HEDIS® 2008 Executive Summary

For the

Statewide Analysis Report

Prepared for:

Maryland Department of Health and Mental Hygiene

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HEDIS® 2008 EXECUTIVE SUMMARY

Background

In June 1997, the Maryland Medical Assistance Program implemented a comprehensive managed care program, HealthChoice, after receiving a waiver from the Centers for Medicare and Medicaid Services (CMS) of the requirements in §1115 of the Social Security Act. The HealthChoice and Acute Care Administration (HACA) is the Medicaid Administration within the Maryland Department of Health and Mental Hygiene (DHMH) with quality assurance oversight responsibility for the HealthChoice Program.

As of December 31, 2007, the HealthChoice Program had provided health care to 477,712 Medicaid recipients, in the state of Maryland. Eligible Medicaid recipients enroll in a HealthChoice managed care organization (MCO) of their choice. In 2008, the National Committee for Quality Assurance (NCQA) replaced the term MCO (Managed Care Organization) with organization throughout its documentation. Therefore, any use of the word "organization" in this document will refer to the HealthChoice Managed Care Organizations. There are currently seven organizations participating (see page 6).

DHMH is currently measuring organization performance individually and on a statewide basis through several initiatives, including the audit and analysis of the Medicaid HEDIS reports. In order to improve HEDIS measure reporting practices and ensure the validity of measures submitted by organizations, the measures must undergo an NCQA HEDIS Compliance Audit™ by an independent entity. Audited HEDIS results will be incorporated into a HealthChoice Health Plan Performance Report Card to be used by enrollees to assist in the selection of their health plan.

As part of the quality-monitoring plan, DHMH requires all organizations to be audited on an annual basis. In June 2008, all seven organizations submitted HEDIS Reports to NCQA and DHMH covering organization services delivered to HealthChoice enrollees during calendar year (CY) 2007. HealthcareData Company, LLC (HDC), an NCQA Certified Audit Firm, assisted DHMH in collecting and analyzing information contained in CY 2007 Medicaid HEDIS Reports. HDC's role in this project was to:

- perform a concurrent NCQA HEDIS Compliance Audit™ on all seven organizations;
- determine which organization's results were reportable;
- collect all organizations' HEDIS Reports;
- create a database of the 18 audited key performance measures from the HEDIS Reports;
- compare organization performances on the basis of the audited HEDIS results; and
- provide a statewide performance assessment report based on HEDIS results.

HealthChoice HEDIS Measures

There are a total of 70 HEDIS 2008 measures calculated in 8 different domains from which to choose. For HEDIS 2008, DHMH selected 18 key HEDIS measures in three areas – including those that provide information about:

- (1) how well widely accepted preventive practices, health screenings, and clinical treatments are incorporated into service delivery – the Effectiveness of Care Domain;
- (2) the accessibility and availability of needed health care without inappropriate barriers or delays – the Access and Availability of Care Domain; and
- (3) volume of services provided and resource allocation – the Use of Services Domain.

The measures in each of these areas were selected based on their ability to provide meaningful organization comparative information relative to DHMH priorities and goals. The Ambulatory Care measure remained as a testing measure for HEDIS 2008 audits and is not included in this report.

Another important feature of HEDIS reporting is that the methodology for collecting data and calculating the various HEDIS measures is standardized via a set of detailed specifications that are developed and maintained by NCQA. The specifications define data fields to be collected, diagnosis and procedure codes to be included in each measure, selection of member subgroups to be examined, criteria for determining Pass/Fail status of selected measures, statistical computations, etc. It is essential that organizations adhere to these established specifications so that evaluation of HEDIS results and comparisons among organizations can be fair and reliable.

Audits are used to verify the numbers reported for the various measures, to identify problem areas, and to help improve service delivery and health outcomes. Several issues that could affect an organization's scores include:

a. Incomplete Administrative Data – this requires an organization to find some way to supplement missing data, usually through extensive medical record reviews.
b. Non-Reportable Measures – this can occur because of bias in the rate due to inaccurate or incomplete data collection, the plan did not calculate the measure as required, or the organization elected not to report the rate as required. Organizations were not given the option of electing to not report any of the 18 required measures.

It should also be noted that HEDIS measures do not adjust for population characteristics such as age, health status or organization service area (urban vs. rural). The organizations vary greatly in size and location. Two organizations operate statewide, four are regional, and one operates only in Baltimore City and parts of Baltimore County.

Report Roadmap

The findings for each analyzed performance measure are presented in this report. The report has been changed this year for a more streamlined approach to the reporting process. The 18 measures required by DHMH for the HEDIS audit are grouped by domain as designated by the NCQA in the Technical Specifications HEDIS 2008 Volume 2. A table reflecting the seven Medicaid organizations HEDIS 2008 rates is provided. At the bottom of each table are the Maryland Average Reportable Rates (MARR) and National Medicaid HEDIS (NMH) Means for comparison with the organization's current rates. Each measure includes a discussion of its significance, indicator definition, and a summary of changes for the measurement year. For previous years' rates by measure, please see Table A.

The Significance section includes a brief description of the rationale for the measure and references to other HEDIS measures that should also be examined to get a perspective on the health care being provided to organization members. The section entitled Indicator Definition is the NCQA's definition of the population included and the services examined by the measure, which can be found in the Technical Specifications HEDIS 2008 Volume 2. The section entitled Summary of Changes for 2008 HEDIS describes any changes to the measure from the previous year.

Finally, the Results section has been updated for 2008. The NCQA revised their technical specifications and they are now separated into subcategories within the Effectiveness of Care Domain. Therefore, the measures are now grouped in a table by domain and then by subdivision, with only the current year HEDIS Reportable Rates displayed. The current MARR and NMH are also provided as a comparison rating.

HEDIS measures are specified for one of three data collection methodologies: administrative, hybrid or survey. Organizations may only use one of the data collection methodologies specified in a measure for reporting. The administrative methodology requires that organizations identify the denominator and numerator using transaction data or other administrative databases. The denominator includes all eligible members (all members who satisfy all criteria specified in the measure). Organizations report a rate based on all members who meet the denominator criteria who are found through administrative data to have received the service identified in the numerator data.

The hybrid methodology requires that organizations identify the denominator and the numerator through both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. Organizations report a rate based on those members in the sample who are found through either a combination of administrative or medical record data to have received the service identified in the numerator.

The survey methodologies are included in HEDIS 2008 Volume 3. None of the 18 measures in this report were calculated using the survey method.

Benchmarks

The Maryland Average Reportable Rate 2008

This benchmark is the average "reportable" result for all Maryland Medicaid HealthChoice Organizations that provided audited and reportable data. Where the auditors determined that HEDIS results were "not reportable," HDC excluded them from the calculation of the average reportable rate. It should be noted for measures that had three or fewer organizations reporting the measure, a MARR was not produced. For measures that had four or more organizations reporting, a Maryland Average Reportable Rate was created; however, it should be viewed with caution because, due to the small number of organizations included in this report, one organization with a high or low rate could significantly affect the MARR.

The National Medicaid HEDIS Mean and Percentiles

HDC used the information contained in this national report (services provided in 2006) and published by the NCQA to provide an additional source of comparison. Means and percentiles for Medicaid health maintenance organizations (HMOs) were generated using only organizations that underwent a HEDIS Compliance Audit using the most current information. Also, data were included from all reporting organizations, regardless of whether the organization did or did not publicly report its individual HEDIS rates.

For some HEDIS measures in which fewer than 20 organizations reported the measure, means and percentiles were not produced by the NCQA. In such cases, measures were indicated as "data not available."

The following table lists the acronyms used throughout the report for the HealthChoice Organizations:

Acronym	ORGANIZATION Name
ACC	AMERIGROUP Community Care
DIA	Diamond Plan Coventry Health Care of Delaware
JMS	Jai Medical Systems, Inc.
MPC	Maryland Physicians Care
MSFC	MedStar Family Choice, Inc.
PP	Priority Partners
UHC	UnitedHealthcare

SPECIFICATIONS AND FINDINGS – DHMH REQUIRED HEDIS 2008 MEASURES

EFFECTIVENESS OF CARE DOMAIN:

The measures in this domain provide information about how well the organization incorporates widely accepted preventive practices, health screenings and clinical treatments into the care it provides. Eight of the 18 measures selected for analysis for HealthChoice organizations are contained within the Effectiveness of Care domain.

Prevention and Screening Measures (4)

Childhood Immunization Status

Significance

Administering timely and complete childhood immunizations is key to disease prevention. The American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Disease Prevention developed immunization guidelines and recommend that by two years of age children should receive the immunizations identified in the guidelines. This HEDIS measure provides useful information on the degree to which the organization incorporates these widely accepted guidelines into health care practices. Related measures which focus on children's health include Children's Access to Primary Care Practitioners, Well Child Visits in the First Fifteen Months of Life and Well Child Visits in the Third through Sixth Year of Life.

Indicator Definition

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), three H influenza type B (HiB), three hepatitis B, one chicken pox (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates:

1. Combination #2: Children who received four DTaP; three IPV; one MMR; three HiB; three hepatitis B; and one VZV vaccination on or before the child's second birthday.
2. Combination #3: Children who received all antigens listed in Combination 2 and four pneumococcal conjugate vaccinations on or before the child's second birthday.

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Summary of Changes for HEDIS 2008

- Deleted "documented history of illness" and "seropositive test result" as numerator evidence for DTaP, IPV, HiB and pneumococcal conjugate.
- Require four acellular pertussis vaccines for the DTaP antigen.
- Deleted CPT code 90709 from Table CIS-A.
- Deleted HCPCS codes Q3021, Q3023 from Table CIS-A.
- Deleted ICD-9-CM Diagnosis codes 032, 033, 037, 038.41, 041.5, 045, 138, 320.0, 482.2, V02.4, V12.02 from Table CIS-A.
- Replaced ICD-9-CM Diagnosis code 323.5 with 323.51 in Table CIS-B.
- May use ICD-9_CM Diagnosis code 323.5 (with no fifth digit) to identify DTaP prior to October 1, 2006; the date of service must be before October 1, 2006.

Breast Cancer Screening

Significance

Approximately one in ten American women will develop breast cancer before the age of 80, according to the National Cancer Institute. The American Cancer Society recommends mammograms as an effective means of detecting breast cancer early.

Indicator Definition

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

Summary of Changes for HEDIS 2008

- Added CPT codes 77055–77057 to Table BCS-A.
- Added CPT codes 19303–19307 to Table BCS-B.

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Cervical Cancer Screening

Significance

Cervical cancer, if detected in the early stages, is highly curable. The American Cancer Society recommends annual Pap tests as an effective means of detecting cervical cancer early.

Indicator Definition

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

Summary of Changes for HEDIS 2008

- Deleted CPT Codes 88144, 88145 from Table CCS-A.
- Add LOINC code 47527-7 to Table CCS-A.

Chlamydia Screening In Women

Significance

The main objective of Chlamydia screening is to prevent trachomatic, pelvic inflammatory disease (PID), infertility and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated Chlamydia infection. Screening for Chlamydia is essential because the majority of women who have the condition do not experience symptoms.

Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States and is more prevalent among adolescent (15 to 19) and young adult (20 to 24) women.

Indicator Definition

The percentage of women 16-25 years of age who were identified as sexually active and who have had at least one test for Chlamydia during the measurement year.

This measure is reported in two age stratifications and an overall rate:

1) 16 – 20 years,
2) 21 – 25 years, and
3) Total

Summary of Changes for HEDIS 2008

- Added *Table CHL-A: Prescriptions to Identify Contraceptives*.
- Added CPT codes 76813, 87660, 87808 to Table CHL-B.
- Deleted CPT codes 76802, 76810, 76812 from Table CHL-B. (Oct. Technical Update)
- Added HCPCS code S0180 to Table CHL-B.
- Added ICD-9-CM Diagnosis code V69.2 to Table CHL-B.
- Added LOINC codes 43304-5, 43404-3 to Table CHL-B and CHL-C.

Results for the Prevention and Screening Measures

The following table provides the HEDIS 2008 reportable rates for the Prevention and Screening Measures under the Effectiveness of Care Domain.

Table 2: Prevention and Screening Measures

Effectiveness of Care Domain Prevention and Screening Measures HEDIS 2008 Rates							
HealthChoice Organization	**Childhood Immunization Screening**		**Breast Cancer Screening**	**Cervical Cancer Screening**	**Chlamydia Screening in Women**		
	Combo 2	**Combo 3**	**Total Rate**	**Total Rate**	**16-20**	**21-25**	**Comb. Rate**
ACC	89.8%	81.0%	42.0%	61.4%	55.6%	66.0%	59.2%
DIA	68.1%	59.9%	32.8%	48.0%	52.2%	65.2%	57.8%
JMS	85.0%	82.7%	64.3%	73.8%	79.5%	70.9%	76.6%
MPC	72.2%	67.8%	45.6%	64.1%	57.7%	67.7%	60.5%
MSFC	84.7%	78.1%	50.9%	64.7%	56.6%	64.3%	58.9%
PP	86.5%	77.4%	42.3%	65.6%	58.0%	64.7%	59.7%
UHC	78.0%	72.2%	51.4%	64.8%	46.0%	55.8%	48.6%
MARR	80.6%	74.1%	47.0%	63.2%	58.0%	64.9%	60.2%
NMH	73.3%	60.6%	49.1%	65.7%	50.5%	55.0%	52.4%

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Effectiveness of Care (Continued)

Diabetes Measures

Comprehensive Diabetes Care

Significance

Diabetes is a disorder of metabolism and is widely recognized as one of the leading causes of death and disability in the United States. Diabetes is associated with long-term complications and contributes to blindness, heart disease, strokes, kidney failure, amputations, and nerve damage. The goal of diabetes management is to keep blood glucose levels as close to the normal (non-diabetic) range as is safely possible.

Indicator Definition

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 good control (<7.0%),
- Eye exam (retinal) performed
- LDL-C screening
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy
- Blood pressure control (<130/80 mm Hg)
- Blood pressure control (<140/90 mm Hg)

Organizations report nine separate rates (one for each aspect of diabetes care identified).

Summary of Changes for HEDIS 2008

- Added glimepiride-pioglitazone and metformin-sitagliptin to Table CDC-A.
- Added CPT Category II codes 3044F, 3045F to Tables CDC-D and CDC-E.
- Added *Table CDC-F: Codes to Identify HbA1c Levels <7%*.
- Added CPT codes 67030, 67031, 67036, 67121, 67220, 67221 to Table CDC-G.
- Added HCPCS codes G0392, G0393 to Table CDC-K.

- Expanded ICD-9-CM Diagnosis codes in Table CDC-K (evidence of treatment for nephropathy description) to include the entire range of 580–588.
- Added eprosartan-hydrochlorothiazide and hydrochlorothiazide-olmesartan to Table CDC-L.
- Added *Table CDC-M: Codes to Identify Systolic and Diastolic BP Levels <130/80*.
- Added CPT Category II codes 3074F, 3075F to Table CDC-N.
- Clarified how to identify the medical record from which to abstract the BP level.
- Clarified that organizations should not use a BP from an acute inpatient stay.
- Added LOINC code 49132-4 to Table CDC-H.
- Added LOINC codes 1757-4, 34535-5, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1 to Table CDC-J.

Results for the Diabetes Group

The following table provides the HEDIS 2008 reportable rates for the Diabetes Measure under the Effectiveness of Care Domain.

Table 3: Diabetes Measures

Effectiveness of Care Domain Diabetes Measure HEDIS 2008 Rates									
HealthChoice Organization	**HbA1c Testing**	**HbA1c Poor Control**	**HbA1c Good Control***	**Eye Exam**	**LDL-C Screening**	**LDL-C Control (<100mg/dL)**	**Medical Attention for Neph.**	**BP <130/80 mm Hg**	**BP <140/90 mm Hg**
ACC	73.2%	52.5%	*	57.5%	72.7%	33.5%	80.3%	31.1%	56.8%
DIA	68.0%	52.6%	*	43.3%	64.9%	27.8%	75.3%	25.8%	40.2%
JMS	89.7%	32.6%	*	75.3%	90.3%	48.2%	95.9%	25.9%	52.1%
MPC	78.4%	55.5%	*	54.4%	72.7%	28.6%	74.8%	25.8%	49.2%
MSFC	87.7%	38.2%	*	66.2%	82.8%	42.3%	87.4%	31.0%	63.3%
PP	78.3%	38.7%	*	63.3%	73.7%	37.5%	83.9%	35.8%	65.2%
UHC	74.7%	50.9%	*	58.2%	71.8%	30.2%	77.6%	26.0%	55.7%
MARR	78.6%	45.9%	*	59.7%	75.6%	35.4%	82.2%	28.8%	54.6%
NMH	78.0%	48.7%	*	51.4%	71.1%	30.6%	74.6%	30.4%	57.3%

*Due to pending changes, NCQA will not publicly report the HbA1c <7% results for HEDIS 2008. DHMH has made the same policy decision.

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Effectiveness of Care (continued)

Respiratory Conditions (3)

Use of Appropriate Medications for People with Asthma

Significance

Asthma is characterized by inflammation of the air passages to the lungs. An estimated 20 million Americans suffer from asthma (1 in 15 Americans), and 50% of asthma cases are "allergic-asthma."

A higher rate on this measure indicates that people with asthma receive appropriate medications to control their disease. Low rates may indicate that asthmatics do not receive long-term control medications. Organizations that have difficulty obtaining complete and accurate pharmacy data may also report low rates for this measure.

Indicator Definition

The percentage of enrolled members 5–56 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

Summary of Changes for HEDIS 2008

- Separated the asthma medications into two tables (Table ASM-C, Table ASM-D).

Appropriate Treatment for Children with Upper Respiratory Infection

Significance

The common cold (upper respiratory infection – URI) is a common and frequent reason for children to visit their provider. Currently, clinical guidelines do not promote the use of antibiotics for the common cold; however, providers have been prescribing them for the common cold. This 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.

This measure is reported as an inverted rate. A higher score indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

Indicator Definition

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

Summary of Changes for HEDIS 2008

- Added *Negative Competing Diagnosis* criteria.
- Standardized Episode definitions; the first eligible episode is referred to as the *Index Episode Start Date (IESD).*
- Combined outpatient and ED codes into one table (Table URI-B).
- Deleted UB Type of Bill code 13x from Table URI-B.
- Added *Table URI-C: Codes to Identify Competing Diagnoses*.
- Deleted *Table URI-D: Antibiotic Medications*; changed reference to reflect Table CWP-C.
- Added ICD-9_CM Diagnosis coded 131 to the *inflammatory diseases* (*female reproductive organs)* row.

Appropriate Testing for Children with Pharyngitis

Significance

Pharyngitis is the only condition among upper respiratory infections (URIs) whose diagnosis can easily be objectively validated through administrative and laboratory data. Excessive use of antibiotics is highly prevalent for pharyngitis. Promoting judicious use of antibiotics is important to reduce levels of antibiotic resistance. A higher rate represents better performance (i.e., appropriate testing).

Indicator Definition

The percentage of children 2 – 18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strept) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

Summary of Changes for HEDIS 2008

- Standardized Episode definitions; the first eligible episode is referred to as the *Index Episode Start Date (IESD).*
- Combined outpatient and ED codes into one table (Table CWP-B).
- Deleted UB Type of Bill code 13x from Table CWP-B.
- Added clarithromycin and moxifloxacin to Table CWP-C.

Results for the Respiratory Group

Table 4 provides the HEDIS 2008 reportable rates for the Respiratory Conditions measures under the Effectiveness of Care Domain.

Table 4: Respiratory Measures

Effectiveness of Care Domain Respiratory Measures HEDIS 2008 Rates						
HealthChoice Organization	**Use of Appropriate Medications for People with Asthma**				**Appropriate Treatment for Children with Upper Respiratory Infection**	**Appropriate Testing for Children with Pharyngitis**
	5-9 yrs.	**10-17 yrs**	**18-56 yrs**	**Total Rate**		
ACC	91.7%	88.4%	87.9%	89.6%	87.1%	67.8%
DIA	NA	NA	NA	NA	82.9%	47.9%
JMS	NA	83.3%	94.0%	91.6%	87.3%	50.0%
MPC	90.5%	89.0%	86.5%	88.7%	85.1%	74.8%
MSFC	91.5%	92.0%	85.1%	89.5%	86.2%	75.8%
PP	87.8%	85.2%	78.7%	85.0%	96.6%	78.2%
UHC	92.0%	90.3%	86.0%	89.6%	80.6%	67.4%
MARR	90.7%	88.1%	86.4%	89.0%	86.5%	66.0%
NMH	89.6%	87.0%	84.7%	87.1%	83.3%	55.7%

NA – DIA had an eligible population that measured less than 30

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ACCESS/AVAILABILITY OF CARE DOMAIN:

The measures in this domain provide information regarding the accessibility and availability of health care to those who need it without inappropriate barriers or delays. Five of the 18 measures selected for analysis for organizations are contained within the Access/Availability of Care Measures domain.

Children and Adolescents' Access to Primary Care Practitioners

Significance

Children and Adolescents' access to the health care delivery system may be inferred by evaluating the rates at which they receive pediatric preventive/ambulatory health services.

Indicator Definition

The percentage of enrollees 12 to 24 months, 25 months to 6 years, 7 years to 11 years and 12 years to 19 years of age that had a visit with an organization primary care practitioner. The organization reports four separate percentages:

- (a) Children age 12 months through 24 months and (b) 25 months through 6 years who were continuously enrolled during the measurement year and who have had a visit with an organization primary care practitioner during the measurement year.
- (c) Children age 7 years through 11 years and (d) adolescents 12 – 19 years of age who were continuously enrolled during the measurement year and the year prior to the measurement year and who have had a visit with an organization primary care practitioner during the measurement year or the year prior to the measurement year.

Summary of Changes for HEDIS 2008

- No changes to this measure.

Adults' Access To Preventive/Ambulatory Health Services

Significance

Adults' access to the health care delivery system may be inferred by evaluating the rates at which adults receive preventive/ambulatory health services.

Indicator Definition

The percentage of enrollees age 20 through 44, 45 through 64, and 65* years and older who had an ambulatory or preventive-care visit. Organizations report the percentage of Medicaid enrollees who were continuously enrolled during the measurement year and who had an ambulatory or preventive-care visit during the measurement year (*In Maryland Medicaid, Medicare recipients are served in the fee for service system, rather than a HealthChoice Managed Care Organization.)

Summary of Changes for HEDIS 2008

- No changes to this measure.

Results for this Access and Availability of Care Measures Group – Children, Adolescents' and Adults' Access Measures

Table 5 provides the HEDIS 2008 reportable rates for the Children, Adolescent and Adults measures under the Access/Availability of Care Domain.

Table 5: Access/Availability of Care Measures – Children, Adolescents' and Adults Access

Access/Availability of Care Domain Access/Availability of Care Measures HEDIS 2008 Rates						
HealthChoice Organization	**Children and Adolescents' Access to Primary Care Practitioners**				**Adults' Access to Preventive/Ambulatory Health Services**	
	12-24 months	**25 months-6 years**	**7-11 years**	**12-19 years**	**20-44 years**	**45-64 years**
ACC	96.7%	91.1%	92.3%	88.4%	76.7%	83.8%
DIA	92.2%	82.9%	82.7%	84.9%	71.3%	78.6%
JMS	91.7%	88.4%	89.3%	92.8%	76.1%	85.8%
MPC	96.5%	90.0%	91.2%	89.2%	74.4%	85.0%
MSFC	96.9%	89.8%	92.2%	90.0%	74.8%	84.1%
PP	94.2%	86.5%	88.0%	84.0%	77.0%	87.1%
UHC	95.8%	90.8%	92.1%	88.6%	73.8%	85.3%
MARR	94.9%	88.5%	89.7%	88.3%	74.9%	84.2%
NMH	94.1%	84.9%	86.0%	83.2%	78.2%	83.1%

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Prenatal and Postpartum Care

Significance

Good prenatal and postpartum care is extremely important preventive medicine. A healthy lifestyle, vitamin supplementation, and identification of maternal risk factors need to begin early in pregnancy to have the maximum impact on maternity and infant outcomes. Similarly, the eight weeks preceding a birth are a period of physical, emotional and social changes for the mother.

Indicator Definition

The percentage of women who delivered a live birth between November 6th of the year prior to the measurement year and November 5th of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery. For these women, the measure assesses the following facets of prenatal and postpartum care:

1. Timeliness of Prenatal Care. The percentage of women in the denominator who received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.

2. Postpartum Care. The percentage of women in the denominator who had a postpartum visit on or between 21 days and 56 days after delivery.

Summary of Changes for HEDIS 2008

- Added ICD-9-CM Diagnosis codes 649.x1, 649.x2 to Table PPC-B.
- Added CPT codes 76813 to Tables PPC-C (Decision Rules 2–3) and PPC-D.
- Deleted CPT codes 76802, 76810, 76812 from Tables PPC-C (Decision Rules 2–3) and PPC-D. (Oct. Technical Update)
- Added HCPCS codes H1000–H1005 to Tables PPC-C (Decision Rules 2–4) and PPC-D.

Results for this Access and Availability of Care Measures Group – Prenatal and Postpartum Care Measures

Table 6, on the following page, provides HEDIS 2008 reportable rates for the Prenatal and Postpartum Care Measures under the Access/Availability of Care Domain.

ACC –AMERIGROUP Community Care
JMS - Jai Medical Systems, Inc.
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UHC - UnitedHealthcare
DIA –-Diamond Plan Coventry Health Care of Delaware
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MARR – Maryland Average Reportable Rate
NMH – National Medicaid HEDIS Means

Table 6: Access/Availability of Care – Prenatal and Postpartum Care Measures

Access/Availability of Care Domain Access/Availability of Care Measures HEDIS 2008 Rates		
HealthChoice Organization	**Prenatal and Postpartum Care**	
	Timeliness of Prenatal Care	**Postpartum Care**
ACC	90.9%	61.9%
DIA	85.0%	52.9%
JMS	89.7%	68.2%
MPC	84.0%	60.3%
MSFC	90.0%	67.4%
PP	91.1%	64.6%
UHC	91.7%	64.3%
MARR	88.9%	62.8%
NMH	81.2%	59.1%

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Call Answer Timeliness

Significance

This measure reports the percentage of calls received by organization member services call centers (during member services operating hours) throughout the measurement year that were answered by a live voice within 30 seconds. Assessing member ability to access customer service in a timely manner is the first step toward ensuring that the organization's customer service or member relation's department functions adequately to meet the communication needs of its enrollees. It sets the foundation for assessing quality of interaction between organization and member. The use of these measures has the potential to standardize and simplify both purchaser requests and organization responses and to provide users with quantifiable, objective comparative information. They are designed to complement member feedback on customer service obtained through the CAHPS® consumer survey.

Indicator Definition

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

Summary of Changes for HEDIS 2008

- No changes to this measure

Call Abandonment

Significance

Callers who want to speak to a live customer service representative sometimes encounter significant barriers to accessing one. Dissatisfied callers may abandon the call without having their issue addressed, or are forced to call back at another time, delaying response to their request. A measure of the call abandonment rate is a useful indicator of a call center's ability to provide customer service.

Indicator Definition

The percentage of calls received by the organization's member services call centers (during member services operating hours) during the measurement year that were abandoned by the caller before being answered by a live voice.

Summary of Changes for HEDIS 2008

- No changes to this measure.

Results for this Access and Availability of Care Measures Group – Call Measures

Table 7 provides the HEDIS 2008 reportable rates for the Call measures under the Access/Availability of Care Domain.

Table 7: Access/Availability of Care – Call Measures

Access/Availability of Care Domain Access/Availability of Care Measures HEDIS 2008 Rates		
HealthChoice Organization	**Call Measures**	
	Call Answer Timeliness	**Call Abandonment**
ACC	67.8%	6.9%
DIA	85.7%	1.1%
JMS	86.0%	3.9%
MPC	74.5%	2.9%
MSFC	84.2%	2.2%
PP	NR*	5.0%
UHC	89.1%	1.2%
MARR	83.4%	3.3%
NMH	74.4%	5.8%

*** 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.**

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USE OF SERVICES DOMAIN:

The measures in this domain provide information about the volume of services provided and how organizations use resources. Five of the 18 measures included in these analyses are from the Use of Services domain.

Frequency of Ongoing Prenatal Care

Significance

The frequency and adequacy of ongoing prenatal visits is an important factor in monitoring and minimizing pregnancy problems.

The American College of Obstetricians and Gynecologists recommends that prenatal care begin as early in the first trimester of pregnancy as possible, with additional visits every 4 weeks for the first 28 weeks of pregnancy, every 2 to 3 weeks for the next 8 weeks, followed thereafter weekly until delivery.

Indicator Definition

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.

- <21 percent of expected visits
- 21 percent – 40 percent of expected visits
- 41 percent – 60 percent of expected visits
- 61 percent – 80 percent of expected visits
- ≥ 81 percent of expected visits

This measure uses the same denominator as the Prenatal and Postpartum Care measure.

Summary of Changes for HEDIS 2008

- Clarified criteria for identifying visits during a member's last enrollment segment.
- Clarified criteria for months of pregnancy enrolled in the organization in Table FPC-A.
- Table FPC-A in the footnote, replace "would not be in compliance" with "would not be eligible)

Well-Child Visits in the First 15 Months of Life

Significance

During the first 15 months of life, an infant develops in key areas including mental abilities, physical growth, motor skills, hand-eye coordination, and social and emotional growth. Well-child visits permit early screening, diagnosis and treatment of problems and provide an opportunity for preventive care and parent counseling. The American Academy of Pediatrics recommends six well-child visits during the first 15 months of life.

Indicator Definition

The percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the organization from 31 days of age, and who received either zero, one, two, three, four, five or more well-child visits with a primary care practitioner during their first 15 months of life. A child should be included in only one numerator (e.g., a child receiving five well-child visits will not be included in the rates for four, three or fewer well-child visits).

Summary of Changes for HEDIS 2008

- No changes to this measure.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life

Significance

During the third through sixth years of life, a child develops in key areas including physical growth, speech and language skills, problem solving, and motor skills coordination. Well-child visits permit early detection and treatment of problems and provide an opportunity for preventive care and parental counseling.

Indicator Definition

The percentage of members who were three, four, five or six years old during the measurement year, who were continuously enrolled during the measurement year (with no more than one gap in enrollment of up to 30 days per eligibility period during the reporting year) and who received one or more well-child visit(s) with a primary care practitioner during the measurement year.

Summary of Changes for HEDIS 2008

- No changes to this measure.

Adolescent Well-Care Visits

Significance

During the 12th through 21st year of life, it is necessary to assess the physical, emotional and social aspects of health through regular well-care visits. The visits also enable the health care provider to offer lifestyle and disease prevention guidance.

Indicator Definition

The percentage of enrolled members who were age 12 through 21 years during the measurement year who were continuously enrolled during the measurement year (with no more than one gap in enrollment of up to 30 days per eligibility period for Medicaid during the reporting year) and who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Summary of Changes for HEDIS 2008

- No changes to this measure

Results for this Use of Services Measures Group

Table 8 provides HEDIS 2008 reportable rates for the Use of Services measures under the Use of Services Domain.

Table 8: Use of Services Measures

Use of Services Domain Use of Services Measures HEDIS 2008 Rates						
HealthChoice Organization	**Freq. of Ongoing Prenatal Care**		**Well-Child Visits in the 1st 15 months**		**Well-Child Visits in the 3-6th year of life**	**Adolescent Well-Care visits**
	<21%	**≥81%**	**0 Visits**	**5 or more**		
ACC	1.3%	75.7%	1.1%	85.4%	77.5%	50.3%
DIA	6.2%	61.4%	3.1%	70.7%	66.4%	44.6%
JMS	1.5%	84.6%	5.3%	82.0%	89.1%	73.3%
MPC	6.2%	78.7%	1.1%	87.1%	79.1%	51.3%
MSFC	3.2%	85.9%	1.8%	82.3%	74.1%	45.7%
PP	3.4%	75.3%	0.7%	81.3%	77.4%	52.6%
UHC	6.0%	75.3%	1.7%	86.2%	76.3%	52.5%
MARR	4.0%	76.7%	2.1%	82.1%	77.1%	52.9%
NMH	13.5%	58.6%	3.8%	72.9%	66.8%	43.7%

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HealthChoice HEDIS 2008 Results

The HealthChoice HEDIS 2008 results are displayed in the attached Table A for seven HealthChoice Organizations. The table presents the audited results for each measure for the current and past two years and includes:

- (1) Names of organizations submitting reportable results;
- (2) Maryland Average Reportable Rate for all Maryland HealthChoice Organizations that provided audited and reportable data; and
- (3) National Medicaid HEDIS Mean.

Conclusions and Recommendations

The HEDIS 2008 audits provided a period of stability and continuity in terms of measures being reported in that there were no significant changes in the specifications from HEDIS 2007. This provided the organizations additional opportunity to examine processes, review issues from the prior year, and implement auditor recommendations. The Ambulatory Care measure remained at a "test measure" stage, pending further review by DHMH and possible reporting in HEDIS 2009. Additionally, there were no major changes in the measure specifications that would prevent benchmarking results or that would impact data collection.

Since the HEDIS audit is intrinsically linked with the DHMH Valued Based Purchasing initiative, the HealthChoice organizations are striving to enhance overall performance scores. As such, there was a significant increase in the use of administrative databases to capture services and data outside of the normal claims/encounter system. This increased use was anticipated by NCQA who established a validation procedure within the audit process. All administrative databases, where presented by the organization, were reviewed and approved by the auditor before use and incorporation of the data into final performance scores. The use of these administrative databases is expected to increase since they offer the potential to not only improve data quality but also reduce the burden of medical record review when applied to hybrid measures.

There are several areas where organization's performance (good or bad) deserves special mention.

1. **Call Answer Timeliness** - One of the seven organizations was not able to report this measure. A new call system was installed at this organization during 2007 and the organization was not able to provide the required 12 months of data to calculate the measure.
2. **Call Abandonment** - All of the organizations either remained the same or decreased the percentages of calls that were abandoned before being answered by a customer service representative. The Maryland average for this measure is three percentage points below the national averages, which is excellent.
3. **Prenatal and Postpartum Care** - Three of the seven organizations saw a decrease in their performance score for the Timeliness of Prenatal Care and three saw a decrease in their score for the Postpartum Care numerators. Overall the Maryland Average for both indicators is above the National Medicaid HEDIS Mean. One organization experienced an increase of 12 percentage points for the postpartum indicator.

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4. **Childhood Immunization Status** - This measure was very stable for HEDIS 2008 and all but one organization had increases in their overall performance scores for both Combination 2 and Combination 2 indicators. One organization showed a decrease in the Combination 3 numerator from the prior year. Overall, the Maryland Average for both numerators is higher than the National Medicaid HEDIS Mean.
5. **Cervical Cancer Screening** - Five of the seven organizations had an increase in performance scores while two of the organizations experienced a decrease. However, five of the organizations are still below the National Medicaid HEDIS Mean for this measure and these low scores cause the Maryland Average to be below the National HEDIS Mean by 3 percentage points.
6. **Well Child Visits in the 3rd, 4th, 5th, and 6th Year of Life** – Four of the seven organizations experienced an increase in performance scores while two of the organizations had a decrease of between 2 and 4 percentage points. The Maryland Average continues to be above the National Medicaid HEDIS Mean.
7. **Well-Child Visits in the First 15 Months of Life** – The benchmark used for this measure to evaluate the percentage of children that received five or more visits. Four of the seven organizations had a decrease in this measure, even with the use of the hybrid review. Two organizations had a decrease of 12 percentage points. All but one organization remains above the National Medicaid HEDIS Mean, however the importance of visit during the early months of life warrants further investigation and review.
8. **Comprehensive Diabetes Care** – This measure has 9 different performance indicators. Overall, the organizations are showing improvement and the performance scores are above the National Medicaid HEDIS Mean. The only indicators where the Maryland Average is below the National Medicaid HEDIS Mean are both of the Blood Pressure indicators. Four of the organizations are equal to or below the National Medicaid Mean for BP < 130/80. Five of the organizations are equal to or below the National Medicaid Mean for BP < 140/90.
9. **Adults Access to Preventive/Ambulatory Health Services** – Performance scores for age groupings in this measure focus on an age grouping that has traditionally experienced "less than optimal" emphasis by organizations in providing services. It is also an age group where the provision of routine preventive services offers the opportunity to identify and treat conditions or diseases in their early stages as well as offer advice and counseling. The age group 20-44 for this measure has a Maryland Average that is 3 percentage points below the National Medicaid HEDIS Mean and all of the organizations are also below the National Medicaid Mean.

Additional recommendations for improvements include:

- All of the organizations are now very proactive in the identification of noncompliant members prior to the end of the measurement year. In most cases, the organization takes corrective action with their providers to ensure the required tests or services are performed. This is particularly true for those measures that have December 31st as the anchor date. Organizations should expand these proactive actions and, where possible, start to incorporate a "pay for performance" to those providers and/or provider groups demonstrating excellent performance scores for select HEDIS measures.

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- All of the organizations have some type of administrative database in place to capture services or clinical events that may not be routinely captured in their claims/encounter system. Additionally, some organizations are considering exclusion databases for select measures. All of these databases require auditor approval and organizations should start now to work with their auditor on the approval process. Additionally, the auditor should be consulted before any such administrative database is developed to ensure that captured data can be validated and the correct information is being captured.

- Organizations should carefully evaluate changes in processes, purchase of new equipment, decisions on contracts with new vendors, etc. and the ramifications of these decisions/actions on HEDIS reporting. For example, the installation of a new telephone Automated Call Distribution (ACD) system by one organization should not have resulted in the Call Answer Timeliness (CAT) measure receiving a Not Report designation. Proper planning would have prevented this action. All vendors must receive proper oversight and the performance closely evaluated.

- All organizations should be proactive in anticipating DHMH decisions on changes in reporting requirements and expand upon the current set of required measures. All of the organizations now contract with an NCQA certified software vendor and production of the remaining HEDIS measures does not prevent any significant administrative or medical record review burden, except for the reporting of the Controlling High Blood Pressure Measure, which is 100% hybrid. Each organization will be able to determine where data anomalies or issues are present and these performance scores provide a clear insight into the services or lack thereof being provided to HealthChoice members.

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Department of Health and Mental Hygiene
Maryland Medicaid – HealthChoice Program

Table A

HEALTHCHOICE ORGANIZATION HEDIS 2008 MEASURES – REPORTED RATES																					
Domain: Effectiveness of Care	ACC 2006	*ACC 2007*	**ACC 2008**	DIA 2006	*DIA 2007*	**DIA 2008**	JMS 2006	*JMS 2007*	**JMS 2008**	MPC 2006	*MPC 2007*	**MPC 2008**	MSFC 2006	*MSFC 2007*	**MSFC 2008**	PP 2006	*PP 2007*	**PP 2008**	UHC 2006	*UHC 2007*	**UHC 2008**	**MARR 2008**	**NMH 2007**
Childhood Immunization Rates																							
Combo 2 (DTP, OPV or IPV, MMR, Hep B, Hib and VZV)	88%	*88%*	**90%**	NA	*74%*	**68%**	77%	*75%*	**85%**	70%	*71%*	**72%**	74%	*81%*	**85%**	80%	*82%*	**87%**	71%	*73%*	**78%**	**81%**	**73%**
*Combo 3 (all of Combo 2 plus 4 PCV)***	72%	*75%*	**81%**	NA	*66%*	**60%**	63%	*74%*	**83%**	44%	*62%*	**68%**	44%	*69%*	**78%**	45%	*72%*	**77%**	38%	*60%*	**72%**	**74%**	**61%**
Breast Cancer Screening Total Rates	**	*44%*	**42%**	**	*27%*	**33%**	**	*56%*	**64%**	**	*46%*	**46%**	**	*49%*	**51%**	**	*42%*	**42%**	**	*46%*	**51%**	**47%**	**49%**
Cervical Cancer Screening Total Rates	**	*71%*	**61%**	**	*44%*	**48%**	**	*78%*	**74%**	**	*62%*	**64%**	**	*58%*	**65%**	**	*63%*	**66%**	**	*61%*	**65%**	**63%**	**66%**
Comprehensive Diabetic Care Rates	ACC 2006	*ACC 2007*	**ACC 2008**	DIA 2006	*DIA 2007*	**DIA 2008**	JMS 2006	*JMS 2007*	**JMS 2008**	MPC 2006	*MPC 2007*	**MPC 2008**	MSFC 2006	*MSFC 2007*	**MSFC 2008**	PP 2006	*PP 2007*	**PP 2008**	UHC 2006	*UHC 2007*	**UHC 2008**	**MARR 2008**	**NMH 2007**
HbA1c Testing	88%	*78%*	**73%**	68%	*64%*	**68%**	86%	*85%*	**90%**	76%	*76%*	**78%**	83%	*84%*	**88%**	85%	*82%*	**78%**	72%	*74%*	**75%**	**79%**	**78%**
Good HbA1c	**	*34%*	*	**	*36%*	*	**	*36%*	*	**	*22%*	*	**	*38%*	*	**	*31%*	*	**	*36%*	*	*	*
Poor HbA1c Control	34%	*45%*	**53%**	52%	*50%*	**53%**	39%	*38%*	**33%**	53%	*61%*	**56%**	40%	*35%*	**38%**	39%	*47%*	**39%**	43%	*46%*	**51%**	**46%**	**49%**
Eye Exam	76%	*73%*	**58%**	10%	*43%*	**43%**	74%	*72%*	**75%**	50%	*54%*	**54%**	66%	*63%*	**66%**	52%	*55%*	**63%**	55%	*57%*	**58%**	**60%**	**51%**
LDL-C Screening	**	*73%*	**73%**	**	*57%*	**65%**	**	*84%*	**90%**	**	*76%*	**73%**	**	*80%*	**83%**	**	*72%*	**74%**	**	*74%*	**72%**	**76%**	**71%**
LDL-C Level (< 100 numerator)	**	*37%*	**34%**	**	*20%*	**28%**	**	*53%*	**48%**	**	*27%*	**29%**	**	*43%*	**42%**	**	*38%*	**38%**	**	*36%*	**30%**	**35%**	**31%**
Monitoring for Diabetic Nephro.	**	*83%*	**80%**	**	*63%*	**75%**	**	*91%*	**96%**	**	*79%*	**75%**	**	*85%*	**87%**	**	*77%*	**84%**	**	*75%*	**78%**	**82%**	**75%**
Blood Pressure <130/80	**	*26%*	**31%**	**	*16%*	**26%**	**	*29%*	**26%**	**	*26%*	**26%**	**	*36%*	**31%**	**	*45%*	**36%**	**	*26%*	**26%**	**29%**	**30%**
Blood Pressure <140/90	**	*56%*	**57%**	**	*41%*	**40%**	**	*53%*	**52%**	**	*45%*	**49%**	**	*61%*	**63%**	**	*66%*	**65%**	**	*50%*	**56%**	**55%**	**57%**
Use of Appropriate Meds For People With Asthma	ACC 2006	*ACC 2007*	**ACC 2008**	DIA 2006	*DIA 2007*	**DIA 2008**	JMS 2006	*JMS 2007*	**JMS 2008**	MPC 2006	*MPC 2007*	**MPC 2008**	MSFC 2006	*MSFC 2007*	**MSFC 2008**	PP 2006	*PP 2007*	**PP 2008**	UHC 2006	*UHC 2007*	**UHC 2008**	**MARR 2008**	**NMH 2007**
5 – 9 Years	88%	*88%*	**92%**	NA	*NA*	**NA**	NA	*NA*	**NA**	90%	*91%*	**91%**	91%	*92%*	**92%**	88%	*89%*	**88%**	92%	*92%*	**92%**	**91%**	**90%**
10 – 17 Years	88%	*89%*	**88%**	NA	*NA*	**NA**	79%	*77%*	**83%**	89%	*89%*	**89%**	85%	*90%*	**92%**	86%	*88%*	**85%**	90%	*89%*	**90%**	**88%**	**87%**
18 – 56 Years	87%	*87%*	**88%**	NA	*NA*	**NA**	91%	*85%*	**94%**	75%	*85%*	**87%**	91%	*92%*	**85%**	76%	*76%*	**79%**	86%	*86%*	**86%**	**86%**	**85%**
Combined Rate	87%	*88%*	**90%**	NA	*NA*	**NA**	85%	*83%*	**92%**	84%	*88%*	**89%**	89%	*91%*	**90%**	84%	*86%*	**85%**	89%	*89%*	**90%**	**89%**	**87%**

Organizations:

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Report Indicators: NR = Not Reportable NA = Not Applicable

Department of Health and Mental Hygiene
Maryland Medicaid – HealthChoice Program

Table A

HEALTHCHOICE ORGANIZATION HEDIS 2008 MEASURES – REPORTED RATES																						
Domain: Effectiveness of Care	ACC 2006	*ACC 2007*	**ACC 2008**	DIA 2006	*DIA 2007*	**DIA 2008**	JMS 2006	*JMS 2007*	**JMS 2008**	MPC 2006	*MPC 2007*	**MPC 2008**	MSFC 2006	*MSFC 2007*	**MSFC 2008**	PP 2006	*PP 2007*	**PP 2008**	UHC 2006	*UHC 2007*	**UHC 2008**	**MARR 2008**	**NMH 2007**
Appropriate treatment for Children with Upper Respiratory Infection	***	*86%*	**87%**	***	*87%*	**83%**	***	*82%*	**87%**	***	*83%*	**85%**	***	*85%*	**86%**	***	*94%*	**97%**	***	*79%*	**81%**	**87%**	**83%**
Appropriate Testing for Children with Pharyngitis	***	*68%*	**68%**	***	*54%*	**48%**	***	*73%*	**50%**	***	*71%*	**75%**	***	*54%*	**76%**	***	*76%*	**78%**	***	*65%*	**67%**	**66%**	**56%**
Chlamydia Screening in Women																							
16-20 years	***	*60%*	**56%**	***	*45%*	**52%**	***	*69%*	**80%**	***	*60%*	**58%**	***	*52%*	**57%**	***	*57%*	**58%**	***	*49%*	**46%**	**58%**	**51%**
21-25 years	***	*70%*	**66%**	***	*57%*	**65%**	***	*70%*	**71%**	***	*72%*	**68%**	***	*56%*	**64%**	***	*67%*	**65%**	***	*58%*	**56%**	**65%**	**55%**
Total Rate	***	*63%*	**59%**	***	*51%*	**58%**	***	*69%*	**77%**	***	*63%*	**61%**	***	*53%*	**59%**	***	*60%*	**60%**	***	*52%*	**49%**	**60%**	**52%**

*** = Due to pending changes, NCQA will not publicly report the HbA1c <7% results for HEDIS 2008. DHMH has made the same policy decision.**

**** = New numerators in 2007, no data available for 2006**

***** = New measure in 2007, no data available for 2006**

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Maryland Medicaid – HealthChoice Program

Table A

HEALTHCHOICE ORGANIZATION HEDIS 2008 MEASURES – REPORTED RATES																						
Domain: Access/Availability Of Care	ACC 2006	*ACC 2007*	**ACC 2008**	DIA 2006	*DIA 2007*	**DIA 2008**	JMS 2006	*JMS 2007*	**JMS 2008**	MPC 2006	*MPC 2007*	**MPC 2008**	MSFC 2006	*MSFC 2007*	**MSFC 2008**	PP 2006	*PP 2007*	**PP 2008**	UHC 2006	*UHC 2007*	**UHC 2008**	**MARR 2008**	**NMH 2007**
Children and Adolescents' Access to Primary Care Practitioners Rates																						
12 - 24 Months	98%	*97%*	**97%**	89%	*90%*	**92%**	88%	*91%*	**92%**	95%	*96%*	**97%**	94%	*97%*	**97%**	95%	*95%*	**94%**	95%	*95%*	**96%**	**95%**	**94%**
25 Months - 6 Years	91%	*91%*	**91%**	71%	*82%*	**83%**	88%	*89%*	**88%**	87%	*91%*	**90%**	89%	*89%*	**90%**	84%	*85%*	**87%**	88%	*89%*	**91%**	**89%**	**85%**
7 Years - 11 Years	90%	*92%*	**92%**	NA	*81%*	**83%**	88%	*90%*	**89%**	88%	*92%*	**91%**	92%	*92%*	**92%**	84%	*87%*	**88%**	90%	*90%*	**92%**	**90%**	**86%**
12 years – 19 Years	86%	*89%*	**88%**	71%	*80%*	**85%**	86%	*92%*	**93%**	86%	*88%*	**89%**	86%	*89%*	**90%**	80%	*83%*	**84%**	84%	*86%*	**89%**	**88%**	**83%**
Adults' Access to Preventive/Ambulatory Health Services																						
Ages 20 – 44	75%	*77%*	**77%**	62%	*72%*	**71%**	71%	*74%*	**76%**	76%	*77%*	**74%**	76%	*76%*	**75%**	78%	*77%*	**77%**	73%	*72%*	**74%**	**75%**	**78%**
Ages 45 – 64	83%	*84%*	**84%**	71%	*76%*	**79%**	87%	*87%*	**86%**	84%	*85%*	**85%**	85%	*83%*	**84%**	87%	*87%*	**87%**	85%	*84%*	**85%**	**84%**	**83%**
Ages 65+	NA	*NA*	**NA**	NA	*NA*	**NA**	NA	*NR*	**NA**	NA	*NA*	**NA**	NA	*NA*	**NA**	NA	*NA*	**NA**	NA	*NA*	**NA**	**NA**	**NA**
TOPC and Postpartum Care Rates																						
Timeliness of Prenatal Care (TOPC)	94%	*98%*	**91%**	68%	*89%*	**85%**	83%	*88%*	**90%**	85%	*87%*	**84%**	90%	*90%*	**90%**	82%	*87%*	**91%**	90%	*88%*	**92%**	**89%**	**81%**
Postpartum Care	84%	*85%*	**62%**	39%	*52%*	**53%**	51%	*72%*	**68%**	62%	*60%*	**60%**	55%	*55%*	**67%**	63%	*63%*	**65%**	61%	*64%*	**64%**	**63%**	**59%**
Call Answer Timeliness	47%	*67%*	**68%**	87%	*90%*	**86%**	NR	*85%*	**86%**	75%	*76%*	**75%**	58%	*86%*	**84%**	NR	*NR*	**NR**	74%	*60%*	**89%**	**83%**	**74%**
Call Abandonment	16%	*10%*	**7%**	1%	*1%*	**1%**	NR	*14%*	**4%**	4%	*3%*	**3%**	5%	*2%*	**2%**	9%	*NR*	**5%**	3%	*8%*	**1%**	**3%**	**6%**

Organizations:

ACC = AMERIGROUP Community Care
DIA = Diamond Plan Coventry Health Care of Delaware
JMS = Jai Medical Systems, Inc.
MPC = Maryland Physicians Care
MSFC = MedStar Family Choice, Inc.
PP = Priority Partners
UHC = UnitedHealthcare

Benchmarks:

MARR = Maryland Average Reportable Rate
NMH = National Medicaid HEDIS Mean

Report Indicators: NR = Not Reportable NA = Not Applicable

Department of Health and Mental Hygiene
Maryland Medicaid – HealthChoice Program

Table A

HEALTHCHOICE ORGANIZATION HEDIS 2008 MEASURES – REPORTED RATES																						
Domain: Use of Services	ACC 2006	*ACC 2007*	**ACC 2008**	DIA 2006	*DIA 2007*	**DIA 2008**	JMS 2006	*JMS 2007*	**JMS 2008**	MPC 2006	*MPC 2007*	**MPC 2008**	MSFC 2006	*MSFC 2007*	**MSFC 2008**	PP 2006	*PP 2007*	**PP 2008**	UHC 2006	*UHC 2007*	**UHC 2008**	**MARR 2008**	**NMH 2007**
Frequency of Ongoing Prenatal Care																							
Less than 21%	1%	*1%*	**1%**	19%	*8%*	**6%**	6%	*4%*	**2%**	4%	*7%*	**6%**	4%	*6%*	**3%**	1%	*6%*	**3%**	7%	*5%*	**6%**	**4%**	**14%**
Greater than 80%	88%	*87%*	**76%**	48%	*61%*	**61%**	79%	*80%*	**85%**	78%	*62%*	**79%**	81%	*82%*	**86%**	60%	*70%*	**75%**	75%	*72%*	**75%**	**77%**	**59%**
Well-Child Visits in first 15 Mos. of Life Rates																							
0 Visits	1%	*1%*	**1%**	10%	*7%*	**3%**	4%	*3%*	**5%**	2%	*1%*	**1%**	1%	*2%*	**2%**	2%	*1%*	**1%**	2%	*2%*	**2%**	**2%**	**4%**
5+ Visits	93%	*97%*	**85%**	65%	*71%*	**71%**	81%	*94%*	**82%**	85%	*83%*	**87%**	81%	*78%*	**82%**	83%	*86%*	**81%**	84%	*87%*	**86%**	**82%**	**73%**
Well-Child Visits in 3rd, 4th, 5th and 6th Yr. of Life Rates	80%	*80%*	**78%**	49%	*69%*	**66%**	84%	*88%*	**89%**	70%	*76%*	**79%**	66%	*74%*	**74%**	70%	*73%*	**77%**	70%	*80%*	**76%**	**77%**	**67%**
Adolescent Well-Care Visit Rate	58%	*57%*	**50%**	35%	*50%*	**45%**	72%	*76%*	**73%**	54%	*60%*	**51%**	49%	*59%*	**46%**	48%	*54%*	**53%**	50%	*59%*	**53%**	**53%**	**44%**

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