Statewide Executive Summary

HealthChoice and Primary Adult Care participating organizations

HEDIS® 2012

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 Maryland Medicaid beneficiaries enrolled in the HealthChoice program, a mandatory managed care program established in 1997 under the §1115 federal waiver, and to Primary Adult Care (PAC) beneficiaries, a program established to provide services to lower-income Maryland residents. There are currently seven organizations participating in HealthChoice, with a total of 754,160 enrollees as of December 31, 2011. Five organizations currently participate in PAC, with a total of 56,997 enrollees as of December 31, 2011.

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 data: AMERIGROUP Community Care, Diamond Plan, Jai Medical Systems, Maryland Physicians Care, MedStar Family Choice, Priority Partners, and UnitedHealthcare. Five HealthChoice organizations reported PAC information in 2012: AMERIGROUP Community Care, 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 23 HEDIS measures for services rendered in calendar year 2011. This required set reflected two additional measures for reporting: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) and Use of Imaging Studies for Low Back Pain (LBP).

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)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Chlamydia Screening in Women (CHL)
- Use of Imaging Studies for Low Back Pain (LBP)

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)

Utilization and Relative Resource Use
- 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)

Measures selected by DHMH for PAC performance reporting

DHMH required PAC organizations to report five HEDIS measures for services rendered in calendar year 2011. This required set reflects one additional measure for reporting: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB).

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC), all indicators except HbA1c good control (<7.0%)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Adults' Access to Preventive / Ambulatory Health Services (AAP)

II. HEDIS Methodology

The HEDIS-reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS 2012 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
Comprehensive Diabetes Care (CDC)—Blood pressure control <140/80 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 2012 Maryland Average Reportable Rate (MARR) and most recent (HEDIS 2011) National HEDIS Mean (NHM). Table A1 shows three years of PAC results, along with the MARR for the past three years.

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

Table A – HealthChoice Organizations HEDIS 2012 Results, page one of four	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2012	HEDIS 2011
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NHM
Children's Prevention and Screening																							
Childhood Immunization Status (CIS) – Combination 2 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV)	78.4%	79.4%	**85.6%**	76.0%	65.7%	**71.1%**	81.9%	88.4%	**80.6%**	80.0%	84.9%	**81.8%**	86.6%	86.6%	**89.5%**	74.7%	83.0%	**86.0%**	83.9%	71.0%	**82.7%**	82.5%	74.1%
Childhood Immunization Status (CIS) – Combination 3 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate)	73.5%	73.8%	**81.9%**	71.4%	62.2%	**66.1%**	80.8%	85.9%	**78.7%**	76.2%	81.3%	**80.8%**	83.7%	84.7%	**87.6%**	68.4%	79.8%	**83.7**	78.3%	66.7%	**78.8%**	79.7%	69.9%
Childhood Immunization Status (CIS) – Combination 4 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, Hepatitis A)	40.0%	28.9%	**39.1%**	29.0%	29.9%	**30.7%**	39.0%	36.1%	**33.3%**	26.0%	30.2%	**32.8%**	28.0%	29.2%	**41.6%**	27.5%	25.8%	**38.8%**	52.1%	34.3%	**37.2%**	36.2%	31.6%
Childhood Immunization Status (CIS) – Combination 5 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, rotavirus)	45.9%	54.4%	**59.7%**	33.6%	40.2%	**46.9%**	55.4%	58.9%	**57.9%**	40.1%	53.8%	**53.5%**	48.2%	53.5%	**63.3%**	46.2%	37.5%	**55.1%**	56.4%	47.4%	**57.2%**	56.2%	47.2%
Childhood Immunization Status (CIS) – Combination 6 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, influenza)	35.1%	40.5%	**48.6%**	36.4%	34.6%	**36.5%**	27.7%	40.2%	**33.3%**	34.5%	37.5%	**39.2%**	40.9%	49.1%	**57.4%**	40.1%	47.4%	**51.4%**	48.4%	36.5%	**41.8%**	44.0%	36.4%
Childhood Immunization Status (CIS) – Combination 7 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, Hepatitis A, rotavirus)	27.4%	23.1%	**30.1%**	16.1%	20.9%	**23.5%**	29.4%	28.6%	**25.5%**	16.1%	21.2%	**20.2%**	19.2%	21.9%	**31.1%**	19.5%	14.6%	**25.3%**	38.7%	24.6%	**28.2%**	26.3%	23.8%
Childhood Immunization Status (CIS) – Combination 8 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, Hepatitis A, influenza)	21.9%	17.8%	**25.7%**	16.6%	17.3%	**18.8%**	15.8%	20.7%	**21.3%**	15.6%	16.3%	**17.0%**	15.1%	18.0%	**28.2%**	19.2%	17.3%	**24.2%**	34.3%	21.7%	**21.7%**	22.4%	19.0%
Childhood Immunization Status (CIS) – Combination 9 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, rotavirus, influenza)	23.8%	32.4%	**38.2%**	18.0%	25.2%	**28.5%**	19.8%	27.8%	**25.0%**	20.0%	25.1%	**29.2%**	25.5%	33.1%	**43.8%**	26.8%	25.5%	**38.8%**	38.0%	27.7%	**32.8%**	33.8%	27.8%
Childhood Immunization Status (CIS) – Combination 10 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, Hepatitis A, rotavirus, and influenza)	16.3%	15.5%	**20.6%**	9.2%	13.8%	**15.5%**	12.4%	17.0%	**18.1%**	10.0%	10.9%	**12.2%**	10.7%	13.9%	**22.1%**	13.9%	10.7%	**17.9%**	27.3%	15.8%	**17.5%**	17.7%	15.2%
Immunizations for Adolescents (IMA) – Combination 1 (Meningococcal, Tdap/Td)	41.7%	46.1%	**56.7%**	32.1%	40.0%	**49.5%**	67.3%	71.6%	**73.2%**	45.7%	52.1%	**51.1%**	45.7%	57.2%	**70.7%**	41.6%	56.9%	**52.0%**	42.3%	38.6%	**48.4%**	57.4%	52.2%
Well-Child Visits in the First 15 months of Life (W15) – Zero visits[1]	1.2%	0.8%	**1.6%**	4.4%	4.3%	**3.1%**	2.8%	2.4%	**0.9%**	1.5%	1.1%	**1.4%**	1.4%	2.2%	**1.3%**	0.6%	0.9%	**1.1%**	1.8%	2.0%	**0.9%**	1.5%	2.2%
Well-Child Visits in the First 15 months of Life (W15) – DHMH Five or Six-or-more visits rates (additive)	84.2%	87.2%	**87.3%**	66.7%	64.7%	**74.6%**	89.4%	83.4%	**84.0%**	84.2%	86.0%	**89.9%**	86.2%	84.7%	**88.2%**	86.9%	87.1%	**84.3%**	85.1%	83.6%	**86.8%**	85.0%	76.3%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	76.0%	86.6%	**86.4%**	70.4%	75.9%	**82.9%**	92.3%	89.3%	**88.9%**	85.7%	86.3%	**89.1%**	79.2%	73.5%	**82.3%**	86.6%	78.3%	**82.4%**	82.4%	75.2%	**83.1%**	85.0%	71.9%
Adolescent Well-Care Visits (AWC)	52.2%	63.1%	**61.9%**	50.6%	51.4%	**61.8%**	79.9%	79.7%	**79.9%**	64.7%	72.1%	**75.8%**	61.1%	63.5%	**67.7%**	64.9%	60.0%	**66.1%**	64.7%	49.8%	**55.7%**	67.0%	48.1%

[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
MSFC = MedStar Family Choice PP = Priority Partners MPC = Maryland Physicians Care UHC = UnitedHealthcare

Table A – HealthChoice Organizations HEDIS 2012 Results, page two of four	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2012	HEDIS 2011
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NHM
Respiratory Conditions																							
Appropriate Testing for Children with Pharyngitis (CWP)	61.9%	61.5%	**68.8%**	62.4%	64.7%	**72.8%**	70.9%	76.3%	**74.5%**	77.4%	74.0%	**76.9%**	82.7%	81.0%	**85.9%**	73.5%	69.5%	**74.5%**	68.8%	70.8%	**76.4%**	75.7%	64.9%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	84.9%	87.0%	**86.1%**	80.6%	85.3%	**86.2%**	95.2%	93.8%	**89.8%**	84.1%	85.6%	**86.1%**	85.7%	88.6%	**89.0%**	87.2%	88.5%	**86.0%**	79.6%	83.3%	**80.2%**	86.2%	87.2%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	[2]	[2]	**23.7%**	[2]	[2]	**21.3%**	[2]	[2]	**21.9%**	[2]	[2]	**19.7%**	[2]	[2]	**16.1%**	[2]	[2]	**21.1%**	[2]	[2]	**19.6%**	20.5%	23.5%
Use of Appropriate Medications for People With Asthma (ASM) – Ages 5-11	91.0%	91.9%	**91.4%**	NA[4]	87.5%	**86.7%**	85.1%	91.9%	**94.2%**	94.9%	93.1%	**93.0%**	92.9%	92.8%	**96.7%**	92.2%	93.6%	**91.7%**	91.3%	93.2%	**95.7%**	92.8%	91.8%
Use of Appropriate Medications for People With Asthma (ASM) – Ages 12-18	[3]	[3]	**88.2%**	[3]	[3]	**NA[4]**	[3]	[3]	**100%**	[3]	[3]	**91.1%**	[3]	[3]	**93.3%**	[3]	[3]	**90.8%**	[3]	[3]	**96.6%**	93.3%	[3]
Use of Appropriate Medications for People With Asthma (ASM) – Ages 19-50	[3]	[3]	**78.0%**	[3]	[3]	**85.0%**	[3]	[3]	**91.3%**	[3]	[3]	**82.8%**	[3]	[3]	**85.2%**	[3]	[3]	**77.9%**	[3]	[3]	**95.1%**	85.0%	[3]
Use of Appropriate Medications for People With Asthma (ASM) – Ages 51-64	[3]	[3]	**71.2%**	[3]	[3]	**NA[4]**	[3]	[3]	**83.7%**	[3]	[3]	**81.7%**	[3]	[3]	**NA**	[3]	[3]	**69.2%**	[3]	[3]	**95.0%**	80.1%	[3]
Use of Appropriate Medications for People With Asthma (ASM) – Total Combined Ages 5-64	[3]	[3]	**89.1%**	[3]	[3]	**95.0%**	[3]	[3]	**95.7%**	[3]	[3]	**90.7%**	[3]	[3]	**95.5%**	[3]	[3]	**89.3%**	[3]	[3]	**96.7%**	93.1%	[3]
Use of Appropriate Medications for People With Asthma (ASM) – Total combined ages 5-50 (Note: Additive for HEDIS 2012 – DHMH only)	89.2%	90.1%	**88.5%**	94.5%	89.8%	**88.1%**	89.5%	93.3%	**93.9%**	91.2%	90.6%	**89.8%**	92.7%	91.1%	**93.6%**	90.3%	90.4%	**88.9%**	87.4%	90.2%	**95.9%**	91.2%	88.4%
Member Access																							
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 12-24 months	97.6%	97.7%	**97.4%**	91.5%	94.4%	**93.1%**	95.1%	94.3%	**92.9%**	97.3%	96.5%	**96.8%**	97.2%	95.2%	**96.6%**	98.1%	97.9%	**98.1%**	96.7%	96.8%	**97.4%**	96.1%	96.1%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 25 months to 6 years	92.7%	92.7%	**92.8%**	85.3%	88.1%	**86.8%**	90.3%	90.6%	**89.3%**	91.8%	89.8%	**90.7%**	90.5%	88.9%	**91.4%**	93.1%	92.3%	**93.0%**	92.4%	91.7%	**92.1%**	90.9%	88.3%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 7-11 years	93.3%	93.6%	**93.6%**	85.0%	86.7%	**90.6%**	94.1%	94.5%	**94.0%**	92.6%	92.8%	**92.0%**	93.4%	93.4%	**92.9%**	93.8%	94.1%	**93.9%**	93.2%	93.1%	**93.0%**	92.9%	90.2%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 12-19 years	87.7%	88.6%	**89.3%**	86.4%	86.1%	**87.8%**	90.9%	92.0%	**92.4%**	89.0%	89.5%	**88.4%**	90.6%	92.0%	**90.9%**	89.5%	90.8%	**91.6%**	88.6%	89.9%	**88.5%**	89.8%	88.1%
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 20-44	79.4%	79.6%	**80.4%**	76.6%	76.9%	**79.2%**	78.6%	79.0%	**75.5%**	81.7%	80.9%	**81.2%**	78.7%	79.2%	**79.6%**	82.4%	83.0%	**83.7%**	79.2%	79.2%	**80.3%**	80.0%	81.2%
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 45-64	85.0%	85.0%	**87.0%**	77.0%	76.4%	**80.0%**	88.5%	89.2%	**88.8%**	87.3%	87.4%	**87.3%**	84.6%	84.6%	**85.9%**	88.3%	88.5%	**89.4%**	87.1%	85.9%	**87.3%**	86.5%	86.0%
Women's Health																							
Breast Cancer Screening (BCS)	43.7%	46.0%	**48.5%**	40.8%	39.3%	**45.3%**	60.8%	62.3%	**63.9%**	44.5%	42.8%	**43.6%**	63.4%	54.6%	**54.5%**	45.4%	48.0%	**49.9%**	48.2%	45.3%	**46.6%**	50.3%	51.3%
Cervical Cancer Screening (CCS)	67.3%	76.6%	**75.7%**	65.6%	70.2%	**64.7%**	76.4%	79.7%	**78.5%**	67.9%	69.7%	**73.6%**	67.6%	76.4%	**75.7%**	67.7%	69.4%	**73.9%**	64.4%	70.3%	**69.5%**	73.1%	67.2%
Chlamydia Screening in Women (CHL) – Age 16-20 years	63.2%	62.8%	**61.1%**	58.9%	54.4%	**58.6%**	84.9%	89.2%	**84.0%**	61.3%	60.6%	**58.5%**	57.1%	56.2%	**57.4%**	61.0%	62.1%	**62.6%**	57.9%	55.9%	**57.1%**	62.8%	54.6%
Chlamydia Screening in Women (CHL) – Age 21-24 years	71.3%	69.8%	**70.6%**	68.5%	71.1%	**71.0%**	75.4%	78.6%	**77.4%**	66.1%	65.1%	**66.6%**	62.8%	67.2%	**70.5%**	67.9%	68.8%	**69.8%**	64.2%	62.1%	**64.8%**	70.1%	62.3%
Chlamydia Screening in Women (CHL) – Total, 16-24 years of age	66.2%	65.5%	**64.8%**	63.7%	63.1%	**65.3%**	81.4%	85.3%	**81.3%**	63.0%	62.4%	**62.0%**	58.8%	60.1%	**62.5%**	63.2%	64.6%	**65.4%**	59.9%	58.2%	**60.0%**	65.9%	57.5%

[2] Newly required measure for DHMH 2012 reporting

[3] New measure for HEDIS 2012

[4] When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.

MARR = Maryland Average Reportable Rate NHM = National HEDIS Mean
ACC = AMERIGROUP Community Care DIA = Diamond Plan JMS = Jai Medical Systems
MSFC = MedStar Family Choice PP = Priority Partners MPC = Maryland Physicians Care UHC = UnitedHealthcare

Table A – HealthChoice Organizations HEDIS 2012 Results page three of four	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2012	HEDIS 2011
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NHM
Prenatal and Postpartum Care																							
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	87.7%	87.7%	**90.4%**	81.4%	83.1%	**86.6%**	86.7%	89.2%	**86.2%**	89.7%	83.9%	**82.1%**	89.6%	90.7%	**87.7%**	91.0%	87.9%	**87.1%**	86.6%	85.7%	**83.8%**	86.3%	83.7%
Prenatal and Postpartum Care (PPC) – Postpartum Care	66.7%	66.3%	**70.7%**	59.3%	59.4%	**62.0%**	79.2%	80.2%	**78.1%**	72.2%	75.2%	**71.3%**	78.5%	71.7%	**74.0%**	66.7%	68.2%	**73.0%**	63.4%	62.5%	**64.7%**	70.6%	64.4%
Frequency of Ongoing Prenatal Care (FPC) – Less than 21% of expected visits[1]	2.9%	3.5%	**3.4%**	11.1%	7.9%	**5.9%**	4.6%	1.4%	**2.8%**	3.9%	4.2%	**5.7%**	2.1%	1.8%	**2.9%**	3.4%	3.5%	**7.7%**	8.7%	3.6%	**5.4%**	4.9%	10.4%
Frequency of Ongoing Prenatal Care (FPC) – Greater than or equal to 81% of expected visits	71.0%	71.4%	**80.3%**	58.1%	58.3%	**74.2%**	80.4%	82.4%	**76.9%**	77.8%	74.0%	**69.6%**	81.8%	79.6%	**82.7%**	80.7%	77.9%	**64.7%**	73.8%	75.8%	**72.2%**	74.4%	61.1%
Diabetes Care																							
Comprehensive Diabetes (CDC) – Hemoglobin A1c Testing	74.0%	76.2%	**78.8%**	59.8%	62.9%	**74.9%**	91.6%	89.4%	**90.5%**	78.6%	79.6%	**77.1%**	85.7%	83.7%	**88.1%**	78.3%	78.5%	**81.9%**	71.8%	73.2%	**75.9%**	81.0%	82.0%
Comprehensive Diabetes (CDC) – HbA1c Poor Control (>9.0%)[1]	49.5%	49.3%	**43.3%**	57.4%	55.9%	**46.2%**	34.4%	38.0%	**33.6%**	53.0%	51.1%	**56.7%**	27.6%	37.0%	**27.5%**	44.8%	46.0%	**38.3%**	51.6%	56.2%	**51.1%**	42.4%	44.0%
Comprehensive Diabetes (CDC) – HbA1c Adequate Control (< 8.0%)	42.8%	41.1%	**48.4%**	36.1%	37.1%	**46.2%**	54.2%	52.7%	**56.2%**	41.1%	41.6%	**37.0%**	50.0%	52.8%	**57.7%**	48.2%	46.2%	**50.8%**	43.6%	37.5%	**42.1%**	48.3%	46.9%
Comprehensive Diabetes (CDC) – Eye Exam (Retinal) Performed	51.4%	62.3%	**62.2%**	51.6%	55.9%	**69.6%**	77.8%	79.7%	**80.8%**	74.0%	74.5%	**76.2%**	75.1%	73.7%	**75.7%**	65.0%	62.2%	**71.6%**	71.3%	66.7%	**60.8%**	71.0%	53.1%
Comprehensive Diabetes (CDC) – LDL-C Screening	69.3%	71.6%	**77.4%**	62.3%	61.8%	**67.6%**	93.1%	91.2%	**89.4%**	72.5%	74.9%	**71.3%**	81.5%	79.3%	**81.7%**	74.5%	70.4%	**74.9%**	70.8%	71.0%	**72.3%**	76.4%	74.7%
Comprehensive Diabetes (CDC) – LDL-C Control (<100 mg/dL)	33.3%	38.2%	**35.9%**	35.2%	24.7%	**30.8%**	52.7%	47.8%	**48.7%**	32.4%	32.4%	**27.0%**	42.1%	39.2%	**44.6%**	39.4%	37.2%	**36.1%**	31.1%	27.0%	**35.0%**	36.9%	34.6%
Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy	74.4%	78.8%	**79.7%**	69.7%	67.1%	**66.8%**	93.1%	93.6%	**94.7%**	78.6%	77.6%	**75.2%**	86.9%	85.6%	**89.6%**	77.6%	80.1%	**79.0%**	74.2%	73.5%	**72.7%**	79.7%	77.7%
Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/80 mm Hg)[5]	28.8%	41.3%	**31.1%**	32.8%	28.8%	**38.9%**	29.1%	27.4%	**34.1%**	22.9%	31.1%	**24.1%**	36.0%	37.7%	**46.3%**	31.4%	37.6%	**42.2%**	30.9%	19.2%	**33.8%**	35.8%	38.7%
Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/90 mm Hg)	53.5%	63.0%	**54.6%**	62.3%	51.8%	**64.4%**	54.0%	43.2%	**54.7%**	50.1%	51.3%	**45.7%**	67.2%	59.6%	**73.3%**	61.3%	59.1%	**65.1%**	54.3%	32.8%	**54.7%**	58.9%	60.4%
Musculoskeletal Conditions																							
Use of Imaging Studies for Low Back Pain (LBP)	[2]	[2]	**78.5%**	[2]	[2]	**74.8%**	[2]	[2]	**81.6%**	[2]	[2]	**76.8%**	[2]	[2]	**74.5%**	[2]	[2]	**74.7%**	[2]	[2]	**75.5%**	76.6%	75.5%

[1] A lower rate indicates better performance.
[2] Newly required measure for DHMH 2012 reporting
[5] New measure for HEDIS 2011. Data for prior years 130/80

MARR = Maryland Average Reportable Rate NHM = National HEDIS Mean
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Table A – HealthChoice Organizations HEDIS 2012 Results – page four of four	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2012	HEDIS 2011
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NHM
Behavioral Health																							
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Initiation 13-17 Years	38.9%	47.6%	**41.0%**	NA[4]	NA[4]	**NA[4]**	NA[4]	NA[4]	**NA[4]**	25.3%	49.5%	**49.7%**	23.1%	19.6%	**19.5%**	46.9%	50.0%	**47.4%**	41.3%	52.0%	**49.8%**	41.5%	44.7%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Initiation 18+ Years	51.1%	51.5%	**47.4%**	41.9%	41.1%	**40.3%**	44.2%	48.9%	**46.7%**	46.9%	50.8%	**47.7%**	36.5%	33.1%	**36.6%**	46.8%	48.4%	**42.8%**	50.7%	50.1%	**47.3%**	44.1%	42.7%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Initiation Overall	49.4%	50.9%	**46.4%**	40.9%	40.8%	**40.3%**	44.4%	48.8%	**46.5%**	44.7%	50.6%	**47.9%**	35.6%	32.2%	**35.5%**	46.8%	48.6%	**43.4%**	49.7%	50.3%	**47.6%**	43.9%	42.9%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Engagement 13-17 Years	23.7%	33.3%	**26.5%**	NA[4]	NA[4]	**NA[4]**	NA[4]	NA[4]	**NA[4]**	7.1%	33.6%	**33.2%**	10.3%	8.7%	**9.8%**	26.7%	32.4%	**29.2%**	13.1%	25.4%	**31.5%**	26.0%	19.9%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Engagement 18+ Years	21.0%	23.8%	**20.7%**	22.2%	25.2%	**21.8%**	15.7%	21.7%	**19.5%**	13.3%	25.0%	**24.0%**	7.0%	10.4%	**8.3%**	16.6%	22.3%	**18.7%**	10.5%	14.7%	**17.0%**	18.6%	13.6%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Engagement Overall	21.4%	25.3%	**21.6%**	21.1%	25.5%	**22.3%**	16.0%	22.0%	**19.4%**	12.7%	25.9%	**24.9%**	7.2%	10.3%	**8.4%**	17.9%	23.6%	**19.9%**	10.8%	16.0%	**18.8%**	19.3%	14.2%
Identification of Alcohol and Other Drug Services (IAD) – Any	2.3%	2.5%	**2.5%**	5.8%	5.9%	**5.4%**	17.6%	17.1%	**16.7%**	4.9%	6.0%	**6.2%**	3.8%	4.4%	**3.3%**	4.6%	5.3%	**5.2%**	3.3%	3.9%	**4.0%**	6.2%	3.3%
Identification of Alcohol and Other Drug Services (IAD) – Inpatient	0.7%	0.6%	**0.6%**	1.6%	1.1%	**1.0%**	4.9%	4.4%	**4.1%**	1.6%	1.4%	**1.3%**	1.3%	1.5%	**2.2%**	1.3%	1.2%	**1.1%**	0.9%	0.9%	**0.9%**	1.6%	0.9%
Identification of Alcohol and Other Drug Services (IAD) – Intensive	0.3%	0.3%	**0.3%**	0.2%	0.5%	**0.4%**	2.7%	3.1%	**2.9%**	0.7%	0.9%	**0.9%**	0.0%	0.4%	**0.3%**	0.8%	0.9%	**0.8%**	0.4%	0.6%	**0.4%**	0.9%	0.2%
Identification of Alcohol and Other Drug Services (IAD) - Outpatient/ED	1.9%	2.2%	**2.2%**	5.0%	5.4%	**4.9%**	15.9%	15.4%	**15.2%**	4.1%	5.4%	**5.7%**	3.6%	3.9%	**2.5%**	4.0%	4.7%	**4.8%**	2.8%	3.4%	**3.5%**	5.5%	3.3%
Ambulatory Care (Utilization)																							
Ambulatory Care (AMB) – Outpatient Visits	388.5	366.8	**370.9**	330.1	321.5	**324.4**	385.8	347.4	**347.4**	400.4	373.9	**386.8**	389.5	364.4	**370.0**	415.9	395.0	**415.9**	391.2	361.1	**381.0**	370.9	357.2
Ambulatory Care (AMB) – Emergency Department	66.1	59.0	**60.7**	94.6	84.3	**85.1**	92.1	88.8	**91.3**	81.4	72.5	**78.8**	80.1	70.3	**72.3**	70.0	64.0	**65.7**	68.9	63.7	**65.8**	74.2	62.0
Ambulatory Care (AMB) – Ambulatory Surgery[6]	6.5	*	*	11.3	*	*	14.9	*	*	8.9	*	*	14.4	*	*	12.3	*	*	9.8	*	*	*	*
Ambulatory Care (AMB) – Observation Room Stays[6]	1.6	*	*	1.9	*	*	1.7	*	*	1.2	*	*	0.4	*	*	0.6	*	*	1.2	*	*	*	*
Call Services																							
Call Answer Timeliness (CAT)	85.3%	76.1%	**78.9%**	88.0%	92.3%	**88.2%**	87.5%	86.6%	**93.1%**	85.5%	85.7%	**91.1%**	96.1%	94.8%	**89.2%**	76.5%	84.4%	**73.1%**	82.3%	79.6%	**85.5%**	85.6%	82.7%
Call Abandonment (CAB)[1]	3.8%	6.0%	**1.4%**	1.4%	2.6%	**1.3%**	3.5%	3.8%	**3.0%**	1.4%	1.3%	**0.8%**	1.1%	1.2%	**2.8%**	2.4%	1.5%	**3.3%**	2.8%	3.1%	**2.6%**	2.2%	2.9%

[1] A lower rate indicates better performance.
[4] When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.
[6] Effective HEDIS 2011, the measure is no longer reported.

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Table A1 – HealthChoice Organizations Reporting PAC HEDIS 2012 Results – page one of one	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010 MARR	2011 MARR	2012 MARR
	ACC PAC			JMS PAC			MPC PAC			PP PAC			UHC PAC					
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	[7]	[2]	**32.6%**	[2]	[2]	**15.2%**	[2]	[2]	**23.7%**	*	[2]	**30.7%**	[2]	[2]	**19.9%**	[2]	[2]	**24.4%**
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 20-44	[7]	77.1%	**70.6%**	71.9%	74.9%	**72.8%**	65.7%	67.6%	**62.3%**	59.4%	65.1%	**65.2%**	67.4%	68.5%	**69.8%**	66.1%	70.6%	**68.1%**
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 45-64	[7]	82.9%	**80.5%**	79.8%	82.1%	**82.1%**	75.3%	78.0%	**72.8%**	70.3%	75.7%	**76.8%**	75.9%	79.3%	**81.4%**	75.3%	79.6%	**78.7%**
Breast Cancer Screening (BCS)	[7]	NA[4]	**41.2%**	47.2%	55.6%	**52.6%**	38.4%	40.7%	**38.0%**	NA	33.8%	**34.4%**	29.7%	36.7%	**38.0%**	38.4%	41.7%	**40.8%**
Cervical Cancer Screening (CCS)	[7]	33.8%	**37.8%**	59.5%	62.6%	**66.1%**	37.4%	38.8%	**39.4%**	29.8%	38.1%	**40.3%**	41.4%	40.2%	**38.9%**	42.0%	42.7%	**44.5%**
Comprehensive Diabetes (CDC) – Hemoglobin A1c Testing	[7]	71.4%	**80.9%**	85.8%	87.4%	**91.5%**	79.1%	75.4%	**79.8%**	68.0%	76.7%	**78.5%**	75.2%	72.7%	**77.4%**	77.0%	76.7%	**81.6%**
Comprehensive Diabetes (CDC) – HbA1c Poor Control (>9.0%)[1]	[7]	55.4%	**49.8%**	38.4%	39.0%	**32.1%**	41.6%	47.9%	**49.4%**	97.9%	58.4%	**52.2%**	49.6%	59.9%	**44.0%**	56.9%	52.1%	**45.5%**
Comprehensive Diabetes (CDC) – HbA1c Control (< 8.0%)	[7]	33.0%	**44.0%**	50.4%	49.2%	**58.6%**	47.4%	43.3%	**43.3%**	2.1%	35.5%	**40.3%**	43.8%	32.4%	**47.4%**	35.9%	38.7%	**46.7%**
Comprehensive Diabetes (CDC) – Eye Exam (Retinal) Performed	[7]	36.6%	**34.9%**	69.2%	60.5%	**66.2%**	43.1%	42.3%	**29.0%**	27.8%	30.8%	**31.0%**	38.9%	32.4%	**42.3%**	44.8%	40.5%	**40.7%**
Comprehensive Diabetes (CDC) – LDL-C Screening	[7]	70.5%	**74.6%**	89.1%	87.1%	**90.5%**	72.3%	69.3%	**74.7%**	59.8%	68.1%	**68.1%**	69.1%	69.2%	**73.2%**	72.6%	72.8%	**76.2%**
Comprehensive Diabetes (CDC) – LDL-C Control (<100 mg/dL)	[7]	29.5%	**29.7%**	42.2%	43.5%	**45.7%**	35.5%	31.6%	**30.7%**	0.0%	25.1%	**26.3%**	29.2%	24.3%	**40.1%**	26.7%	30.8%	**34.5%**
Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy	[7]	72.3%	**80.4%**	91.0%	91.9%	**94.4%**	83.0%	79.1%	**79.8%**	54.6%	74.9%	**73.5%**	79.6%	74.6%	**79.5%**	77.0%	78.6%	**81.5%**
Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/80 mm Hg)[5]	[7]	0.0%	**0.0%**	24.3%	26.1%	**33.8%**	23.1%	25.8%	**26.5%**	0.0%	3.2%	**2.4%**	21.2%	0.0%	**24.8%**	17.1%	11.0%	**17.5%**
Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/90 mm Hg)	[7]	0.0%	**0.0%**	49.0%	48.4%	**56.4%**	51.1%	46.0%	**44.5%**	0.0%	6.5%	**4.4%**	45.5%	0.0%	**42.8%**	36.4%	20.2%	**29.6%**

[1] A lower rate indicates better performance.
[2] Newly required measure for DHMH 2012 reporting
[4] When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.
[5] New measure for HEDIS 2011. Data for prior years 130/80
[7] Organization did not report for PAC.

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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); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four Pneumococcal Conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

	DTaP	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Influenza
Combination 2	X	X	X	X	X	X				
Combination 3	X	X	X	X	X	X	X			
Combination 4	X	X	X	X	X	X	X	X		
Combination 5	X	X	X	X	X	X	X		X	
Combination 6	X	X	X	X	X	X	X			X
Combination 7	X	X	X	X	X	X	X	X	X	
Combination 8	X	X	X	X	X	X	X	X		X
Combination 9	X	X	X	X	X	X	X		X	X
Combination 10	X	X	X	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, Hep B, VZV)

	2008	2009	2010	2011	2012
ACC	89.8%	82.1%	78.4%	79.4%	85.6%
DIA	68.1%	73.0%	76.0%	65.7%	71.1%
JMS	85.0%	87.1%	81.9%	88.4%	80.6%
MPC	72.2%	74.7%	80.0%	84.9%	81.8%
MSFC	84.7%	89.2%	86.6%	86.6%	89.5%
PP	86.5%	82.1%	74.7%	83.0%	86.0%
UHC	78.0%	84.8%	83.9%	71.0%	82.7%
MARR	80.6%	81.9%	80.2%	79.9%	82.5%
NHM	72.3%	73.7%	74.3%	74.1%	

Childhood Immunization Status (CIS) – Combination 3 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV)

	2008	2009	2010	2011	2012
ACC	81.0%	74.6%	73.5%	73.8%	81.9%
DIA	59.9%	69.4%	71.4%	62.2%	66.1%
JMS	82.7%	80.6%	80.8%	85.9%	78.7%
MPC	67.8%	70.1%	76.2%	81.3%	80.8%
MSFC	78.1%	87.8%	83.7%	84.7%	87.6%
PP	77.4%	77.4%	68.4%	79.8%	83.7%
UHC	72.2%	78.7%	78.3%	66.7%	78.8%
MARR	74.1%	76.9%	76.0%	76.3%	79.7%
NHM	65.6%	67.6%	69.4%	69.9%	

Childhood Immunization Status (CIS) – Combination 4 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A)

	2008*	2009*	2010	2011	2012
ACC			40.0%	28.9%	39.1%
DIA			29.0%	29.9%	30.7%
JMS			39.0%	36.1%	33.3%
MPC			26.0%	30.2%	32.8%
MSFC			28.0%	29.2%	41.6%
PP			27.5%	25.8%	38.8%
UHC			52.1%	34.3%	37.2%
MARR			34.5%	30.6%	36.2%
NHM			30.4%	31.6%	

* Combinations 4 through 10 were added by NCQA in HEDIS 2010.

Childhood Immunization Status (CIS) – Combination 5 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, RV)

	2008*	2009*	2010	2011	2012
ACC			45.9%	54.4%	59.7%
DIA			33.6%	40.2%	46.9%
JMS			55.4%	58.9%	57.9%
MPC			40.1%	53.8%	53.5%
MSFC			48.2%	53.5%	63.3%
PP			46.2%	37.5%	55.1%
UHC			56.4%	47.4%	57.2%
MARR			46.6%	49.4%	56.2%
NHM			41.6%	47.2%	

* Combinations 4 through 10 were added by NCQA in HEDIS 2010.

Childhood Immunization Status (CIS) – Combination 6 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Influenza)

	2008*	2009*	2010	2011	2012
ACC			35.1%	40.5%	48.6%
DIA			36.4%	34.6%	36.5%
JMS			27.7%	40.2%	33.3%
MPC			34.5%	37.5%	39.2%
MSFC			40.9%	49.1%	57.4%
PP			40.1%	47.4%	51.4%
UHC			48.4%	36.5%	41.8%
MARR			37.6%	40.9%	44.0%
NHM			33.8%	36.4%	

* Combinations 4 through 10 were added by NCQA in HEDIS 2010.

Childhood Immunization Status (CIS) – Combination 7 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, RV)

	2008*	2009*	2010	2011	2012
ACC			27.4%	23.1%	30.1%
DIA			16.1%	20.9%	23.5%
JMS			29.4%	28.6%	25.5%
MPC			16.1%	21.2%	20.2%
MSFC			19.2%	21.9%	31.1%
PP			19.5%	14.6%	25.3%
UHC			38.7%	24.6%	28.2%
MARR			23.8%	22.1%	26.3%
NHM			20.6%	23.8%	

* Combinations 4 through 10 were added by NCQA in HEDIS 2010.

Childhood Immunization Status (CIS) – Combination 8 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, Influenza)

	2008*	2009*	2010	2011	2012
ACC			21.9%	17.8%	25.7%
DIA			16.6%	17.3%	18.8%
JMS			15.8%	20.7%	21.3%
MPC			15.6%	16.3%	17.0%
MSFC			15.1%	18.0%	28.2%
PP			19.2%	17.3%	24.2%
UHC			34.3%	21.7%	21.7%
MARR			19.8%	18.4%	22.4%
NHM			17.2%	19.0%	

* Combinations 4 through 10 were added by NCQA in HEDIS 2010.

Childhood Immunization Status (CIS) – Combination 9 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, RV, Influenza)

	2008*	2009*	2010	2011	2012
ACC			23.8%	32.4%	38.2%
DIA			18.0%	25.2%	28.5%
JMS			19.8%	27.8%	25.0%
MPC			20.0%	25.1%	29.2%
MSFC			25.5%	33.1%	43.8%
PP			26.8%	25.5%	38.8%
UHC			38.0%	27.7%	32.8%
MARR			24.5%	28.1%	33.8%
NHM			23.2%	27.8%	

* Combinations 4 through 10 were added by NCQA in HEDIS 2010.

Childhood Immunization Status (CIS) – Combination 10 (DTaP, IPV, MMR, HiB, Hep B, VZV, PCV, Hep A, RV, Influenza)

	2008*	2009*	2010	2011	2012
ACC			16.3%	15.5%	20.6%
DIA			9.2%	13.8%	15.5%
JMS			12.4%	17.0%	18.1%
MPC			10.0%	10.9%	12.2%
MSFC			10.7%	13.9%	22.1%
PP			13.9%	10.7%	17.9%
UHC			27.3%	15.8%	17.5%
MARR			14.3%	13.9%	17.7%
NHM			21.6%	15.2%	

* Combinations 4 through 10 were added by NCQA in HEDIS 2010.

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. In 2000, the American Academy of Pediatrics (AAP) reported that three million adolescents failed to receive at least one recommended vaccination. 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. Immunization recommendations for adolescents have changed in recent years. In addition to assessing for immunizations that may have been missed, there are new vaccines targeted specifically to adolescents.

Combination 1 (Meningococcal, Tdap/Td)

	2008*	2009*	2010	2011	2012
ACC			41.7%	46.1%	56.7%
DIA			32.1%	40.0%	49.5%
JMS			67.3%	71.6%	73.2%
MPC			45.7%	52.1%	51.1%
MSFC			45.7%	57.2%	70.7%
PP			41.6%	56.9%	52.0%
UHC			42.3%	38.6%	48.4%
MARR			45.2%	51.8%	57.4%
NHM			42.5%	52.2%	

* This measure was added by NCQA in HEDIS 2010.

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*

	2008	2009	2010	2011	2012
ACC	1.1%	2.4%	1.2%	0.8%	1.6%
DIA	3.1%	2.6%	4.4%	4.3%	3.1%
JMS	5.3%	2.6%	2.8%	2.4%	0.9%
MPC	1.1%	0.7%	1.5%	1.1%	1.4%
MSFC	1.8%	1.1%	1.4%	2.2%	1.3%
PP	0.7%	1.5%	0.6%	0.9%	1.1%
UHC	1.7%	1.8%	1.8%	2.0%	0.9%
MARR	2.1%	1.8%	2.0%	2.0%	1.5%
NHM	5.6%	2.7%	2.3%	2.2%	

* 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)

	2008	2009	2010	2011	2012
ACC	85.4%	83.0%	84.2%	87.2%	87.3%
DIA	70.7%	77.1%	66.7%	64.7%	74.6%
JMS	82.0%	81.8%	89.4%	83.4%	84.0%
MPC	87.1%	87.3%	84.2%	86.0%	89.9%
MSFC	82.3%	81.0%	86.2%	84.7%	88.2%
PP	81.3%	86.4%	86.9%	87.1%	84.3%
UHC	86.2%	86.0%	85.1%	83.6%	86.8%
MARR	82.1%	83.2%	83.2%	82.4%	85.0%
NHM	70.2%	75.4%	75.8%	76.3%	

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)

	2008	2009	2010	2011	2012
ACC	77.5%	74.2%	76.0%	86.6%	86.4%
DIA	66.4%	70.0%	70.4%	75.9%	82.9%
JMS	89.1%	89.9%	92.3%	89.3%	88.9%
MPC	79.1%	73.1%	85.7%	86.3%	89.1%
MSFC	74.1%	79.4%	79.2%	73.5%	82.3%
PP	77.4%	75.3%	86.6%	78.3%	82.4%
UHC	76.3%	75.4%	82.4%	75.2%	83.1%
MARR	77.1%	76.8%	81.8%	80.7%	85.0%
NHM	65.3 %	69.7%	71.6%	71.9%	

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)

	2008	2009	2010	2011	2012
ACC	50.3%	54.1%	52.2%	63.1%	61.9%
DIA	44.6%	49.7%	50.6%	51.4%	61.8%
JMS	73.3%	76.1%	79.9%	79.7%	79.9%
MPC	51.3%	49.5%	64.7%	72.1%	75.8%
MSFC	45.7%	52.8%	61.1%	63.5%	67.7%
PP	52.6%	53.4%	64.9%	60.0%	66.1%
UHC	52.5%	47.3%	64.7%	49.8%	55.7%
MARR	52.9%	54.7%	62.6%	62.8%	67.0%
NHM	42.0%	45.9%	47.7%	48.1%	

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)

	2008	2009	2010	2011	2012
ACC	67.8%	66.4%	61.9%	61.5%	68.8%
DIA	47.9%	69.4%	62.4%	64.7%	72.8%
JMS	50.0%	67.3%	70.9%	76.3%	74.5%
MPC	74.8%	75.6%	77.4%	74.0%	76.9%
MSFC	75.8%	78.9%	82.7%	81.0%	85.9%
PP	78.2%	72.0%	73.5%	69.5%	74.5%
UHC	67.4%	69.8%	68.8%	70.8%	76.4%
MARR	66.0%	71.4%	71.1%	71.1%	75.7%
NHM	58.2%	61.4%	62.3%	64.9%	

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)

	2008	2009	2010	2011	2012
ACC	87.1%	85.0%	84.9%	87.0%	86.1%
DIA	82.9%	82.9%	80.6%	85.3%	86.2%
JMS	87.3%	95.5%	95.2%	93.8%	89.8%
MPC	85.1%	84.0%	84.1%	85.6%	86.1%
MSFC	86.2%	86.3%	85.7%	88.6%	89.0%
PP	96.6%	84.4%	87.2%	88.5%	86.0%
UHC	80.6%	80.6%	79.6%	83.3%	80.2%
MARR	86.5%	85.5%	85.3%	87.5%	86.2%
NHM	84.1%	85.5%	86.0%	87.2%	

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

Description: The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Rationale: Antibiotics are most often inappropriately prescribed for adults with acute bronchitis. Antibiotics are not indicated in clinical guidelines for treating adults with acute bronchitis who do not have a co-morbidity or other infection for which antibiotics may be appropriate. Inappropriate antibiotic treatment of adults with acute bronchitis is of clinical concern, especially since misuse and overuse of antibiotics lead to antibiotic drug resistance. Acute bronchitis consistently ranks among the 10 conditions that account for the most ambulatory office visits to United States (U.S.) physicians; furthermore, despite that the vast majority of acute bronchitis cases (more than 90 percent) have a nonbacterial cause, antibiotics are prescribed 65 percent to 80 percent of the time.

Note: This is a new reported measure for the Department of Health and Mental Hygiene for reporting year 2012.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

	2008*	2009*	2010*	2011*	2012	2009* PAC	2010* PAC	2011* PAC	2012 PAC
ACC					23.7%				32.6%
DIA					21.3%				
JMS					21.9%				15.2%
MPC					19.7%				23.7%
MSFC					16.1%				
PP					21.1%				30.7%
UHC					19.6%				19.9%
MARR					20.5%				24.4%
NHM									

* This measure was added by DHMH in HEDIS 2012.

Use of Appropriate Medications for People with Asthma (ASM)

Description: The percentage of members 5–64 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.

Note: For HEDIS 2012, the upper age limit was increased to 64, and new age stratifications were added.

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

	2010	2011	2012
ACC	91.0%	91.9%	91.4%
DIA	NA	87.5%	86.7%
JMS	85.1%	91.9%	94.2%
MPC	94.9%	93.1%	93.0%
MSFC	92.9%	92.8%	96.7%
PP	92.2%	93.6%	91.7%
UHC	91.3%	93.2%	95.7%
MARR	91.2%	92.0%	92.8%
NHM	91.8%	91.8%	

Use of Appropriate Medications for People with Asthma (ASM) – Ages 12–18

	2010*	2011*	2012
ACC			88.2%
DIA			NA
JMS			100%
MPC			91.1%
MSFC			93.3%
PP			90.8%
UHC			96.6%
MARR			93.3%
NHM			

* This measure was added by NCQA in HEDIS 2012.

Use of Appropriate Medications for People with Asthma (ASM) – Ages 19–50

	2010*	2011*	2012
ACC			78.0%
DIA			85.0%
JMS			91.3%
MPC			82.8%
MSFC			85.2%
PP			77.9%
UHC			95.1%
MARR			85.0%
NHM			

* This measure was added by NCQA in HEDIS 2012.

Use of Appropriate Medications for People with Asthma (ASM) – Ages 51–64

	2010*	2011*	2012
ACC			71.2%
DIA			NA
JMS			83.7%
MPC			81.7%
MSFC			NA
PP			69.2%
UHC			95.0%
MARR			80.1%
NHM			

* This measure was added by NCQA in HEDIS 2012.

Use of Appropriate Medications for People with Asthma (ASM) – Ages 5–64

	2010*	2011*	2012
ACC			89.1%
DIA			95.0%
JMS			95.7%
MPC			90.7%
MSFC			95.5%
PP			89.3%
UHC			96.7%
MARR			93.1%
NHM			

* This measure was added by NCQA in HEDIS 2012.

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

	2010	2011	2012*
ACC	89.2%	90.1%	88.5%
DIA	94.5%	89.8%	88.1%
JMS	89.5%	93.3%	93.9%
MPC	91.2%	90.6%	89.8%
MSFC	92.7%	91.1%	93.6%
PP	90.3%	90.4%	88.9%
UHC	87.4%	90.2%	95.9%
MARR	90.7%	90.8%	91.2%
NHM	88.6%	88.4%	

*Calculated using IDSS age stratifications: 5-11; 12-18; and 19-50.

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

	2008	2009	2010	2011	2012
ACC	96.7%	97.4%	97.6%	97.7%	97.4%
DIA	92.2%	91.8%	91.5%	94.4%	93.1%
JMS	91.7%	88.3%	95.1%	94.3%	92.9%
MPC	96.5%	96.6%	97.3%	96.5%	96.8%
MSFC	96.9%	96.8%	97.2%	95.2%	96.6%
PP	94.2%	97.8%	98.1%	97.9%	98.1%
UHC	95.8%	96.3%	96.7%	96.8%	97.4%
MARR	94.9%	95.0%	96.2%	96.1%	96.1%
NHM	93.4%	95.0%	95.2%	96.1%	

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

	2008	2009	2010	2011	2012
ACC	91.1%	91.7%	92.7%	92.7%	92.8%
DIA	82.9%	85.5%	85.3%	88.1%	86.8%
JMS	88.4%	89.5%	90.3%	90.6%	89.3%
MPC	90.0%	91.1%	91.8%	89.8%	90.7%
MSFC	89.8%	91.6%	90.5%	88.9%	91.4%
PP	86.5%	91.7%	93.1%	92.3%	93.0%
UHC	90.8%	92.2%	92.4%	91.7%	92.1%
MARR	88.5%	90.4%	90.9%	90.6%	90.9%
NHM	84.3%	87.2%	88.3%	88.3%	

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

	2008	2009	2010	2011	2012
ACC	92.3%	92.6%	93.3%	93.6%	93.6%
DIA	82.7%	84.6%	85.0%	86.7%	90.6%
JMS	89.3%	93.7%	94.1%	94.5%	94.0%
MPC	91.2%	91.6%	92.6%	92.8%	92.0%
MSFC	92.2%	92.2%	93.4%	93.4%	92.9%
PP	88.0%	92.9%	93.8%	94.1%	93.9%
UHC	92.1%	92.2%	93.2%	93.1%	93.0%
MARR	89.7%	91.4%	92.2%	92.6%	92.9%
NHM	85.8%	87.8%	90.3%	90.2%	

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

	2008	2009	2010	2011	2012
ACC	88.4%	87.3%	87.7%	88.6%	89.3%
DIA	84.9%	81.0%	86.4%	86.1%	87.8%
JMS	92.8%	91.9%	90.9%	92.0%	92.4%
MPC	89.2%	88.4%	89.0%	89.5%	88.4%
MSFC	90.0%	88.7%	90.6%	92.0%	90.9%
PP	84.0%	89.0%	89.5%	90.8%	91.6%
UHC	88.6%	87.6%	88.6%	89.9%	88.5%
MARR	88.3%	87.7%	89.0%	89.9%	89.8%
NHM	82.6%	85.3%	87.9%	88.1%	

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

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	76.7%	77.3%	79.4%	79.6%	80.4%			77.1%	70.6%
DIA	71.3%	75.2%	76.6%	76.9%	79.2%				
JMS	76.1%	77.2%	78.6%	79.0%	75.5%	72.0%	71.9%	74.9%	72.8%
MPC	74.4%	79.0%	81.7%	80.9%	81.2%	62.5%	65.7%	67.6%	62.3%
MSFC	74.8%	79.2%	78.7%	79.2%	79.6%				
PP	77.0%	79.3%	82.4%	83.0%	83.7%		59.4%	65.1%	65.2%
UHC	73.8%	75.7%	79.2%	79.2%	80.3%	60.9%	67.4%	68.5%	69.8%
MARR	74.9%	77.6%	79.5%	79.7%	80.0%	65.1%	66.1%	70.6%	68.1%
NHM	76.8%	79.8%	80.5%	81.2%					

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

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	83.8%	83.9%	85.0%	85.0%	87.0%			82.9%	80.5%
DIA	78.6%	78.6%	77.0%	76.4%	80.0%				
JMS	85.8%	86.9%	88.5%	89.2%	88.8%	80.9%	79.8%	82.1%	82.1%
MPC	85.0%	87.5%	87.3%	87.4%	87.3%	73.1%	75.3%	78.0%	72.8%
MSFC	84.1%	85.5%	84.6%	84.6%	85.9%				
PP	87.1%	87.5%	88.3%	88.5%	89.4%		70.3%	75.7%	76.8%
UHC	85.3%	85.6%	87.1%	85.9%	87.3%	69.4%	75.9%	79.3%	81.4%
MARR	84.2%	85.1%	85.4%	85.3%	86.5%	74.5%	75.3%	79.6%	78.7%
NHM	82.4%	85.5%	85.3%	86.0%					

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)

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	42.0%	41.3%	43.7%	46.0%	48.5%			NA*	41.2%
DIA	32.8%	39.9%	40.8%	39.3%	45.3%				
JMS	64.3%	64.4%	60.8%	62.3%	63.9%	44.6%	47.2%	55.6%	52.6%
MPC	45.6%	46.1%	44.5%	42.8%	43.6%	28.8%	38.4%	40.7%	38.0%
MSFC	50.9%	57.6%	63.4%	54.6%	54.5%				
PP	42.3%	42.2%	45.4%	48.0%	49.9%		NA*	33.8%	34.4%
UHC	51.4%	51.2%	48.2%	45.3%	46.6%	23.0%	29.7%	36.7%	38.0%
MARR	47.0%	49.0%	49.5%	48.3%	50.3%	32.1%	38.4%	41.7%	40.8%
NHM	50.0%	50.8%	52.4%	51.3%					

* When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.

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)

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	61.4%	67.9%	67.3%	76.6%	75.7%			33.8%	37.8%
DIA	48.0%	62.7%	65.6%	70.2%	64.7%				
JMS	73.8%	78.0%	76.4%	79.7%	78.5%	54.1%	59.5%	62.6%	66.1%
MPC	64.1%	66.3%	67.9%	69.7%	73.6%	33.5%	37.4%	38.8%	39.4%
MSFC	64.7%	66.4%	67.7%	76.4%	75.7%				
PP	65.6%	63.0%	67.7%	69.4%	73.9%		29.8%	38.1%	40.3%
UHC	64.8%	66.1%	64.4%	70.3%	69.5%	29.6%	41.4%	40.2%	38.9%
MARR	63.2%	67.2%	68.1%	73.2%	73.1%	39.1%	42.0%	42.7%	44.5%
NHM	64.8%	66.0%	65.8%	67.2%					

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

	2008	2009	2010	2011	2012
ACC	55.6%	58.3%	63.2%	62.8%	61.1%
DIA	52.2%	46.4%	58.9%	54.4%	58.6%
JMS	79.5%	81.0%	84.9%	89.2%	84.0%
MPC	57.7%	58.6%	61.3%	60.6%	58.5%
MSFC	56.6%	52.0%	57.1%	56.2%	57.4%
PP	58.0%	58.1%	61.0%	62.1%	62.6%
UHC	46.0%	50.3%	57.9%	55.9%	57.1%
MARR	58.0%	57.8%	63.5%	63.0%	62.8%
NHM	48.7%	52.7%	54.4%	54.6%	

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

	*2008**	2009	2010	2011	2012
ACC	*66.0%*	68.7%	71.3%	69.8%	70.6%
DIA	*65.2%*	56.8%	68.5%	71.1%	71.0%
JMS	*70.9%*	73.9%	75.4%	78.6%	77.4%
MPC	*67.7%*	68.2%	66.1%	65.1%	66.6%
MSFC	*64.3%*	63.4%	62.8%	67.2%	70.5%
PP	*64.7%*	63.6%	67.9%	68.8%	69.8%
UHC	*55.8%*	59.3%	64.2%	62.1%	64.8%
MARR	*64.9%*	64.8%	68.0%	69.0%	70.1%
NHM	*54.1%*	59.4%	61.6%	62.3%	

*Rates for 2008, shown in italics, were for ages 21–25.

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

	*2008**	2009	2010	2011	2012
ACC	*59.2%*	61.3%	66.2%	65.5%	64.8%
DIA	*57.8%*	50.2%	63.7%	63.1%	65.3%
JMS	*76.6%*	78.7%	81.4%	85.3%	81.3%
MPC	*60.5%*	61.1%	63.0%	62.4%	62.0%
MSFC	*58.9%*	55.1%	58.8%	60.1%	62.5%
PP	*59.7%*	59.4%	63.2%	64.6%	65.4%
UHC	*48.6%*	52.5%	59.9%	58.2%	60.0%
MARR	*60.2%*	59.8%	65.2%	65.6%	65.9%
NHM	*50.8%*	54.9%	56.7%	57.5%	

*Rates for 2008, 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

	2008	2009	2010	2011	2012
ACC	90.9%	90.9%	87.7%	87.7%	90.4%
DIA	85.0%	87.3%	81.4%	83.1%	86.6%
JMS	89.7%	88.4%	86.7%	89.2%	86.2%
MPC	84.0%	87.0%	89.7%	83.9%	82.1%
MSFC	90.0%	87.2%	89.6%	90.7%	87.7%
PP	91.1%	91.4%	91.0%	87.9%	87.1%
UHC	91.7%	89.7%	86.6%	85.7%	83.8%
MARR	88.9%	88.8%	87.5%	86.9%	86.3%
NHM	81.4%	81.9%	83.4%	83.7%	

Prenatal and Postpartum Care (PPC) – Postpartum Care

	2008	2009	2010	2011	2012
ACC	61.9%	64.3%	66.7%	66.3%	70.7%
DIA	52.9%	52.8%	59.3%	59.4%	62.0%
JMS	68.2%	72.6%	79.2%	80.2%	78.1%
MPC	60.3%	62.1%	72.2%	75.2%	71.3%
MSFC	67.4%	71.9%	78.5%	71.7%	74.0%
PP	64.6%	63.5%	66.7%	68.2%	73.0%
UHC	64.3%	67.6%	63.4%	62.5%	64.7%
MARR	62.8%	65.0%	69.4%	69.1%	70.6%
NHM	58.7%	62.6%	64.1%	64.4%	

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*

	2008	2009	2010	2011	2012
ACC	1.3%	2.4%	2.9%	3.5%	3.4%
DIA	6.2%	7.1%	11.1%	7.9%	5.9%
JMS	1.5%	2.3%	4.6%	1.4%	2.8%
MPC	6.2%	3.3%	3.9%	4.2%	5.7%
MSFC	3.2%	2.7%	2.1%	1.8%	2.9%
PP	3.4%	4.3%	3.4%	3.5%	7.7%
UHC	6.0%	4.5%	8.7%	3.6%	5.4%
MARR	4.0%	3.8%	5.2%	3.7%	4.9%
NHM	12.5%	11.9%	10.3%	10.4%	

* A lower rate indicates better performance.

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

	2008	2009	2010	2011	2012
ACC	75.7%	74.3%	71.0%	71.4%	80.3%
DIA	61.4%	62.2%	58.1%	58.3%	74.2%
JMS	84.6%	81.9%	80.4%	82.4%	76.9%
MPC	78.7%	71.6%	77.8%	74.0%	69.6%
MSFC	85.9%	92.1%	81.8%	79.6%	82.7%
PP	75.3%	76.6%	80.7%	77.9%	64.7%
UHC	75.3%	78.2%	73.8%	75.8%	72.2%
MARR	76.7%	76.7%	74.8%	74.2%	74.4%
NHM	59.3%	58.7%	61.6%	61.1%	

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 (<140/80 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

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	PAC 2011	PAC 2012
ACC	73.2%	78.8%	74.0%	76.2%	78.8%			71.4%	80.9%
DIA	68.0%	67.8%	59.8%	62.9%	74.9%				
JMS	89.7%	90.7%	91.6%	89.4%	90.5%	83.6%	85.8%	87.4%	91.5%
MPC	78.4%	74.2%	78.6%	79.6%	77.1%	77.4%	79.1%	75.4%	79.8%
MSFC	87.7%	85.1%	85.7%	83.7%	88.1%				
PP	78.3%	77.7%	78.3%	78.5%	81.9%		68.0%	76.7%	78.5%
UHC	74.7%	71.0%	71.8%	73.2%	75.9%	64.4%	75.2%	72.7%	77.4%
MARR	78.6%	77.9%	77.1%	77.6%	81.0%	75.2%	77.0%	76.7%	81.6%
NHM	77.4%	80.5%	80.6%	82.0%					

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

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	PAC 2011	PAC 2012
ACC	52.5%	49.6%	49.5%	49.3%	43.3%			55.4%	49.8%
DIA	52.6%	52.1%	57.4%	55.9%	46.2%				
JMS	32.6%	30.3%	34.4%	38.0%	33.6%	39.0%	38.4%	39.0%	32.1%
MPC	55.5%	57.9%	53.0%	51.1%	56.7%	51.4%	41.6%	47.9%	49.4%
MSFC	38.2%	33.8%	27.6%	37.0%	27.5%				
PP	38.7%	47.3%	44.8%	46.0%	38.3%		97.9%	58.4%	52.2%
UHC	50.9%	56.4%	51.6%	56.2%	51.1%	83.3%	49.6%	59.9%	44.0%
MARR	45.9%	46.8%	45.5%	47.6%	42.4%	57.9%	56.9%	52.1%	45.5%
NHM	47.7%	44.8%	44.9%	44.0%					

* A lower rate indicates better performance.

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

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC		43.6%	42.8%	41.1%	48.4%			33.0%	44.0%
DIA		42.1%	36.1%	37.1%	46.2%				
JMS		57.8%	54.2%	52.7%	56.2%	49.2%	50.4%	49.2%	58.6%
MPC		36.4%	41.1%	41.6%	37.0%	38.6%	47.4%	43.3%	43.3%
MSFC		54.6%	50.0%	52.8%	57.7%				
PP		45.8%	48.2%	46.2%	50.8%		2.1%	35.5%	40.3%
UHC		37.2%	43.6%	37.5%	42.1%	13.1%	43.8%	32.4%	47.4%
MARR		45.4%	45.1%	44.1%	48.3%	33.6%	35.9%	38.7%	46.7%
NHM		44.1%	45.7%	46.9%					

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

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	57.5%	50.1%	51.4%	62.3%	62.2%			36.6%	34.9%
DIA	43.3%	52.1%	51.6%	55.9%	69.6%				
JMS	75.3%	77.2%	77.8%	79.7%	80.8%	48.0%	69.2%	60.5%	66.2%
MPC	54.4%	65.8%	74.0%	74.5%	76.2%	31.9%	43.1%	42.3%	29.0%
MSFC	66.2%	72.2%	75.1%	73.7%	75.7%				
PP	63.3%	54.6%	65.0%	62.2%	71.6%		27.8%	30.8%	31.0%
UHC	58.2%	65.9%	71.3%	66.7%	60.8%	25.6%	38.9%	32.4%	42.3%
MARR	59.7%	62.6%	66.6%	67.9%	71.0%	35.1%	44.8%	40.5%	40.7%
NHM	50.1%	52.8%	52.7%	53.1%					

Comprehensive Diabetes (CDC) – LDL-C Screening

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	72.7%	74.5%	69.3%	71.6%	77.4%			70.5%	74.6%
DIA	64.9%	66.9%	62.3%	61.8%	67.6%				
JMS	90.3%	93.3%	93.1%	91.2%	89.4%	88.7%	89.1%	87.1%	90.5%
MPC	72.7%	73.9%	72.5%	74.9%	71.3%	70.9%	72.3%	69.3%	74.7%
MSFC	82.8%	81.7%	81.5%	79.3%	81.7%				
PP	73.7%	73.9%	74.5%	70.4%	74.9%		59.8%	68.1%	68.1%
UHC	71.8%	71.5%	70.8%	71.0%	72.3%	59.5%	69.1%	69.2%	73.2%
MARR	75.6%	76.5%	74.9%	74.3%	76.4%	73.0%	72.6%	72.8%	76.2%
NHM	70.9%	74.1%	74.2%	74.7%					

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

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	33.5%	34.9%	33.3%	38.2%	35.9%			29.5%	29.7%
DIA	27.8%	28.1%	35.2%	24.7%	30.8%				
JMS	48.2%	47.2%	52.7%	47.8%	48.7%	42.7%	42.2%	43.5%	45.7%
MPC	28.6%	28.9%	32.4%	32.4%	27.0%	31.2%	35.5%	31.6%	30.7%
MSFC	42.3%	43.8%	42.1%	39.2%	44.6%				
PP	37.5%	42.5%	39.4%	37.2%	36.1%		0.0%	25.1%	26.3%
UHC	30.2%	29.2%	31.1%	27.0%	35.0%	10.4%	29.2%	24.3%	40.1%
MARR	35.4%	36.4%	38.0%	35.2%	36.9%	28.1%	26.7%	30.8%	34.5%
NHM	31.4%	33.8%	33.5%	34.6%					

Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	80.3%	78.8%	74.4%	78.8%	79.7%			72.3%	80.4%
DIA	75.3%	75.2%	69.7%	67.1%	66.8%				
JMS	95.9%	93.3%	93.1%	93.6%	94.7%	86.5%	91.0%	91.9%	94.4%
MPC	74.8%	75.8%	78.6%	77.6%	75.2%	82.8%	83.0%	79.1%	79.8%
MSFC	87.4%	86.6%	86.9%	85.6%	89.6%				
PP	83.9%	78.3%	77.6%	80.1%	79.0%		54.6%	74.9%	73.5%
UHC	77.6%	73.7%	74.2%	73.5%	72.7%	70.1%	79.6%	74.6%	79.5%
MARR	82.2%	80.2%	79.2%	79.5%	79.7%	79.8%	77.0%	78.6%	81.5%
NHM	74.4%	76.6%	76.9%	77.7%					

Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/80 mm Hg)

	2008*	2009*	2010*	2011	2012	2009* PAC	2010* PAC	2011 PAC	2012 PAC
ACC	*31.1%*	*27.2%*	*28.8%*	41.3%	31.1%			0.0%	0.0%
DIA	*25.8%*	*25.6%*	*32.8%*	28.8%	38.9%				
JMS	*25.9%*	*23.6%*	*29.1%*	27.4%	34.1%	*NR*	*24.3%*	26.1%	33.8%
MPC	*25.8%*	*25.6%*	*22.9%*	31.1%	24.1%	*21.2%*	*23.1%*	25.8%	26.5%
MSFC	*31.0%*	*36.3%*	*36.0%*	37.7%	46.3%				
PP	*35.8%*	*33.6%*	*31.4%*	37.6%	42.2%		*0.0%*	3.2%	2.4%
UHC	*26.0%*	*28.2%*	*30.9%*	19.2%	33.8%	*0.0%*	*21.2%*	0.0%	24.8%
MARR	*28.8%*	*28.6%*	*30.3%*	31.9%	35.8%	*NA*	*17.1%*	11.0%	17.5%
NHM	*29.6%*	*30.7%*	*32.2%*	38.7%					

* Rates for 2010 and prior years, shown in italics, are for Blood Pressure Control (<130/80 mm HG)

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

	2008	2009	2010	2011	2012	2009 PAC	2010 PAC	2011 PAC	2012 PAC
ACC	56.8%	54.7%	53.5%	63.0%	54.6%			0.0%	0.0%
DIA	40.2%	45.5%	62.3%	51.8%	64.4%				
JMS	52.1%	47.2%	54.0%	43.2%	54.7%	NR	49.0%	48.4%	56.4%
MPC	49.2%	51.2%	50.1%	51.3%	45.7%	45.3%	51.1%	46.0%	44.5%
MSFC	63.3%	65.7%	67.2%	59.6%	73.3%				
PP	65.2%	58.8%	61.3%	59.1%	65.1%		0.0%	6.5%	4.4%
UHC	55.7%	55.7%	54.3%	32.8%	54.7%	0.0%	45.5%	0.0%	42.8%
MARR	54.6%	54.1%	57.5%	51.6%	58.9%	NA	36.4%	20.2%	29.6%
NHM	55.5%	56.9%	59.8%	60.4%					

Musculoskeletal Conditions

Use of Imaging for Low Back Pain (LBP)

Description: The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Rationale: Low back pain is a pervasive problem that affects two thirds of adults at some time in their lives. It ranks among the top 10 reasons for patient visits to internists and is the most common and expensive reason for work disability in the U.S. Back problems are second only to cough among symptoms of people who seek medical care at physician offices, outpatient departments and emergency rooms.

There is no compelling evidence to justify substantial deviation from the diagnostic strategy published in clinical guidelines, which indicate that for most patients with acute low back pain, diagnostic imaging is usually unnecessary. Although patients may have a perceived need for imaging studies, efforts to educate patients on appropriate indications for imaging are within a provider's capacity.

Note: This is a new reported measure for the Department of Health and Mental Hygiene for reporting year 2012.

	2008*	2009*	2010*	2011*	2012
ACC					78.5%
DIA					74.8%
JMS					81.6%
MPC					76.8%
MSFC					74.5%
PP					74.7%
UHC					75.5%
MARR					76.6%
NHM					

* This measure was added by DHMH in HEDIS 2012.

Behavioral Health

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

Description: The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received the following.

- Initiation of AOD Treatment: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- Engagement of AOD Treatment: The percentage of members who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Rationale: There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance abuse places a huge burden on the healthcare system.

Identifying individuals with AOD disorders is an important first step in the process of care, but the identification often does not lead to the initiation of care. Reasons an individual may not initiate treatment include the social stigma associated with AOD disorder, denial of the problem, noncompliance with treatment, or lack of immediately available treatment services. This measure is designed to ensure that treatment is initiated once the need has been identified, and will permit comparison of effectiveness in initiating care.

Treatment engagement is an intermediate step between initially accessing care (the first visit) and completing a full course of treatment. Numerous studies indicate that individuals who remain in treatment for a longer duration of time have improved outcome, but the 1990 Drug Service Research Survey suggested that many clients (52 percent) with AOD disorders leave treatment prematurely. This measure is an important intermediate indicator, closely related to outcome. In fact, studies have tied the frequency and intensity of engagement as important in treatment outcomes and reducing drug-related illnesses.

Results tables appear on the following four pages.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) – Initiation 13–17 Years

	2008	2009	2010	2011	2012
ACC		41.6%	38.9%	47.6%	41.0%
DIA		NA*	NA*	NA*	NA*
JMS		NA*	NA*	NA*	NA*
MPC		37.9%	25.3%	49.5%	49.7%
MSFC		17.8%	23.1%	19.6%	19.5%
PP		45.7%	46.9%	50.0%	47.4%
UHC		46.8%	41.3%	52.0%	49.8%
MARR		37.9%	35.1%	43.7%	41.5%
NHM		38.2%	42.5%	44.7%	

* When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) – Initiation 18+ Years

	2008	2009	2010	2011	2012
ACC		52.0%	51.1%	51.5%	47.4%
DIA		41.5%	41.9%	41.1%	40.3%
JMS		48.3%	44.2%	48.9%	46.7%
MPC		49.8%	46.9%	50.8%	47.7%
MSFC		36.4%	36.5%	33.1%	36.6%
PP		49.0%	46.8%	48.4%	42.8%
UHC		56.8%	50.7%	50.1%	47.3%
MARR		47.7%	45.4%	46.3%	44.1%
NHM		45.2%	44.7%	42.7%	

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) – Initiation Overall Ages

	2008	2009	2010	2011	2012
ACC		50.4%	49.4%	50.9%	46.4%
DIA		41.9%	40.9%	40.8%	40.3%
JMS		48.1%	44.4%	48.8%	46.5%
MPC		48.4%	44.7%	50.6%	47.9%
MSFC		34.4%	35.6%	32.2%	35.5%
PP		48.5%	46.8%	48.6%	43.4%
UHC		55.5%	49.7%	50.3%	47.6%
MARR		46.7%	44.5%	46.0%	43.9%
NHM		44.5%	44.3%	42.9%	

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) – Engagement 13–17 Years

	2008	2009	2010	2011	2012
ACC		26.5%	23.7%	33.3%	26.5%
DIA		NA*	NA*	NA*	NA*
JMS		NA*	NA*	NA*	NA*
MPC		21.0%	7.1%	33.6%	33.2%
MSFC		4.4%	10.3%	8.7%	9.8%
PP		23.9%	26.7%	32.4%	29.2%
UHC		8.9%	13.1%	25.4%	31.5%
MARR		16.9%	16.2%	26.7%	26.0%
NHM		14.8%	17.7%	19.9%	

* When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) – Engagement 18+ Years

	2008	2009	2010	2011	2012
ACC		20.7%	21.0%	23.8%	20.7%
DIA		15.2%	22.2%	25.2%	21.8%
JMS		22.1%	15.7%	21.7%	19.5%
MPC		19.0%	13.3%	25.0%	24.0%
MSFC		4.6%	7.0%	10.4%	8.3%
PP		15.6%	16.6%	22.3%	18.7%
UHC		10.1%	10.5%	14.7%	17.0%
MARR		15.3%	15.2%	20.4%	18.6%
NHM		12.3%	11.8%	13.6%	

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) – Engagement Overall Ages

	2008	2009	2010	2011	2012
ACC		21.6%	21.4%	25.3%	21.6%
DIA		15.3%	21.1%	25.5%	22.3%
JMS		22.1%	16.0%	22.0%	19.4%
MPC		19.2%	12.7%	25.9%	24.9%
MSFC		4.6%	7.2%	10.3%	8.4%
PP		16.7%	17.9%	23.6%	19.9%
UHC		10.0%	10.8%	16.0%	18.8%
MARR		15.6%	15.3%	21.2%	19.3%
NHM		12.4%	12.3%	14.2%	

Identification of Alcohol and Other Drug Services (IAD)

Description: The number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year:

- Any services
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or ED

Rationale: There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance abuse places a huge burden on the healthcare system.

Identification of Alcohol and Other Drug Services (IAD) – Any

	2008	2009	2010	2011	2012
ACC		2.3%	2.3%	2.5%	2.5%
DIA		5.7%	5.8%	5.9%	5.4%
JMS		17.0%	17.6%	17.1%	16.7%
MPC		4.4%	4.9%	6.0%	6.2%
MSFC		4.1%	3.8%	4.4%	3.3%
PP		4.3%	4.6%	5.3%	5.2%
UHC		2.9%	3.3%	3.9%	4.0%
MARR		5.8%	6.0%	6.4%	6.2%
NHM		3.0%	3.3%	3.3%	

Identification of Alcohol and Other Drug Services (IAD) – Inpatient

	2008	2009	2010	2011	2012
ACC		0.7%	0.7%	0.6%	0.6%
DIA		1.7%	1.6%	1.1%	1.0%
JMS		4.9%	4.9%	4.4%	4.1%
MPC		1.5%	1.6%	1.4%	1.3%
MSFC		1.7%	1.3%	1.5%	2.2%
PP		1.3%	1.3%	1.2%	1.1%
UHC		1.0%	0.9%	0.9%	0.9%
MARR		1.8%	1.8%	1.6%	1.6%
NHM		1.1%	1.1%	0.9%	

Identification of Alcohol and Other Drug Services (IAD) – Intensive Outpatient/Partial Hospitalization

	2008	2009	2010	2011	2012
ACC		0.4%	0.3%	0.3%	0.3%
DIA		0.6%	0.2%	0.5%	0.4%
JMS		2.9%	2.7%	3.1%	2.9%
MPC		0.6%	0.7%	0.9%	0.9%
MSFC		0.1%	0.0%	0.4%	0.3%
PP		0.8%	0.8%	0.9%	0.8%
UHC		0.3%	0.4%	0.6%	0.4%
MARR		0.8%	0.7%	1.0%	0.9%
NHM		0.2%	0.2%	0.2%	

Identification of Alcohol and Other Drug Services (IAD) – Outpatient/ED

	2008	2009	2010	2011	2012
ACC		1.8%	1.9%	2.2%	2.2%
DIA		4.6%	5.0%	5.4%	4.9%
JMS		15.3%	15.9%	15.4%	15.2%
MPC		3.6%	4.1%	5.4%	5.7%
MSFC		3.8%	3.6%	3.9%	2.5%
PP		3.6%	4.0%	4.7%	4.8%
UHC		2.3%	2.8%	3.4%	3.5%
MARR		5.0%	5.3%	5.8%	5.5%
NHM		2.5%	2.9%	3.3%	

Ambulatory Care (utilization)

Ambulatory Care (AMB)

Description: Utilization of ambulatory care in the following categories:

- Outpatient visits
- Emergency department (ED) visits

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.

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

	2008	2009	2010	2011	2012
ACC	374.0	374.0	388.5	366.8	370.9
DIA	329.5	330.5	330.1	321.5	324.2
JMS	359.8	364.2	385.8	347.4	347.4
MPC	372.1	375.2	400.4	373.9	386.8
MSFC	360.5	380.0	389.5	364.4	370.0
PP	324.0	382.2	415.9	395.0	415.9
UHC	354.4	365.1	391.2	361.1	381.0
MARR	353.5	367.3	385.9	361.4	370.9
NHM	317.8	347.3	367.2	357.2	

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

	2008	2009	2010	2011	2012
ACC	58.5	60.3	66.1	59.0	60.7
DIA	87.0	88.0	94.6	84.3	85.1
JMS	77.5	78.8	92.1	88.8	91.3
MPC	67.4	71.8	81.4	72.5	78.8
MSFC	76.3	76.6	80.1	70.3	72.3
PP	61.0	62.4	70.0	64.0	65.7
UHC	54.7	59.3	68.9	63.7	65.8
MARR	68.9	71.0	79.0	71.8	74.2
NHM	60.9	60.2	67.4	62.0	

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)

	2008	2009	2010	2011	2012
ACC	52.0%	75.8%	85.3%	76.1%	78.9%
DIA	85.7%	91.4%	88.0%	92.3%	88.2%
JMS	86.0%	89.9%	87.5%	86.6%	93.1%
MPC	74.5%	82.7%	85.5%	85.7%	91.1%
MSFC	84.2%	94.3%	96.1%	94.8%	89.2%
PP	NR*	68.2%	76.5%	84.4%	73.1%
UHC	89.1%	81.5%	82.3%	79.6%	85.5%
MARR	78.6%	83.4%	85.9%	85.6%	85.6%
NHM	79.4%	79.7%	82.2%	82.7%	

*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)*

	2008	2009	2010	2011	2012
ACC	9.3%	3.6%	3.8%	6.0%	1.4%
DIA	1.1%	0.8%	1.4%	2.6%	1.3%
JMS	3.9%	3.3%	3.5%	3.8%	3.0%
MPC	2.9%	2.0%	1.4%	1.3%	0.8%
MSFC	2.2%	1.6%	1.1%	1.2%	2.8%
PP	5.0%	4.2%	2.4%	1.5%	3.3%
UHC	1.2%	3.1%	2.8%	3.1%	2.6%
MARR	3.7%	2.7%	2.4%	2.8%	2.2%
NHM	5.5%	3.3%	3.0%	2.9%	

* A lower rate indicates better performance.