Prenatal and Postpartum Care (PPC) – Postpartum Care	61.9%	64.3%	66.7%	52.9%	52.8%	59.3%	68.2%	72.6%	79.2%	60.3%	62.1%	72.2%	67.4%	71.9%	78.5%	64.6%	63.5%	66.7%	64.3%	67.6%	63.4%	69.4%	62.6%
Frequency of Ongoing Prenatal Care (FPC) – Less than 21% of expected visits ¹	1.3%	2.4%	2.9%	6.2%	7.1%	11.1%	1.5%	2.3%	4.6%	6.2%	3.3%	3.9%	3.2%	2.7%	2.1%	3.4%	4.3%	3.4%	6.0%	4.5%	8.7%	5.2%	11.9%
Frequency of Ongoing Prenatal Care (FPC) – Greater than or equal to 81% of expected visits	75.7%	74.3%	71.0%	61.4%	62.2%	58.1%	84.6%	81.9%	80.4%	78.7%	71.6%	77.8%	85.9%	92.1%	81.8%	75.3%	76.6%	80.7%	75.3%	78.2%	73.8%	74.8%	58.7%
Diabetes Care																							
Comprehensive Diabetes (CDC) – Hemoglobin A1c Testing	73.2%	78.8%	74.0%	68.0%	67.8%	59.8%	89.7%	90.7%	91.6%	78.4%	74.2%	78.6%	87.7%	85.1%	85.7%	78.3%	77.7%	78.3%	74.7%	71.0%	71.8%	77.1%	80.5%
Comprehensive Diabetes (CDC) – HbA1c Poor Control (>9.0%)*	52.5%	49.6%	49.5%	52.6%	52.1%	57.4%	32.6%	30.3%	34.4%	55.5%	57.9%	53.0%	38.2%	33.8%	27.6%	38.7%	47.3%	44.8%	50.9%	56.4%	51.6%	45.5%	44.8%
Comprehensive Diabetes (CDC) – HbA1c Adequate Control (< 8.0%)		43.6%	42.8%		42.1%	36.1%		57.8%	54.2%		36.4%	41.1%		54.6%	50.0%		45.8%	48.2%		37.2%	43.6%	45.1%	44.1%
Comprehensive Diabetes (CDC) – Eye Exam (Retinal) Performed	57.5%	50.1%	51.4%	43.3%	52.1%	51.6%	75.3%	77.2%	77.8%	54.4%	65.8%	74.0%	66.2%	72.2%	75.1%	63.3%	54.6%	65.0%	58.2%	65.9%	71.3%	66.6%	52.8%
Comprehensive Diabetes (CDC) – LDL-C Screening	72.7%	74.5%	69.3%	64.9%	66.9%	62.3%	90.3%	93.3%	93.1%	72.7%	73.9%	72.5%	82.8%	81.7%	81.5%	73.7%	73.9%	74.5%	71.8%	71.5%	70.8%	74.9%	74.1%
Comprehensive Diabetes (CDC) – LDL-C Control (<100 mg/dL)	33.5%	34.9%	33.3%	27.8%	28.1%	35.2%	48.2%	47.2%	52.7%	28.6%	28.9%	32.4%	42.3%	43.8%	42.1%	37.5%	42.5%	39.4%	30.2%	29.2%	31.1%	38.0%	33.8%
Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy	80.3%	78.8%	74.4%	75.3%	75.2%	69.7%	95.9%	93.3%	93.1%	74.8%	75.8%	78.6%	87.4%	86.6%	86.9%	83.9%	78.3%	77.6%	77.6%	73.7%	74.2%	79.2%	76.6%
Comprehensive Diabetes (CDC) – Blood Pressure Control (<130/90 mm Hg)	31.1%	27.2%	28.8%	25.8%	25.6%	32.8%	25.9%	23.6%	29.1%	25.8%	25.6%	22.9%	31.0%	36.3%	36.0%	35.8%	33.6%	31.4%	26.0%	28.2%	30.9%	30.3%	30.7%
Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/90 mm Hg)	56.8%	54.7%	53.5%	40.2%	45.5%	62.3%	52.1%	47.2%	54.0%	49.2%	51.2%	50.1%	63.3%	65.7%	67.2%	65.2%	58.8%	61.3%	55.7%	55.7%	54.3%	57.5%	56.9%

1. A lower rate indicates better performance. MARR = Maryland Average Reportable Rate NHM = National HEDIS Mean ACC = AMERIGROUP Community Care DIA = Diamond Plan JMS = Jai Medical Systems, Inc.
* New measure for HEDIS 2010. No data for prior years. *Italics denote age group changed from previous year's specifications.* MSFC = MedStar Family Choice, Inc. PP = Priority Partners MPC = Maryland Physicians Care UHC = UnitedHealthcare

Table A – HealthChoice Organizations HEDIS 2010 Results, page three of three	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2010	HEDIS 2009
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NMH
Ambulatory Care (Utilization)																							
Ambulatory Care (AMB) – Outpatient Visits	374.0	374.0	388.5	329.5	330.5	330.1	359.8	364.2	385.8	372.1	375.2	400.4	360.5	380.0	389.5	324.0	382.2	415.9	354.4	365.1	391.2	385.9	347.3
Ambulatory Care (AMB) – Emergency Department	58.5	60.3	66.1	87.0	88.0	94.6	77.5	78.8	92.1	67.4	71.8	81.4	76.3	76.6	80.1	61.0	62.4	70.0	54.7	59.3	68.9	79.0	60.2
Ambulatory Care (AMB) – Ambulatory Surgery	3.6	6.5	6.5	5.6	13.5	11.3	6.8	14.0	14.9	5.4	9.0	8.9	6.2	13.3	14.4	10.0	10.8	12.3	5.2	9.1	9.8	11.2	9.2
Ambulatory Care (AMB) – Observation Room Stays	3.1	2.0	1.6	4.7	1.8	1.9	2.8	2.4	1.7	2.3	1.5	1.2	1.8	0.3	0.4	2.7	3.7	0.6	2.0	1.4	1.2	1.2	1.8
Call Services																							
Call Answer Timeliness (CAT)	52.0%	75.8%	85.3%	85.7%	91.4%	88.0%	86.0%	89.9%	87.5%	74.5%	82.7%	85.5%	84.2%	94.3%	96.1%	NR	68.2%	76.5%	89.1%	81.5%	82.3%	85.9%	79.7%
Call Abandonment (CAB) ¹	9.3%	3.6%	3.8%	1.1%	0.8%	1.4%	3.9%	3.3%	3.5%	2.9%	2.0%	1.4%	2.2%	1.6%	1.1%	5.0%	4.2%	2.4%	1.2%	3.1%	2.8%	2.4%	3.3%

1. A lower rate indicates better performance. MARR = Maryland Average Reportable Rate NHM = National HEDIS Mean ACC = AMERIGROUP Community Care DIA = Diamond Plan JMS = Jai Medical Systems, Inc.
* New measure for HEDIS 2010. No data for prior years. *Italics denote age group changed from previous year's specifications.* MSFC = MedStar Family Choice, Inc. PP = Priority Partners MPC = Maryland Physicians Care UHC = UnitedHealthcare

Table A1 – HealthChoice Organizations Reporting PAC HEDIS 2010 Results	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
	JMS PAC		MPC PAC		PP PAC		UHC PAC		MARR	MARR	MARR	MARR
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 20-44	72.0%	71.9%	62.5%	65.7%	*	59.4%	60.9%	67.4%	65.1%	66.1%		
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 45-64	80.9%	79.8%	73.1%	75.3%	*	70.3%	69.4%	75.9%	74.5%	75.3%		
Breast Cancer Screening (BCS)	44.6%	47.2%	28.8%	38.4%	*	*	23.0%	29.7%	32.1%	38.4%		
Cervical Cancer Screening (CCS)	54.1%	59.5%	33.5%	37.4%	*	29.8%	29.6%	41.4%	39.1%	42.0%		
Comprehensive Diabetes (CDC) – Hemoglobin A1c Testing	83.6%	85.8%	77.4%	79.1%	*	68.0%	64.4%	75.2%	75.2%	77.0%		
Comprehensive Diabetes (CDC) – HbA1c Poor Control (>9.0%) ¹	39.0%	38.4%	51.4%	41.6%	*	97.9%	83.3%	49.6%	57.9%	56.9%		
Comprehensive Diabetes (CDC) – HbA1c Control (< 8.0%)	49.2%	50.4%	38.6%	47.7%	*	2.1%	13.1%	43.8%	33.6%	35.9%		
Comprehensive Diabetes (CDC) – Eye Exam (Retinal) Performed	48.0%	69.2%	31.9%	43.1%	*	27.8%	25.6%	38.9%	35.1%	44.8%		
Comprehensive Diabetes (CDC) – LDL-C Screening	88.7%	89.1%	70.9%	72.3%	*	59.8%	59.5%	69.1%	73.0%	72.6%		
Comprehensive Diabetes (CDC) – LDL-C Control (<100 mg/dL)	42.7%	42.2%	31.2%	35.5%	*	0.0%	10.4%	29.2%	28.1%	26.7%		
Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy	86.5%	91.0%	82.8%	83.0%	*	54.6%	70.1%	79.6%	79.8%	77.0%		
Comprehensive Diabetes (CDC) – Blood Pressure Control (<130/90 mm Hg)	NR	24.3%	21.2%	23.1%	*	0.0%	0.0%	21.2%	NA	17.1%		

*Organization did not report for PAC MARR = Maryland Average Reportable Rate JMS = Jai Medical Systems, Inc. MPC = Maryland Physicians Care
1. A lower rate indicates better performance. PP = Priority Partners UHC = UnitedHealthcare

Children’s Prevention and Screening

Childhood Immunization Status (CIS)

Description: The percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four Pneumococcal Conjugate (PCV) vaccines by their second birthday. The measure calculates a rate for each vaccine and combination rates.

	DTaP	IPV	MMR	HiB	Hep B	VZV	PCV
Combination 2	X	X	X	X	X	X	
Combination 3	X	X	X	X	X	X	X

Rationale: A basic method for prevention of serious illness is immunization. Childhood immunizations help prevent serious illnesses such as polio, tetanus and hepatitis. Vaccines are a proven way to help a child stay healthy and avoid the potentially harmful effects of childhood diseases like mumps and measles. Even preventing mild diseases saves hundreds of lost school days and work days, and millions of dollars.

Childhood Immunization Status (CIS) – Combination 2 (DTaP, IPV, MMR, HiB, Hepatitis B, VZV)

	2006	2007	2008	2009	2010
ACC	88%	88%	89.8%	82.1%	78.4%
DIA	NA	74%	68.1%	73.0%	76.0%
JMS	77%	75%	85.0%	87.1%	81.9%
MPC	70%	71%	72.2%	74.7%	80.0%
MSFC	74%	81%	84.7%	89.2%	86.6%
PP	80%	82%	86.5%	82.1%	74.7%
UHC	71%	73%	78.0%	84.8%	83.9%
MARR	77%	78%	80.6%	81.9%	80.2%
NHM	70%	73.3%	72.3%	73.7%	

Childhood Immunization Status (CIS) – Combination 3 (DTaP, IPV, MMR, HiB, Hepatitis B, VZV, Pneumococcal Conjugate)

	2006	2007	2008	2009	2010
ACC	72%	75%	81.0%	74.6%	73.5%
DIA	NA	66%	59.9%	69.4%	71.4%
JMS	63%	74%	82.7%	80.6%	80.8%
MPC	44%	62%	67.8%	70.1%	76.2%
MSFC	44%	69%	78.1%	87.8%	83.7%
PP	45%	72%	77.4%	77.4%	68.4%
UHC	38%	60%	72.2%	78.7%	78.3%
MARR	51%	68%	74.1%	76.9%	76.0%
NHH	43%	60.6%	65.6%	67.6%	

Immunizations for Adolescents (IMA)

Description: The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

Rationale: Adolescent immunization rates have historically lagged behind early childhood immunization rates in the United States. Low immunization rates among adolescents have the potential to cause outbreaks of preventable diseases and to establish reservoirs of disease in adolescents that can affect other populations including infants, the elderly and individuals with chronic conditions.

Summary of Changes to HEDIS 2010: First-year measure.

Combination 1 (Meningococcal, Tdap/Td)

	2006	2007	2008	2009	2010
ACC					41.7%
DIA					32.1%
JMS					67.3%
MPC					45.7%
MSFC					45.7%
PP					41.6%
UHC					42.3%
MARR					45.2%
NHM*				*	

* This is a first-year measure. There is no NHM from HEDIS 2009 reporting.

Well-Child Visits in the First 15 Months of Life (W15)

Description: The percentage of members who turned 15 months old during the measurement year who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: no well-child visits; one, two, three, four, five, six-or-more well-child visits. DHMH also calculates the percentage of members receiving five or six-or-more visits by adding together the HEDIS results for five and for six-or-more visits.

Rationale: This measure looks at the adequacy of well-child care for infants. Regular check-ups are one of the best ways to detect physical, developmental, behavioral and emotional problems. They also provide an opportunity for the clinician to offer guidance and counseling to the parents.

Well-Child Visits in the First 15 months of Life (W15) – No well-child visits*

	2006	2007	2008	2009	2010
ACC	1%	1%	1.1%	2.4%	1.2%
DIA	10%	7%	3.1%	2.6%	4.4%
JMS	4%	3%	5.3%	2.6%	2.8%
MPC	2%	1%	1.1%	0.7%	1.5%
MSFC	1%	2%	1.8%	1.1%	1.4%
PP	2%	1%	0.7%	1.5%	0.6%
UHC	2%	2%	1.7%	1.8%	1.8%
MARR	3%	2%	2.1%	1.8%	2.0%
NHM	5%	3.8%	5.6%	2.7%	

* A lower rate indicates better performance.

Well-Child Visits in the First 15 months of Life (W15) – DHMH Five or Six-or-more visits (rate constructed by adding together HEDIS five visits and six-or-more visits rates)

	2006	2007	2008	2009	2010
ACC	93%	97%	85.4%	83.0%	84.16%
DIA	65%	71%	70.7%	77.1%	66.7%
JMS	81%	94%	82.0%	81.8%	89.4%
MPC	85%	83%	87.1%	87.3%	84.21%
MSFC	81%	78%	82.3%	81.0%	86.2%
PP	83%	86%	81.3%	86.4%	86.9%
UHC	84%	87%	86.2%	86.0%	85.1%
MARR	82%	85%	82.1%	83.2%	83.2%
NHM	68%	72.9%	70.2%	75.4%	

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Description: The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.

Rationale: This measure looks at the use of routine check-ups by preschool and early school-age children. Well-child visits during the preschool and early school years are particularly important. A child can be helped through early detection of vision, speech and language problems. The AAP recommends annual well-child visits for two- to six-year-olds.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

	2006	2007	2008	2009	2010
ACC	80%	80%	77.5%	74.2%	76.0%
DIA	49%	69%	66.4%	70.0%	70.4%
JMS	84%	88%	89.1%	89.9%	92.3%
MPC	70%	76%	79.1%	73.1%	85.7%
MSFC	66%	74%	74.1%	79.4%	79.2%
PP	70%	73%	77.4%	75.3%	86.6%
UHC	70%	80%	76.3%	75.4%	82.4%
MARR	70%	77%	77.1%	76.8%	81.8%
NHM	63%	66.8%	65.3 %	69.7%	

Adolescent Well-Care Visits (AWC)

Description: The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Rationale: This measure looks at the use of regular check-ups by adolescents. Adolescents benefit from an annual preventive health care visit that addresses the physical, emotional and social aspects of their health. The American Medical Association's *Guidelines for Adolescent Preventive Services*, the federal government's Bright Futures program and the AAP's guidelines all recommend comprehensive annual check-ups for adolescents.

Adolescent Well-Care Visits (AWC)

	2006	2007	2008	2009	2010
ACC	58%	57%	50.3%	54.1%	52.2%
DIA	35%	50%	44.6%	49.7%	50.6%
JMS	72%	76%	73.3%	76.1%	79.9%
MPC	54%	60%	51.3%	49.5%	64.7%
MSFC	49%	59%	45.7%	52.8%	61.1%
PP	48%	54%	52.6%	53.4%	64.9%
UHC	50%	59%	52.5%	47.3%	64.7%
MARR	52%	59%	52.9%	54.7%	62.6%
NHM	41%	43.7%	42.0%	45.9%	

Respiratory Conditions

Appropriate Testing for Children with Pharyngitis (CWP)

Description: The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group-A streptococcus (strep) test for the episode.

Rationale: Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance in the community; promoting judicious use of antibiotics is important for reducing levels of antibiotic resistance. Pediatric clinical practice guidelines recommend that only children with diagnosed group-A strep pharyngitis based on appropriate lab tests be treated with antibiotics.

Appropriate Testing for Children with Pharyngitis (CWP)

	2006	2007	2008	2009	2010
ACC		68%	67.8%	66.4%	61.9%
DIA		54%	47.9%	69.4%	62.4%
JMS		73%	50.0%	67.3%	70.9%
MPC		71%	74.8%	75.6%	77.4%
MSFC		54%	75.8%	78.9%	82.7%
PP		76%	78.2%	72.0%	73.5%
UHC		65%	67.4%	69.8%	68.8%
MARR		66%	66.0%	71.4%	71.1%
NHM		55.7%	58.2%	61.4%	

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Description: The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Rationale: The common cold (or URI) is a frequent reason for children visiting the doctor's office. Though existing clinical guidelines do not support the use of antibiotics for the common cold, physicians often prescribe them for this ailment. A performance measure of antibiotic use for URI sheds light on the prevalence of inappropriate antibiotic prescribing in clinical practice and raises awareness of the importance of reducing inappropriate antibiotic use to combat antibiotic resistance in the community.

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

	2006	2007	2008	2009	2010
ACC		86%	87.1%	85.0%	84.9%
DIA		87%	82.9%	82.9%	80.6%
JMS		82%	87.3%	95.5%	95.2%
MPC		83%	85.1%	84.0%	84.1%
MSFC		85%	86.2%	86.3%	85.7%
PP		94%	96.6%	84.4%	87.2%
UHC		79%	80.6%	80.6%	79.6%
MARR		85%	86.5%	85.5%	85.3%
NHM		83.3%	84.1%	85.5%	

Use of Appropriate Medications for People with Asthma (ASM)

Description: The percentage of members 5–50 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

Rationale: Asthma is one of the nation's most common, costly and increasingly prevalent diseases. Asthma medications help reduce underlying airway inflammation and relieve or prevent airway narrowing. Many asthma-related hospitalizations, emergency room visits and missed work and school days can be avoided if patients have appropriate medications and medical management.

Use of Appropriate Medications for People with Asthma (ASM) – Ages 5–11

	<i>2006*</i>	<i>2007*</i>	<i>2008*</i>	<i>2009*</i>	2010
ACC	88%	88%	91.7%	90.0%	91.0%
DIA	NA	NA	NA	NA	NA
JMS	NA	NA	NA	NA	85.1%
MPC	90%	91%	90.5%	91.5%	94.9%
MSFC	91%	92%	91.5%	94.0%	92.9%
PP	88%	89%	87.8%	91.9%	92.2%
UHC	92%	92%	92.0%	91.8%	91.3%
MARR	90%	90%	90.7%	91.8%	91.2%
NHM	88%	89.6%	89.3%	92.0%	

*Rates for 2009 and the prior years, shown in italics, are for ages 5–9.

Use of Appropriate Medications for People with Asthma (ASM) – Ages 12–50

	<i>2006*</i>	<i>2007*</i>	<i>2008*</i>	<i>2009*</i>	2010
ACC	87%	87%	87.9%	86.0%	86.8%
DIA	NA	NA	NA	92.3%	95.2%
JMS	91%	85%	94.0%	91.7%	91.6%
MPC	75%	85%	86.5%	84.0%	88.3%
MSFC	91%	92%	85.1%	92.9%	92.4%
PP	76%	76%	78.7%	88.8%	88.4%
UHC	86%	86%	86.0%	88.6%	83.0%
MARR	84%	85%	86.4%	89.2%	89.4%
NHM	83%	84.7%	84.5%	85.2%	

*Rates for 2009 and the prior years, shown in italics, are for ages 18–56.

Use of Appropriate Medications for People with Asthma (ASM) – Total Ages 5–50

	<i>2006*</i>	<i>2007*</i>	<i>2008*</i>	<i>2009*</i>	2010
ACC	87%	88%	89.6%	88.6%	89.2%
DIA	NA	NA	NA	91.6%	94.5%
JMS	85%	83%	91.6%	87.3%	89.5%
MPC	84%	88%	88.7%	87.9%	91.2%
MSFC	89%	91%	89.5%	93.4%	92.7%
PP	84%	86%	85.0%	89.5%	90.3%
UHC	89%	89%	89.6%	90.1%	87.4%
MARR	87%	88%	89.0%	89.8%	90.7%
NHM	86%	87.1%	86.9%	88.7%	

*Rates for 2009 and the prior years, shown in italics, are for ages 5–56.

Member Access

Children and Adolescents’ Access to Primary Care Practitioners (CAP)

Description: The percentage of members 12 months–19 years of age that had a visit with a PCP: children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year and children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Rationale: Encouraging and making available access to primary care services is one potential strategy to lower hospital utilization while maintaining the quality of care delivered. Physicians have a central role to play in fostering quality-enhancing strategies that can help to slow the growth of healthcare expenditures.

**Children and Adolescents’ Access to Primary Care Practitioners (CAP)
Age 12–24 months**

	2006	2007	2008	2009	2010
ACC		97%	96.7%	97.4%	97.6%
DIA		90%	92.2%	91.8%	91.5%
JMS		91%	91.7%	88.3%	95.1%
MPC		96%	96.5%	96.6%	97.3%
MSFC		97%	96.9%	96.8%	97.2%
PP		95%	94.2%	97.8%	98.1%
UHC		95%	95.8%	96.3%	96.7%
MARR		94%	94.9%	95.0%	96.2%
NHM		94.1%	93.4%	95.0%	

**Children and Adolescents' Access to Primary Care Practitioners (CAP) –
Age 25 months–6 years**

	2006	2007	2008	2009	2010
ACC		91%	91.1%	91.7%	92.7%
DIA		82%	82.9%	85.5%	85.3%
JMS		89%	88.4%	89.5%	90.3%
MPC		91%	90.0%	91.1%	91.8%
MSFC		89%	89.8%	91.6%	90.5%
PP		85%	86.5%	91.7%	93.1%
UHC		89%	90.8%	92.2%	92.4%
MARR		88%	88.5%	90.4%	90.9%
NHM		84.9%	84.3%	87.2%	

**Children and Adolescents' Access to Primary Care Practitioners (CAP) –
Age 7–11 years**

	2006	2007	2008	2009	2010
ACC		92%	92.3%	92.6%	93.3%
DIA		81%	82.7%	84.6%	85.0%
JMS		90%	89.3%	93.7%	94.1%
MPC		92%	91.2%	91.6%	92.6%
MSFC		92%	92.2%	92.2%	93.4%
PP		87%	88.0%	92.9%	93.8%
UHC		90%	92.1%	92.2%	93.2%
MARR		89%	89.7%	91.4%	92.2%
NHM		86.0%	85.8%	87.8%	

**Children and Adolescents' Access to Primary Care Practitioners (CAP) –
Age 12–19 years**

	2006	2007	2008	2009	2010
ACC		89%	88.4%	87.3%	87.7%
DIA		80%	84.9%	81.0%	86.4%
JMS		92%	92.8%	91.9%	90.9%
MPC		88%	89.2%	88.4%	89.0%
MSFC		89%	90.0%	88.7%	90.6%
PP		83%	84.0%	89.0%	89.5%
UHC		86%	88.6%	87.6%	88.6%
MARR		87%	88.3%	87.7%	89.0%
NHM		83.2%	82.6%	85.3%	

Adults' Access to Preventive/Ambulatory Health Services (AAP)

Description: The percentage of members 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.

Rationale: Encouraging and making available access to primary and preventive care services is one potential strategy to lower hospital utilization while maintaining the quality of care delivered. Physicians have a central role to play in fostering quality-enhancing strategies that can help to slow the growth of health care expenditures.

Adults' Access to Preventive/Ambulatory Health Services (AAP) – Age 20–44 years

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		77%	76.7%	77.3%	79.4%		
DIA		72%	71.3%	75.2%	76.6%		
JMS		74%	76.1%	77.2%	78.6%	72.0%	71.9%
MPC		77%	74.4%	79.0%	81.7%	62.5%	65.7%
MSFC		76%	74.8%	79.2%	78.7%		
PP		77%	77.0%	79.3%	82.4%		59.4%
UHC		72%	73.8%	75.7%	79.2%	60.9%	67.4%
MARR		75%	74.9%	77.6%	79.5%	65.1%	66.1%
NHM		78.2%	76.8%	79.8%			

Adults' Access to Preventive/Ambulatory Health Services (AAP) – Age 45–64 years

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		84%	83.8%	83.9%	85.0%		
DIA		76%	78.6%	78.6%	77.0%		
JMS		87%	85.8%	86.9%	88.5%	80.9%	79.8%
MPC		85%	85.0%	87.5%	87.3%	73.1%	75.27%
MSFC		83%	84.1%	85.5%	84.6%		
PP		87%	87.1%	87.5%	88.3%		70.3%
UHC		84%	85.3%	85.6%	87.1%	69.4%	75.9%
MARR		84%	84.2%	85.1%	85.4%	74.5%	75.30%
NHM		83.1%	82.4%	85.5%			

Women’s Health

Breast Cancer Screening (BCS)

Description: The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.

Rationale: Breast cancer is the second most common type of cancer among American women. Women whose breast cancer is detected early have more treatment choices and better chances for survival. Mammography screening has been shown to reduce mortality by 20% to 30% among women 40 and older.

Breast Cancer Screening (BCS)

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		44%	42.0%	41.3%	43.7%		
DIA		27%	32.8%	39.9%	40.8%		
JMS		56%	64.3%	64.4%	60.8%	44.6%	47.2%
MPC		46%	45.6%	46.1%	44.5%	28.8%	38.4%
MSFC		49%	50.9%	57.6%	63.4%		
PP		42%	42.3%	42.2%	45.4%		NA
UHC		46%	51.4%	51.2%	48.2%	23.0%	29.7%
MARR		44%	47.0%	49.0%	49.5%	32.1%	38.4%
NHM		49.1%	50.0%	50.8%			

Cervical Cancer Screening (CCS)

Description: The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.

Rationale: Cervical cancer is the second most common cancer worldwide and the third leading cause of cancer-related deaths. Most cervical cancer deaths could have been eliminated with timely and effective screening and treatment. Cervical cancer is a successfully preventable and treatable cancer and can usually be found through regular Pap tests.

Cervical Cancer Screening (CCS)

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		71%	61.4%	67.9%	67.3%		
DIA		44%	48.0%	62.7%	65.6%		
JMS		78%	73.8%	78.0%	76.4%	54.1%	59.5%
MPC		62%	64.1%	66.3%	67.9%	33.5%	37.4%
MSFC		58%	64.7%	66.4%	67.65%		
PP		63%	65.6%	63.0%	67.71%		29.8%
UHC		61%	64.8%	66.1%	64.4%	29.6%	41.4%
MARR		62%	63.2%	67.2%	68.1%	39.1%	42.0%
NHM		65.7%	64.8%	66.0%			

Chlamydia Screening in Women (CHL)

Description: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Rationale: Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States. The Centers for Disease Control and Prevention (CDC) estimates that approximately three million people are infected with chlamydia each year. Chlamydia is more prevalent among adolescent and young adult women. In 2003, the highest age-specific rates of reported chlamydia in women were among 15 to 19 year-olds and 20 to 24 year-olds. Left untreated, chlamydia may cause permanent damage to a woman's fallopian tubes, uterus and surrounding tissue.

Chlamydia Screening in Women (CHL) – Age 16–20 years

	2006*	2007	2008	2009	2010
ACC		60%	55.6%	58.3%	63.2%
DIA		45%	52.2%	46.4%	58.9%
JMS		69%	79.5%	81.0%	84.9%
MPC		60%	57.7%	58.6%	61.3%
MSFC		52%	56.6%	52.0%	57.1%
PP		57%	58.0%	58.1%	61.0%
UHC		49%	46.0%	50.3%	57.9%
MARR		56%	58.0%	57.8%	63.5%
NHM		50.5%	48.7%	52.7%	

Chlamydia Screening in Women (CHL) – Age 21–24 years

	2006	2007*	2008*	2009	2010
ACC		<i>70%</i>	<i>66.0%</i>	68.7%	71.3%
DIA		<i>57%</i>	<i>65.2%</i>	56.8%	68.5%
JMS		<i>70%</i>	<i>70.9%</i>	73.9%	75.4%
MPC		<i>72%</i>	<i>67.7%</i>	68.2%	66.1%
MSFC		<i>56%</i>	<i>64.3%</i>	63.4%	62.8%
PP		<i>67%</i>	<i>64.7%</i>	63.6%	67.9%
UHC		<i>58%</i>	<i>55.8%</i>	59.3%	64.2%
MARR		<i>64%</i>	<i>64.9%</i>	64.8%	68.0%
NHM		<i>55.0%</i>	<i>54.1%</i>	59.4%	

*Rates for 2008 and the prior year, shown in italics, were for ages 21–25.

Chlamydia Screening in Women (CHL) – Total (16–24) years

	2006	<i>2007*</i>	<i>2008*</i>	2009	2010
ACC		<i>63%</i>	<i>59.2%</i>	61.3%	66.2%
DIA		<i>51%</i>	<i>57.8%</i>	50.2%	63.7%
JMS		<i>69%</i>	<i>76.6%</i>	78.7%	81.4%
MPC		<i>63%</i>	<i>60.5%</i>	61.1%	63.0%
MSFC		<i>53%</i>	<i>58.9%</i>	55.1%	58.8%
PP		<i>60%</i>	<i>59.7%</i>	59.4%	63.2%
UHC		<i>52%</i>	<i>48.6%</i>	52.5%	59.9%
MARR		<i>59%</i>	<i>60.2%</i>	59.8%	65.2%
NHM		<i>52.4%</i>	<i>50.8%</i>	54.9%	

*Rates for 2008 and the prior year, shown in italics, were for ages 16–25.

Prenatal and Postpartum Care

Prenatal and Postpartum Care (PPC)

Description: The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Rationale:

Timeliness of Prenatal Care: Preventive medicine is fundamental to prenatal care. Healthy diet, counseling, vitamin supplements, identification of maternal risk factors and health promotion must occur early in pregnancy to have an optimal effect on outcome. Ideally, a pregnant woman will have her first prenatal visit during the first trimester of pregnancy. Some women enroll in a health plan at a later stage of pregnancy; in this case, it is essential for the health plan to begin providing prenatal care as quickly as possible.

Postpartum Care: The American College of Obstetricians and Gynecologists recommends that women see their healthcare provider at least once between four and six weeks after giving birth. The first postpartum visit should include a physical examination and an opportunity for the healthcare practitioner to answer parents' questions and give family planning guidance and counseling on nutrition.

Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care

	2006	2007	2008	2009	2010
ACC	94%	98%	90.9%	90.9%	87.7%
DIA	68%	89%	85.0%	87.3%	81.4%
JMS	83%	88%	89.7%	88.4%	86.7%
MPC	85%	87%	84.0%	87.0%	89.7%
MSFC	90%	90%	90.0%	87.2%	89.6%
PP	82%	87%	91.1%	91.4%	91.0%
UHC	90%	88%	91.7%	89.7%	86.6%
MARR	85%	89%	88.9%	88.8%	87.5%
NHM	79%	81.2%	81.4%	81.9%	

Prenatal and Postpartum Care (PPC) – Postpartum Care

	2006	2007	2008	2009	2010
ACC	84%	85%	61.9%	64.3%	66.67%
DIA	39%	52%	52.9%	52.8%	59.3%
JMS	51%	72%	68.2%	72.6%	79.2%
MPC	62%	60%	60.3%	62.1%	72.2%
MSFC	55%	55%	67.4%	71.9%	78.5%
PP	63%	63%	64.6%	63.5%	66.67%
UHC	61%	64%	64.3%	67.6%	63.4%
MARR	59%	64%	62.8%	65.0%	69.4%
NHM	57%	59.1%	58.7%	62.6%	

Frequency of Ongoing Prenatal Care (FPC)

Description: The percentage of Medicaid deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year that received the following number of expected prenatal visits: less than 21% of expected visits, 21% to 40% of expected visits, 41% to 60% of expected visits, 61% to 80% of expected visits, and greater than or equal to 81% of expected visits.

Rationale: Complications can arise at any time during pregnancy. For that reason, continued monitoring throughout pregnancy is necessary. Frequency and adequacy of ongoing prenatal visits are important factors in minimizing pregnancy problems.

Frequency of Ongoing Prenatal Care (FPC) – Less than 21% of expected visits

	2006	2007	2008	2009	2010
ACC	1%	1%	1.3%	2.4%	2.9%
DIA	19%	8%	6.2%	7.1%	11.1%
JMS	6%	4%	1.5%	2.3%	4.6%
MPC	4%	7%	6.2%	3.3%	3.9%
MSFC	4%	6%	3.2%	2.7%	2.1%
PP	1%	6%	3.4%	4.3%	3.4%
UHC	7%	5%	6.0%	4.5%	8.7%
MARR	6%	5%	4.0%	3.8%	5.2%
NHM	17%	13.5%	12.5%	11.9%	

Frequency of Ongoing Prenatal Care (FPC) – Greater than or equal to 81% of expected visits

	2006	2007	2008	2009	2010
ACC	88%	87%	75.7%	74.3%	71.0%
DIA	48%	61%	61.4%	62.2%	58.1%
JMS	79%	80%	84.6%	81.9%	80.4%
MPC	78%	62%	78.7%	71.6%	77.8%
MSFC	81%	82%	85.9%	92.1%	81.8%
PP	60%	70%	75.3%	76.6%	80.7%
UHC	75%	72%	75.3%	78.2%	73.8%
MARR	73%	73%	76.7%	76.7%	74.8%
NHM	56%	58.6%	59.3%	58.7%	

Diabetes

Comprehensive Diabetes Care (CDC)

Description: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye exam (retinal) performed
- LDL-C screening
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy
- Blood Pressure (BP) control (<130/80 mm Hg)
- BP control (<140/90 mm Hg)

Rationale: Diabetes is a disease characterized by high blood glucose levels caused by the body's inability to correctly produce or use the hormone insulin. Almost 21 million Americans are living with diabetes, and an estimated three million Americans have undiagnosed diabetes. Much of the burden of illness and cost of diabetes treatment is attributed to potentially preventable long-term complications including heart disease, blindness, kidney disease and stroke. Appropriate and timely screening and treatment can significantly reduce the disease burden.

Comprehensive Diabetes (CDC) – Hemoglobin A1c (HbA1c) Testing

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC	88%	78%	73.2%	78.8%	74.0%		
DIA	68%	64%	68.0%	67.8%	59.8%		
JMS	86%	85%	89.7%	90.7%	91.6%	83.6%	85.8%
MPC	76%	76%	78.4%	74.2%	78.6%	77.4%	79.1%
MSFC	83%	84%	87.7%	85.1%	85.7%		
PP	85%	82%	78.3%	77.7%	78.3%		68.0%
UHC	72%	74%	74.7%	71.0%	71.8%	64.4%	75.2%
MARR	80%	78%	78.6%	77.9%	77.1%	75.2%	77.0%
NHM	76%	78.0%	77.4%	80.5%			

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Comprehensive Diabetes (CDC) – HbA1c Poor Control (>9.0%)*

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC	34%	45%	52.5%	49.6%	49.5%		
DIA	52%	50%	52.6%	52.1%	57.4%		
JMS	39%	38%	32.6%	30.3%	34.4%	39.0%	38.4%
MPC	53%	61%	55.5%	57.9%	53.0%	51.4%	41.6%
MSFC	40%	35%	38.2%	33.8%	27.6%		
PP	39%	47%	38.7%	47.3%	44.8%		97.9%
UHC	43%	46%	50.9%	56.4%	51.6%	83.3%	49.6%
MARR	43%	46%	45.9%	46.8%	45.5%	57.9%	56.9%
NHM	49%	48.7%	47.7%	44.8%			

* A lower rate indicates better performance.

Comprehensive Diabetes (CDC) – HbA1c Control (< 8.0%)

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC				43.6%	42.8%		
DIA				42.1%	36.1%		
JMS				57.8%	54.2%	49.2%	50.4%
MPC				36.4%	41.1%	38.6%	47.4%
MSFC				54.6%	50.0%		
PP				45.8%	48.2%		2.1%
UHC				37.2%	43.6%	13.1%	43.8%
MARR				45.4%	45.1%	33.6%	35.9%
NHM				44.1%			

Comprehensive Diabetes (CDC) – Eye Exam (Retinal) Performed

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC	76%	73%	57.5%	50.1%	51.4%		
DIA	10%	43%	43.3%	52.1%	51.6%		
JMS	74%	72%	75.3%	77.2%	77.8%	48.0%	69.2%
MPC	50%	54%	54.4%	65.8%	74.0%	31.9%	43.1%
MSFC	66%	63%	66.2%	72.2%	75.1%		
PP	52%	55%	63.3%	54.6%	65.0%		27.8%
UHC	55%	57%	58.2%	65.9%	71.3%	25.6%	38.9%
MARR	55%	59%	59.7%	62.6%	66.6%	35.1%	44.8%
NHM	47%	51.4%	50.1%	52.8%			

Comprehensive Diabetes (CDC) – LDL-C Screening

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		73%	72.7%	74.5%	69.3%		
DIA		57%	64.9%	66.9%	62.3%		
JMS		84%	90.3%	93.3%	93.1%	88.7%	89.1%
MPC		76%	72.7%	73.9%	72.5%	70.9%	72.3%
MSFC		80%	82.8%	81.7%	81.5%		
PP		72%	73.7%	73.9%	74.5%		59.8%
UHC		74%	71.8%	71.5%	70.8%	59.5%	69.1%
MARR		74%	75.6%	76.5%	74.9%	73.0%	72.6%
NHM		71.1%	70.9%	74.1%			

Comprehensive Diabetes (CDC) – LDL-C Control (<100 mg/dL)

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		37%	33.5%	34.9%	33.3%		
DIA		20%	27.8%	28.1%	35.2%		
JMS		53%	48.2%	47.2%	52.7%	42.7%	42.2%
MPC		27%	28.6%	28.9%	32.4%	31.2%	35.5%
MSFC		43%	42.3%	43.8%	42.1%		
PP		38%	37.5%	42.5%	39.4%		0.0%
UHC		36%	30.2%	29.2%	31.1%	10.4%	29.2%
MARR		36%	35.4%	36.4%	38.0%	28.1%	26.7%
NHM		30.6%	31.4%	33.8%			

Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		83%	80.3%	78.8%	74.4%		
DIA		63%	75.3%	75.2%	69.7%		
JMS		91%	95.9%	93.3%	93.1%	86.5%	91.0%
MPC		79%	74.8%	75.8%	78.6%	82.8%	83.0%
MSFC		85%	87.4%	86.6%	86.9%		
PP		77%	83.9%	78.3%	77.6%		54.6%
UHC		75%	77.6%	73.7%	74.2%	70.1%	79.6%
MARR		79%	82.2%	80.2%	79.2%	79.8%	77.0%
NHM		74.6%	74.4%	76.6%			

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Comprehensive Diabetes (CDC) – Blood Pressure Control (<130/90 mm Hg)

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		26%	31.1%	27.2%	28.8%		
DIA		16%	25.8%	25.6%	32.8%		
JMS		29%	25.9%	23.6%	29.1%	NR	24.3%
MPC		26%	25.8%	25.6%	22.9%	21.2%	23.1%
MSFC		36%	31.0%	36.3%	36.0%		
PP		45%	35.8%	33.6%	31.4%		0.0%
UHC		26%	26.0%	28.2%	30.9%	0.0%	21.2%
MARR		29%	28.8%	28.6%	30.3%	NA	17.1%
NHM		30.4%	29.6%	30.7%			

Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/90 mm Hg)

	2006	2007	2008	2009	2010	2009 PAC	2010 PAC
ACC		56%	56.8%	54.7%	53.5%		
DIA		41%	40.2%	45.5%	62.3%		
JMS		53%	52.1%	47.2%	54.0%	NR	49.0%
MPC		45%	49.2%	51.2%	50.1%	45.3%	51.1%
MSFC		61%	63.3%	65.7%	67.2%		
PP		66%	65.2%	58.8%	61.3%		0.0%
UHC		50%	55.7%	55.7%	54.3%	0.0%	45.5%
MARR		53%	54.6%	54.1%	57.5%	NA	36.4%
NHM		30.4%	55.5%	56.9%			

Ambulatory Care (utilization)

Ambulatory Care (AMB)

Description: Utilization of ambulatory care in the following categories:

- Outpatient visits
- Emergency department (ED) visits
- Ambulatory surgery/procedures performed at a hospital outpatient facility or at a freestanding surgical center
- Observation room stays

Rationale: Outpatient visits include office visits or routine visits to hospital outpatient departments. Emergency rooms often deliver nonemergency care. An organization that promotes effective ambulatory treatment of patients should be able to keep the number of emergency room visits relatively low. Looking at inpatient surgery and ambulatory surgery together can help assess how much outpatient surgery is performed.

Ambulatory Care (AMB) – Outpatient visits per 1,000 member months

	2006	2007	2008	2009	2010
ACC		393.8	374.0	374.0	388.5
DIA		319.6	329.5	330.5	330.1
JMS		355.3	359.8	364.2	385.8
MPC		352.4	372.1	375.2	400.4
MSFC		338.1	360.5	380.0	389.5
PP		321.2	324.0	382.2	415.9
UHC		341.4	354.4	365.1	391.2
MARR		346.0	353.5	367.3	385.9
NHM		300.8	317.8	347.3	

Ambulatory Care (AMB) – Emergency department (ED) visits per 1,000 member months

	2006	2007	2008	2009	2010
ACC		56.0	58.5	60.3	66.1
DIA		76.9	87.0	88.0	94.6
JMS		70.7	77.5	78.8	92.1
MPC		65.7	67.4	71.8	81.4
MSFC		54.5	76.3	76.6	80.1
PP		58.7	61.0	62.4	70.0
UHC		50.2	54.7	59.3	68.9
MARR		61.8	68.9	71.0	79.0
NHM		57.0	60.9	60.2	

Ambulatory Care (AMB) – Ambulatory surgery procedures per 1,000 member months

	2006	2007	2008	2009	2010
ACC		3.4	3.6	6.5	6.5
DIA		4.7	5.6	13.5	11.3
JMS		6.1	6.8	14.0	14.9
MPC		5.5	5.4	9.0	8.9
MSFC		4.0	6.2	13.3	14.4
PP		9.3	10.0	10.8	12.3
UHC		5.0	5.2	9.1	9.8
MARR		5.4	6.1	10.9	11.2
NHM		5.3	5.5	9.2	

Ambulatory Care (AMB) – Observation room stays per 1,000 member months

	2006	2007	2008	2009	2010
ACC		2.8	3.1	2.0	1.6
DIA		6.0	4.7	1.8	1.9
JMS		3.0	2.8	2.4	1.7
MPC		3.1	2.3	1.5	1.2
MSFC		0.1	1.8	0.3	0.4
PP		0.9	2.7	3.7	0.6
UHC		2.2	2.0	1.4	1.2
MARR		2.6	2.8	1.9	1.2
NHM		1.8	2.0	1.8	

Call Services

Call Answer Timeliness (CAT)

Description: The percentage of calls received by the organization’s member services call centers (during operating hours) during the measurement year that were answered by a live voice within 30 seconds.

Rationale: Healthcare providers, organization members, and purchasers increasingly recognize the importance of customer service as a factor in patient satisfaction.

Call Answer Timeliness (CAT)

	2006	2007	2008	2009	2010
ACC	47%	67%	52.0%	75.8%	85.3%
DIA	87%	90%	85.7%	91.4%	88.0%
JMS	NR	85%	86.0%	89.9%	87.5%
MPC	75%	76%	74.5%	82.7%	85.5%
MSFC	58%	86%	84.2%	94.3%	96.1%
PP	NR*	NR*	NR*	68.2%	76.5%
UHC	74%	60%	89.1%	81.5%	82.3%
MARR	68%	77%	78.6%	83.4	85.9%
NHM	74%	74.4%	79.4%	79.7%	

*This organization was unable to report the Call Answer Timeliness measure for HEDIS 2008 because its call system was not able to track calls answered within 30 seconds until August 2007.

Call Abandonment (CAB)

Description: The percentage of calls received by the organization’s member services call centers (during operating hours) during the measurement year that were abandoned by the caller before being answered by a live voice. Lower rates represent better performance.

Rationale: See Call Answer Timeliness

Call Abandonment (CAB)*

	2006	2007	2008	2009	2010
ACC	16%	10%	9.3%	3.6%	3.8%
DIA	1%	1%	1.1%	0.8%	1.45%
JMS	NR	14%	3.9%	3.3%	3.5%
MPC	4%	3%	2.9%	2.0%	1.43%
MSFC	5%	2%	2.2%	1.6%	1.1%
PP	9%	NR	5.0%	4.2%	2.4%
UHC	3%	8%	1.2%	3.1%	2.8%
MARR	6%	6%	3.7%	2.7%	2.4%
NHM	5%	5.8%	5.5%	3.3%	

* A lower rate indicates better performance.