

**Statewide Executive Summary**  
**HealthChoice and Primary Adult Care participating organizations**  
**HEDIS® 2013**

**Prepared for:**

**Maryland Department of Health and Mental Hygiene**

**September 2013**

Prepared by:

**HealthcareData Company, LLC**  
600 Bent Creek Blvd., Suite 160  
Mechanicsburg, PA 17050  
(800) 472-5382  
[www.HDCdata.com](http://www.HDCdata.com)



HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

## TABLE OF CONTENTS

<b>BACKGROUND</b> .....	<b>1</b>
<b>I. MEASURES DESIGNATED FOR REPORTING</b> .....	<b>3</b>
<b>II. HEDIS METHODOLOGY</b> .....	<b>4</b>
<b>III. MEASURE-SPECIFIC FINDINGS</b> .....	<b>6</b>
<b>PREVENTION AND SCREENING-ADULT AND CHILD</b> .....	12
<i>Childhood Immunization Status (CIS)</i> .....	12
<i>Immunizations for Adolescents (IMA)</i> .....	16
<i>Well-Child Visits in the First 15 Months of Life (W15)</i> .....	17
<i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</i> .....	19
<i>Adolescent Well-Care Visits (AWC)</i> .....	20
<i>Adult BMI Assessment (ABA)</i> .....	21
<b>RESPIRATORY CONDITIONS</b> .....	22
<i>Appropriate Testing for Children with Pharyngitis (CWP)</i> .....	22
<i>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</i> .....	23
<i>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)</i> .....	24
<i>Use of Appropriate Medications for People with Asthma (ASM)</i> .....	25
<i>Medication Management for People With Asthma (MMA)</i> .....	28
<b>MEMBER ACCESS</b> .....	30
<i>Children and Adolescents' Access to Primary Care Practitioners (CAP)</i> .....	30
<i>Adults' Access to Preventive/Ambulatory Health Services (AAP)</i> .....	32
<b>WOMEN'S HEALTH</b> .....	34
<i>Breast Cancer Screening (BCS)</i> .....	34
<i>Cervical Cancer Screening (CCS)</i> .....	35
<i>Chlamydia Screening in Women (CHL)</i> .....	36
<b>PRENATAL AND POSTPARTUM CARE</b> .....	<b>38</b>
<i>Prenatal and Postpartum Care (PPC)</i> .....	38
<i>Frequency of Ongoing Prenatal Care (FPC)</i> .....	40
<b>CARDIOVASCULAR CONDITIONS</b> .....	42
<i>Controlling High Blood Pressure (CBP)</i> .....	42
<b>DIABETES</b> .....	43
<i>Comprehensive Diabetes Care (CDC)</i> .....	43
<b>MUSCULOSKELETAL CONDITIONS</b> .....	48
<i>Use of Imaging Studies for Low Back Pain (LBP)</i> .....	48
<i>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)</i> .....	49
<b>MEDICATION MANAGEMENT</b> .....	50
<i>Annual Monitoring for Patients on Persistent Medications (MPM)</i> .....	50
<b>BEHAVIORAL HEALTH</b> .....	53
<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)</i> .....	53
<i>Identification of Alcohol and Other Drug Services (IAD)</i> .....	56
<b>AMBULATORY CARE (UTILIZATION)</b> .....	58
<i>Ambulatory Care (AMB)</i> .....	58
<b>CALL SERVICES</b> .....	59
<i>Call Answer Timeliness (CAT)</i> .....	59

## Background

The Maryland Medicaid program implemented HealthChoice, a comprehensive managed care program, in June of 1997 after receiving a waiver from the Centers for Medicare and Medicaid Services (CMS) of the requirements in §1115 of the Social Security Act. HealthChoice allows eligible Medicaid recipients to enroll in the participating managed care organization (MCO) of their choice. There are currently seven organizations participating in HealthChoice, with a total of 790,688 enrollees as of December 31, 2012.

In July 2006, the Maryland Department of Health and Mental Hygiene (DHMH) combined two of its programs, Maryland Pharmacy Assistance and Maryland Primary Care, to form a new Medical Assistance program called Primary Adult Care (PAC). PAC offers healthcare services to low-income Maryland residents, 19 years of age and older, who are not eligible for full Medicaid benefits. Five organizations currently participate in PAC, with a total of 67,702 enrollees as of December 31, 2012.

Within DHMH, the HealthChoice & Acute Care Administration is responsible for the quality oversight of the HealthChoice and PAC programs. DHMH continues to measure HealthChoice program clinical quality performance and enrollee satisfaction using initiatives including HEDIS and CAHPS<sup>®</sup> reporting. Performance is measured at both the organization level and on a statewide basis. HEDIS and CAHPS results are incorporated annually into a HealthChoice Health Plan Performance Report Card developed to assist HealthChoice enrollees to make comparisons when selecting a health plan. In 2007, DHMH announced its intention to collect HEDIS results from each organization offering PAC for a subset of the HEDIS measures already being reported by HealthChoice organizations. All seven HealthChoice organizations reported HEDIS in 2013. Five PAC organizations reported HEDIS in 2013.

### Organizations reporting HEDIS in 2013

Acronym used in this report	Organization name	HealthChoice	PAC
ACC	AMERIGROUP Community Care	X	X
DIA	Diamond Plan	X	
JMS	Jai Medical Systems	X	X
MPC	Maryland Physicians Care	X	X
MSFC	MedStar Family Choice	X	
PP	Priority Partners	X	X
UHC	UnitedHealthcare	X	X

Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of healthcare performance measures in the United States. The program is developed and maintained by the National Committee for Quality Assurance (NCQA). NCQA develops and publishes specifications for data collection and results calculation in order to promote a high degree of standardization of HEDIS results. NCQA requires that the reporting entity register with NCQA and undergo a HEDIS Compliance Audit<sup>™</sup>. To ensure a standardized audit methodology, only NCQA-licensed organizations using NCQA-certified auditors may conduct a HEDIS Compliance Audit. The audit conveys sufficient integrity to HEDIS data, such that it can be released to the public to provide consumers and purchasers with a means of comparing healthcare organization performance.

DHMH contracted with HealthcareData Company, LLC (HDC), a NCQA-Licensed Organization, to conduct HEDIS Compliance Audits of all HealthChoice and PAC organizations and to summarize the final results. The Consumer Assessment of Health Plans Survey (CAHPS) is also sponsored by NCQA. DHMH contracted with an NCQA-certified HEDIS survey vendor to administer the survey to a random selection of HealthChoice and PAC enrollees.

HEDIS Compliance Audit<sup>™</sup> is a trademark of the National Committee for Quality Assurance (NCQA).

CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality.

## 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 Performance Reporting

DHMH required HealthChoice managed care organizations to report 27 HEDIS measures for services rendered in calendar year 2012. This required set reflected five additional measures for reporting: Annual Monitoring for Patients on Persistent Medications (MPM), Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART), Medication Management for People with Asthma (MMA), Controlling High Blood Pressure (CBP), and Adult BMI Assessment (ABA). One previously required measure was retired by NCQA and as such was removed from HEDIS 2013: Call Abandonment (CAB).

#### Effectiveness of Care

CIS	Childhood Immunization Status
IMA	Immunizations for Adolescents
BCS	Breast Cancer Screening
CCS	Cervical Cancer Screening
CDC	Comprehensive Diabetes Care, all indicators except HbA1c <7.0%
ASM	Use of Appropriate Medications for People with Asthma
URI	Appropriate Treatment for Children with Upper Respiratory Infection
CWP	Appropriate Testing for Children with Pharyngitis
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
CHL	Chlamydia Screening in Women
LBP	Use of Imaging Studies for Low Back Pain
MPM	Annual Monitoring for Patients on Persistent Medications
ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
MMA	Medication Management for People with Asthma
CBP	Controlling High Blood Pressure
ABA	Adult BMI Assessment

#### Access/Availability of Care

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

#### Utilization and Relative Resource Use

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

## Measures selected by DHMH for Primary Adult Care (PAC) Performance Reporting

DHMH required Primary Adult Care (PAC) organizations to report five HEDIS measures for services rendered in calendar year 2012. This required set reflected no change from the prior year.

### Effectiveness of Care

BCS	Breast Cancer Screening
CCS	Cervical Cancer Screening
CDC	Comprehensive Diabetes Care, all indicators except HbA1c <7.0%
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

### Access/Availability of Care

AAP	Adults' Access to Preventive / Ambulatory Health Services
-----	---

## II. HEDIS Methodology

The HEDIS-reporting organization follows guidelines for data collection and specifications for measure calculation described in *HEDIS 2013 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; poor control >9.0; 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)
- Adult BMI Assessment (ABA)
- Controlling High Blood Pressure (CBP)

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 2013 Maryland Average Reportable Rate (MARR) and most recent (HEDIS 2012) 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 2013 Results, page one of four	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2013	HEDIS 2012
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NHM
<b>Prevention and Screening - Adult and Child</b>																							
Childhood Immunization Status (CIS) – Combination 2 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV)	79.4%	85.6%	<b>84.7%</b>	65.7%	71.1%	<b>71.3%</b>	88.4%	80.6%	<b>86.1%</b>	84.9%	81.8%	<b>76.9%</b>	86.6%	89.5%	<b>85.4%</b>	83.0%	86.0%	<b>86.8%</b>	71.0%	82.7%	<b>70.3%</b>	80.2%	74.5%
Childhood Immunization Status (CIS) – Combination 3 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate)	73.8%	81.9%	<b>83.5%</b>	62.2%	66.1%	<b>68.0%</b>	85.9%	78.7%	<b>83.7%</b>	81.3%	80.8%	<b>74.3%</b>	84.7%	87.6%	<b>83.7%</b>	79.8%	83.7%	<b>83.8%</b>	66.7%	78.8%	<b>66.7%</b>	77.7%	70.6%
Childhood Immunization Status (CIS) – Combination 4 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, Hepatitis A)	28.9%	39.1%	<b>75.9%</b>	29.9%	30.7%	<b>65.2%</b>	36.1%	33.3%	<b>80.9%</b>	30.2%	32.8%	<b>67.4%</b>	29.2%	41.6%	<b>80.3%</b>	25.8%	38.8%	<b>73.8%</b>	34.3%	37.2%	<b>58.9%</b>	71.8%	34.2%
Childhood Immunization Status (CIS) – Combination 5 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, rotavirus)	54.4%	59.7%	<b>61.3%</b>	40.2%	46.9%	<b>51.1%</b>	58.9%	57.9%	<b>59.4%</b>	53.8%	53.5%	<b>55.3%</b>	53.5%	63.3%	<b>56.0%</b>	37.5%	55.1%	<b>59.6%</b>	47.4%	57.2%	<b>52.0%</b>	56.3%	51.9%
Childhood Immunization Status (CIS) – Combination 6 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, influenza)	40.5%	48.6%	<b>49.7%</b>	34.6%	36.5%	<b>44.1%</b>	40.2%	33.3%	<b>39.0%</b>	37.5%	39.2%	<b>42.4%</b>	49.1%	57.4%	<b>55.2%</b>	47.4%	51.4%	<b>51.5%</b>	36.5%	41.8%	<b>38.2%</b>	45.7%	37.9%
Childhood Immunization Status (CIS) – Combination 7 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, Hepatitis A, rotavirus)	23.1%	30.1%	<b>57.8%</b>	20.9%	23.5%	<b>49.2%</b>	28.6%	25.5%	<b>59.0%</b>	21.2%	20.2%	<b>51.4%</b>	21.9%	31.1%	<b>54.3%</b>	14.6%	25.3%	<b>56.2%</b>	24.6%	28.2%	<b>47.2%</b>	53.6%	27.1%
Childhood Immunization Status (CIS) – Combination 8 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, Hepatitis A, influenza)	17.8%	25.7%	<b>47.3%</b>	17.32%	18.8%	<b>43.1%</b>	20.7%	21.3%	<b>39.0%</b>	16.3%	17.0%	<b>38.7%</b>	18.0%	28.2%	<b>53.5%</b>	17.27%	24.2%	<b>48.3%</b>	21.7%	21.7%	<b>35.3%</b>	43.6%	20.9%
Childhood Immunization Status (CIS) – Combination 9 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, rotavirus, influenza)	32.4%	38.2%	<b>38.5%</b>	25.2%	28.5%	<b>35.5%</b>	27.8%	25.0%	<b>29.5%</b>	25.1%	29.2%	<b>33.8%</b>	33.1%	43.8%	<b>38.7%</b>	25.5%	38.8%	<b>41.1%</b>	27.7%	32.8%	<b>31.6%</b>	35.5%	30.5%
Childhood Immunization Status (CIS) – Combination 10 (DTaP/DT, IPV, MMR, HiB, Hepatitis B, VZV, pneumococcal conjugate, Hepatitis A, rotavirus, and influenza)	15.5%	20.6%	<b>37.1%</b>	13.78%	15.5%	<b>34.8%</b>	17.0%	18.1%	<b>29.5%</b>	10.9%	12.2%	<b>31.0%</b>	13.87%	22.1%	<b>37.7%</b>	10.7%	17.9%	<b>39.7%</b>	15.8%	17.5%	<b>29.2%</b>	34.2%	17.3%
Immunizations for Adolescents (IMA) – Combination 1 (Meningococcal, Tdap/Td)	46.1%	56.7%	<b>65.0%</b>	40.0%	49.5%	<b>58.9%</b>	71.6%	73.2%	<b>70.66%</b>	52.1%	51.1%	<b>57.6%</b>	57.2%	70.7%	<b>70.69%</b>	56.9%	52.0%	<b>67.4%</b>	38.6%	48.4%	<b>56.4%</b>	63.8%	60.5%
Well-Child Visits in the First 15 months of Life (W15) – Zero visits <sup>1</sup>	0.8%	1.6%	<b>1.01%</b>	4.3%	3.1%	<b>2.1%</b>	2.4%	0.87%	<b>2.7%</b>	1.1%	1.4%	<b>1.11%</b>	2.2%	1.3%	<b>1.01%</b>	0.9%	1.1%	<b>1.14%</b>	1.95%	0.88%	<b>2.2%</b>	1.6%	1.95%
Well-Child Visits in the First 15 months of Life (W15) – DHMH Five or Six-or-more visits rates (additive)	87.2%	87.3%	<b>86.1%</b>	64.7%	74.6%	<b>81.7%</b>	83.4%	84.0%	<b>85.9%</b>	86.0%	89.9%	<b>77.8%</b>	84.7%	88.2%	<b>89.2%</b>	87.1%	84.3%	<b>84.3%</b>	83.6%	86.8%	<b>82.1%</b>	83.9%	77.9%
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	86.6%	86.4%	<b>83.6%</b>	75.9%	82.9%	<b>72.2%</b>	89.3%	88.9%	<b>87.7%</b>	86.3%	89.1%	<b>87.5%</b>	73.5%	82.3%	<b>79.6%</b>	78.3%	82.4%	<b>80.7%</b>	75.2%	83.1%	<b>83.8%</b>	82.2%	72.0%
Adolescent Well-Care Visits (AWC)	63.1%	61.9%	<b>68.1%</b>	51.4%	61.8%	<b>55.8%</b>	79.7%	79.9%	<b>76.9%</b>	72.1%	75.8%	<b>60.2%</b>	63.5%	67.7%	<b>69.4%</b>	60.0%	66.1%	<b>67.6%</b>	49.8%	55.7%	<b>59.7%</b>	65.4%	49.7%
Adult BMI Assessment (ABA)	<sup>2</sup>	<sup>2</sup>	<b>61.3%</b>	<sup>2</sup>	<sup>2</sup>	<b>69.4%</b>	<sup>2</sup>	<sup>2</sup>	<b>90.7%</b>	<sup>2</sup>	<sup>2</sup>	<b>48.7%</b>	<sup>2</sup>	<sup>2</sup>	<b>76.4%</b>	<sup>2</sup>	<sup>2</sup>	<b>59.9%</b>	<sup>2</sup>	<sup>2</sup>	<b>49.1%</b>	65.1%	52.6%

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> New measure for HEDIS 2013.

MARR = Maryland Average Reportable Rate    NHM = National HEDIS Mean

ACC = AMERIGROUP Community Care    DIA = Diamond Plan    JMS = Jai Medical Systems    MPC = Maryland Physicians Care    MSFC = MedStar Family Choice    PP = Priority Partners    UHC = UnitedHealthcare

Table A – HealthChoice Organizations HEDIS 2012 Results, page two of four	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2013	HEDIS 2012
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NHM
<b>Respiratory Conditions</b>																							
Appropriate Testing for Children with Pharyngitis (CWP)	61.5%	68.8%	75.9%	64.7%	72.8%	87.6%	76.3%	74.51%	75.3%	74.0%	76.9%	77.4%	81.0%	85.9%	85.2%	69.5%	74.46%	78.2%	70.8%	76.4%	79.8%	79.9%	66.7%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	87.0%	86.13%	85.1%	85.3%	86.16%	83.3%	93.8%	89.8%	85.2%	85.6%	86.08%	86.06%	88.6%	89.0%	86.13%	88.5%	86.01%	85.0%	83.3%	80.2%	80.1%	84.4%	85.3%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	3	23.7%	20.6%	3	21.3%	17.5%	3	21.9%	35.5%	3	19.7%	19.9%	3	16.1%	14.1%	3	21.1%	18.9%	3	19.6%	16.0%	20.4%	24.3%
Use of Appropriate Medications for People With Asthma (ASM) – Ages 5-11	91.90%	91.4%	88.7%	87.5%	86.7%	88.0%	91.94%	94.2%	91.4%	93.1%	93.0%	92.3%	92.8%	96.7%	93.7%	93.6%	91.7%	92.3%	93.2%	95.7%	96.1%	91.8%	90.5%
Use of Appropriate Medications for People With Asthma (ASM) – Ages 12-18	4	88.2%	86.2%	4	NA <sup>4</sup>	96.8%	4	100%	92.9%	4	91.1%	92.3%	4	93.3%	90.2%	4	90.8%	89.6%	4	96.6%	93.4%	91.6%	86.6%
Use of Appropriate Medications for People With Asthma (ASM) – Ages 19-50	4	78.0%	79.5%	4	85.0%	84.7%	4	91.3%	93.3%	4	82.8%	81.8%	4	85.2%	76.8%	4	77.9%	80.7%	4	95.1%	88.0%	83.5%	74.7%
Use of Appropriate Medications for People With Asthma (ASM) – Ages 51-64	4	71.2%	77.7%	4	NA <sup>4</sup>	NA <sup>4</sup>	4	83.7%	82.0%	4	81.7%	78.5%	4	NA <sup>4</sup>	77.1%	4	69.2%	77.0%	4	95.0%	94.1%	81.1%	72.9%
Use of Appropriate Medications for People With Asthma (ASM) – Total Combined Ages 5-64	4	89.1%	86.5%	4	95.0%	88.0%	4	95.7%	90.7%	4	90.7%	88.7%	4	95.5%	88.8%	4	89.3%	88.9%	4	96.7%	94.0%	89.4%	85.0%
Use of Appropriate Medications for People With Asthma (ASM) – Total combined ages 5-50 (Note: Additive for HEDIS 2013 – DHMH only)	90.1%	88.5%	86.7%	89.8%	88.1%	88.2%	93.3%	93.9%	92.5%	90.6%	89.8%	89.2%	91.1%	93.6%	89.4%	90.4%	88.9%	89.3%	90.2%	95.9%	94.0%	89.9%	
Medication Management for People with Asthma (MMA) - Total 50% of treatment period	2	2	44.8%	2	2	36.9%	2	2	53.2%	2	2	49.4%	2	2	52.4%	2	2	40.3%	2	2	47.3%	46.3%	52.3%
Medication Management for People with Asthma (MMA) - Total 75% of treatment period	2	2	24.1%	2	2	15.5%	2	2	28.9%	2	2	26.6%	2	2	28.7%	2	2	19.7%	2	2	26.7%	24.3%	30.3%
<b>Member Access</b>																							
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 12-24 months	97.7%	97.45%	97.5%	94.4%	93.1%	92.3%	94.3%	92.9%	91.1%	96.5%	96.8%	97.1%	95.2%	96.6%	96.6%	97.9%	98.1%	97.8%	96.8%	97.41%	96.7%	95.6%	96.1%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 25 months to 6 years	92.7%	92.8%	92.6%	88.1%	86.8%	85.9%	90.6%	89.3%	90.4%	89.8%	90.7%	89.0%	88.9%	91.4%	90.3%	92.3%	93.0%	92.8%	91.7%	92.1%	91.1%	90.3%	88.2%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 7-11 years	93.6%	93.6%	93.9%	86.7%	90.6%	90.1%	94.5%	94.0%	93.3%	92.8%	92.0%	91.5%	93.4%	92.9%	92.5%	94.1%	93.9%	94.3%	93.1%	93.0%	93.3%	92.7%	89.5%
Children and Adolescents' Access to Primary Care Practitioners (CAP) – Age 12-19 years	88.6%	89.3%	89.5%	86.1%	87.8%	86.0%	92.02%	92.4%	91.7%	89.5%	88.4%	87.7%	91.98%	90.9%	92.5%	90.8%	91.6%	92.0%	89.9%	88.5%	89.2%	89.8%	87.9%
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 20-44	79.6%	80.4%	79.7%	76.9%	79.2%	79.8%	79.0%	75.5%	74.8%	80.9%	81.2%	81.4%	79.22%	79.6%	79.9%	83.0%	83.7%	83.5%	79.23%	80.3%	80.2%	79.9%	80.0%
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 45-64	85.0%	87.0%	86.4%	76.4%	80.0%	80.4%	89.2%	88.8%	87.8%	87.4%	87.28%	86.8%	84.6%	85.9%	86.2%	88.5%	89.4%	89.4%	85.9%	87.31%	87.5%	86.4%	86.1%
<b>Women's Health</b>																							
Breast Cancer Screening (BCS)	46.0%	48.5%	49.1%	39.3%	45.3%	46.2%	62.3%	63.9%	60.8%	42.8%	43.6%	43.9%	54.6%	54.5%	56.8%	48.0%	49.9%	51.5%	45.3%	46.6%	48.4%	51.0%	50.4%
Cervical Cancer Screening (CCS)	76.6%	75.71%	73.6%	70.2%	64.7%	72.0%	79.7%	78.5%	80.9%	69.7%	73.6%	74.0%	76.4%	75.74%	70.9%	69.4%	73.9%	75.0%	70.3%	69.5%	69.8%	73.7%	66.7%
Chlamydia Screening in Women (CHL) – Age 16-20 years of age	62.8%	61.1%	62.6%	54.4%	58.6%	66.6%	89.2%	84.0%	81.1%	60.6%	58.5%	58.1%	56.2%	57.4%	59.6%	62.1%	62.6%	61.8%	55.9%	57.1%	56.9%	63.8%	54.9%
Chlamydia Screening in Women (CHL) – Age 21-24 years of age	69.8%	70.6%	72.5%	71.1%	71.0%	73.2%	78.6%	77.4%	63.9%	65.1%	66.6%	67.6%	67.2%	70.5%	74.0%	68.8%	69.8%	68.9%	62.1%	64.8%	63.7%	69.1%	63.4%
Chlamydia Screening in Women (CHL) – Total, 16-24 years of age	65.5%	64.8%	66.4%	63.1%	65.3%	70.4%	85.3%	81.3%	74.2%	62.4%	62.0%	62.3%	60.1%	62.5%	65.0%	64.6%	65.4%	64.6%	58.2%	60.0%	59.5%	66.1%	58.0%

<sup>2</sup> New measure for HEDIS 2013.

<sup>3</sup> New measure for DHMH reporting in 2012.

<sup>4</sup> New measure for HEDIS 2012.

<sup>5</sup> When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.

MARR = Maryland Average Reportable Rate  
ACC = AMERIGROUP Community Care

NHM = National HEDIS Mean  
DIA = Diamond Plan

JMS = Jai Medical Systems

MPC = Maryland Physicians Care

MSFC = MedStar Family Choice

PP = Priority Partners

UHC = UnitedHealthcare

Table A – HealthChoice Organizations HEDIS 2012 Results page three of four	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2013	HEDIS 2012
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NHM
<b>Prenatal and Postpartum Care</b>																							
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	87.7%	90.4%	87.8%	83.1%	86.6%	83.4%	89.2%	86.2%	82.9%	83.9%	82.1%	86.28%	90.7%	87.7%	86.28%	87.9%	87.1%	89.3%	85.7%	83.8%	84.7%	85.8%	82.8%
Prenatal and Postpartum Care (PPC) – Postpartum Care	66.3%	70.7%	71.5%	59.4%	62.0%	59.3%	80.2%	78.1%	83.7%	75.2%	71.3%	68.4%	71.7%	74.0%	74.4%	68.2%	73.0%	72.5%	62.5%	64.7%	60.3%	70.0%	64.1%
Frequency of Ongoing Prenatal Care (FPC) – Less than 21% of expected visits <sup>1</sup>	3.49%	3.4%	4.2%	7.9%	5.9%	6.7%	1.4%	2.8%	3.6%	4.2%	5.7%	10.6%	1.8%	2.9%	2.7%	3.50%	7.7%	4.4%	3.6%	5.4%	12.1%	6.3%	10.0%
Frequency of Ongoing Prenatal Care (FPC) – Greater than or equal to 81% of expected visits	71.4%	80.3%	72.2%	58.3%	74.2%	63.5%	82.4%	76.9%	75.8%	74.0%	69.6%	60.1%	79.6%	82.7%	79.3%	77.9%	64.7%	78.8%	75.8%	72.2%	70.8%	71.5%	60.9%
<b>Cardiovascular Conditions</b>																							
Controlling High Blood Pressure (CBP)	2	2	47.0%	2	2	52.4%	2	2	52.3%	2	2	23.9%	2	2	70.5%	2	2	59.1%	2	2	43.1%	49.8%	56.8%
Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Testing	76.2%	78.8%	81.1%	62.9%	74.9%	77.7%	89.4%	90.5%	89.8%	79.6%	77.1%	76.0%	83.7%	88.1%	83.5%	78.5%	81.9%	82.4%	73.2%	75.9%	78.1%	81.2%	82.5%
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%) <sup>1</sup>	49.3%	43.3%	44.0%	55.9%	46.2%	46.8%	38.0%	33.6%	35.4%	51.1%	56.7%	52.6%	37.0%	27.5%	35.3%	46.0%	38.3%	41.7%	56.2%	51.1%	54.3%	44.3%	43.0%
Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%)	41.1%	48.4%	47.1%	37.1%	46.2%	45.7%	52.7%	56.2%	54.7%	41.6%	37.0%	39.9%	52.8%	57.7%	58.9%	46.2%	50.8%	49.1%	37.5%	42.1%	38.9%	47.8%	48.1%
Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed	62.3%	62.2%	69.3%	55.9%	69.6%	64.8%	79.7%	80.8%	80.1%	74.5%	76.2%	64.6%	73.7%	75.7%	72.8%	62.2%	71.6%	78.1%	66.7%	60.8%	57.7%	69.6%	53.4%
Comprehensive Diabetes Care (CDC) - LDL-C Screening	71.6%	77.4%	76.0%	61.8%	67.6%	71.2%	91.2%	89.4%	88.5%	74.9%	71.3%	69.2%	79.3%	81.7%	77.4%	70.4%	74.9%	73.1%	71.0%	72.3%	74.2%	75.7%	75.0%
Comprehensive Diabetes Care (CDC) - LDL-C Control (<100 mg/dL)	38.2%	35.9%	36.2%	24.7%	30.8%	27.7%	47.8%	48.7%	44.2%	32.4%	27.0%	28.0%	39.2%	44.6%	41.1%	37.2%	36.1%	44.5%	27.0%	35.0%	30.7%	36.1%	35.2%
Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy	78.8%	79.7%	73.6%	67.1%	66.8%	71.9%	93.6%	94.7%	93.6%	77.6%	75.2%	74.4%	85.6%	89.6%	78.8%	80.1%	79.0%	77.6%	73.5%	72.7%	74.2%	77.7%	77.8%
Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/80 mm Hg)	41.3%	31.1%	29.1%	28.8%	38.9%	33.5%	27.4%	34.1%	38.0%	31.1%	24.1%	30.3%	37.7%	46.3%	55.7%	37.6%	42.2%	42.6%	19.2%	33.8%	25.3%	36.4%	39.4%
Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg)	63.0%	54.6%	48.4%	51.8%	64.4%	62.6%	43.2%	54.74%	59.1%	51.3%	45.7%	47.1%	59.6%	73.3%	73.7%	59.1%	65.1%	63.3%	32.8%	54.74%	47.0%	57.3%	61.0%
<b>Musculoskeletal Conditions</b>																							
Use of Imaging Studies for Low Back Pain (LBP)	3	78.5%	77.8%	3	74.8%	77.7%	3	81.6%	70.9%	3	76.8%	75.2%	3	74.5%	73.1%	3	74.7%	75.0%	3	75.5%	74.8%	74.9%	75.8%
Disease- Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	2	2	61.8%	2	2	NA <sup>5</sup>	2	2	NA <sup>5</sup>	2	2	71.9%	2	2	NA <sup>5</sup>	2	2	69.5%	2	2	73.3%	69.1%	68.9%
Annual Monitoring for Patients on Persistent Medications (MPM) - Members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)	2	2	90.1%	2	2	87.7%	2	2	95.8%	2	2	88.9%	2	2	87.6%	2	2	88.22%	2	2	88.22%	89.5%	85.9%
Annual Monitoring for Patients on Persistent Medications (MPM) - Members on Digoxin	2	2	95.8%	2	2	NA <sup>5</sup>	2	2	NA <sup>5</sup>	2	2	91.4%	2	2	NA <sup>5</sup>	2	2	91.5%	2	2	93.4%	93.1%	90.3%
Annual Monitoring for Patients on Persistent Medications (MPM) - Members on diuretics	2	2	88.2%	2	2	83.1%	2	2	94.3%	2	2	88.04%	2	2	88.02%	2	2	87.2%	2	2	87.8%	88.1%	85.4%
Annual Monitoring for Patients on Persistent Medications (MPM) - Members on anticonvulsants	2	2	66.0%	2	2	68.3%	2	2	64.8%	2	2	69.9%	2	2	58.1%	2	2	73.3%	2	2	72.4%	67.5%	65.2%
Annual Monitoring for Patients on Persistent Medications (MPM) - Total rate	2	2	86.2%	2	2	83.5%	2	2	93.1%	2	2	88.0%	2	2	84.1%	2	2	87.3%	2	2	87.5%	87.1%	83.9%

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> New measure for HEDIS 2013.

<sup>3</sup> New measure for DHMH reporting in 2012.

<sup>5</sup> 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    MPC = Maryland Physicians Care    MSFC = MedStar Family Choice    PP = Priority Partners    UHC = UnitedHealthcare

Table A – HealthChoice Organizations HEDIS 2012 Results – page four of four	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2013	HEDIS 2012
	ACC			DIA			JMS			MPC			MSFC			PP			UHC			MARR	NHM
<b>Behavioral Health</b>																							
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Initiation 13-17 Years	47.6%	41.0%	42.0%	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	49.5%	49.7%	42.3%	19.6%	19.5%	5.0%	50.0%	47.4%	38.4%	52.0%	49.8%	42.9%	34.1%	40.5%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Initiation 18+ Years	51.5%	47.4%	41.9%	41.1%	40.3%	45.8%	48.9%	46.7%	37.1%	50.8%	47.7%	43.1%	33.1%	36.6%	29.2%	48.4%	42.8%	38.5%	50.1%	47.3%	47.9%	40.5%	39.4%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Initiation Overall	50.9%	46.4%	41.9%	40.8%	40.3%	45.8%	48.8%	46.5%	36.8%	50.6%	47.9%	43.0%	32.2%	35.5%	27.4%	48.6%	43.4%	38.5%	50.3%	47.6%	47.3%	40.1%	39.2%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Engagement 13-17 Years	33.3%	26.5%	27.7%	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	33.6%	33.2%	26.5%	8.7%	9.8%	2.5%	32.4%	29.2%	22.6%	25.4%	31.5%	24.0%	20.7%	17.4%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Engagement 18+ Years	23.8%	20.7%	18.2%	25.2%	21.8%	20.3%	21.7%	19.5%	15.4%	25.0%	24.0%	20.5%	10.4%	8.3%	5.5%	22.3%	18.7%	17.0%	14.7%	17.0%	17.8%	16.4%	11.5%
Initiation and Engagement of Alcohol and other Drug Dependence (IET) – Engagement Overall	25.3%	21.6%	19.7%	25.5%	22.3%	21.1%	22.0%	19.4%	15.4%	25.9%	24.9%	21.0%	10.3%	8.4%	5.3%	23.6%	19.9%	17.6%	16.0%	18.8%	18.5%	16.9%	11.9%
Identification of Alcohol and Other Drug Services (IAD) – Any	2.5%	2.5%	2.6%	5.9%	5.4%	5.6%	17.1%	16.7%	15.8%	6.0%	6.2%	6.3%	4.4%	3.3%	3.1%	5.3%	5.2%	5.2%	3.9%	4.0%	3.6%	6.0%	3.6%
Identification of Alcohol and Other Drug Services (IAD) – Inpatient	0.6%	0.6%	0.6%	1.1%	1.0%	0.92%	4.4%	4.1%	3.8%	1.4%	1.3%	1.3%	1.5%	2.2%	0.90%	1.2%	1.1%	0.94%	0.9%	0.9%	0.94%	1.3%	1.1%
Identification of Alcohol and Other Drug Services (IAD) – Intensive	0.3%	0.33%	0.3%	0.5%	0.40%	0.4%	3.1%	2.9%	2.5%	0.9%	0.94%	0.82%	0.4%	0.34%	0.18%	0.9%	0.8%	0.7%	0.6%	0.43%	0.22%	0.7%	0.3%
Identification of Alcohol and Other Drug Services (IAD) – Outpatient/ED	2.2%	2.2%	2.4%	5.44%	4.9%	5.2%	15.4%	15.2%	14.5%	5.37%	5.7%	5.8%	3.9%	2.5%	2.5%	4.7%	4.8%	4.9%	3.4%	3.5%	3.0%	5.5%	3.4%
<b>Ambulatory Care (Utilization)</b>																							
Ambulatory Care (AMB) – Outpatient Visits	366.8	370.9	363.6	321.5	324.4	325.7	347.4	347.4	373.9	373.9	386.8	385.3	364.4	370.0	361.6	395.0	415.9	407.8	361.1	381.0	374.2	370.3	353.7
Ambulatory Care (AMB) – Emergency Department	59.0	60.7	59.8	84.3	85.1	84.7	88.8	91.3	93.4	72.5	78.8	79.3	70.3	72.3	70.8	64.0	65.7	66.0	63.7	65.8	65.2	74.2	62.4
<b>Call Services</b>																							
Call Answer Timeliness (CAT)	76.1%	78.9%	81.9%	92.3%	88.2%	81.3%	86.6%	93.1%	95.0%	85.7%	91.1%	87.7%	94.8%	89.2%	89.4%	84.4%	73.1%	84.9%	79.6%	85.5%	92.4%	87.5%	83.2%
Call Abandonment (CAB) <sup>1</sup>	6.0%	1.4%	<sup>6</sup>	2.6%	1.3%	<sup>6</sup>	3.8%	3.0%	<sup>6</sup>	1.3%	0.8%	<sup>6</sup>	1.2%	2.8%	<sup>6</sup>	1.5%	3.3%	<sup>6</sup>	3.1%	2.6%	<sup>6</sup>	<sup>6</sup>	<sup>6</sup>

<sup>1</sup> A lower rate indicates better performance.

<sup>5</sup> When denominator is less than 30 eligible members, NA is automatically assigned as the performance score.

<sup>6</sup> Effective HEDIS 2013, the measure is no longer reported.

MARR = Maryland Average Reportable Rate    NHM = National HEDIS Mean

ACC = AMERIGROUP Community Care    DIA = Diamond Plan    JMS = Jai Medical Systems    MPC = Maryland Physicians Care    MSFC = MedStar Family Choice    PP = Priority Partners    UHC = UnitedHealthcare

Table A1 – HealthChoice Organizations Reporting PAC HEDIS 2013 Results – page one of one	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013	2011	2012	2013
	ACC PAC			JMS PAC			MPC PAC			PP PAC			UHC PAC			MARR	MARR	MARR
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	2	32.6%	23.2%	2	15.2%	NA <sup>3</sup>	2	23.7%	23.4%	2	30.7%	39.7%	2	19.9%	22.8%	2	24.4%	27.3%
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 20-44	77.1%	70.6%	71.5%	74.9%	72.8%	71.8%	67.6%	62.3%	54.6%	65.1%	65.2%	64.0%	68.5%	69.8%	71.4%	70.6%	68.1%	66.7%
Adults' Access to Preventive/ Ambulatory Health Services (AAP) – Age 45-64	82.9%	80.5%	81.1%	82.1%	82.1%	82.6%	78.0%	72.8%	60.2%	75.7%	76.8%	78.2%	79.3%	81.4%	82.5%	79.6%	78.7%	76.9%
Breast Cancer Screening (BCS)	NA <sup>3</sup>	41.2%	42.5%	55.6%	52.6%	52.5%	40.7%	38.03%	27.7%	33.8%	34.4%	37.5%	36.7%	38.02%	41.1%	41.7%	40.8%	40.3%
Cervical Cancer Screening (CCS)	33.8%	37.8%	39.8%	62.6%	66.1%	61.7%	38.8%	39.4%	33.2%	38.1%	40.3%	40.2%	40.2%	38.9%	39.0%	42.7%	44.5%	42.8%
Comprehensive Diabetes (CDC) – Hemoglobin A1c Testing	71.4%	80.9%	82.0%	87.4%	91.5%	86.6%	75.4%	79.8%	73.6%	76.70%	78.5%	78.6%	72.7%	77.4%	78.8%	76.72%	81.6%	79.9%
Comprehensive Diabetes (CDC) – HbA1c Poor Control (>9.0%) <sup>1</sup>	55.4%	49.8%	50.3%	39.0%	32.1%	38.1%	47.9%	49.4%	54.9%	58.4%	52.2%	58.2%	59.9%	44.0%	57.5%	52.1%	45.5%	51.8%
Comprehensive Diabetes (CDC) – HbA1c Control (<8.0%)	33.0%	44.0%	42.5%	49.2%	58.6%	52.2%	43.3%	43.3%	37.7%	35.5%	40.3%	35.8%	32.4%	47.4%	36.6%	38.7%	46.7%	41.0%
Comprehensive Diabetes (CDC) – Eye Exam (Retinal) Performed	36.6%	34.9%	31.7%	60.5%	66.2%	62.1%	42.3%	29.0%	25.6%	30.8%	31.0%	33.4%	32.4%	42.3%	35.1%	40.5%	40.7%	37.6%
Comprehensive Diabetes (CDC) – LDL-C Screening	70.5%	74.6%	74.5%	87.1%	90.5%	87.3%	69.3%	74.7%	65.6%	68.1%	68.1%	70.2%	69.2%	73.2%	75.0%	72.8%	76.2%	74.5%
Comprehensive Diabetes (CDC) – LDL-C Control (<100 mg/dL)	29.5%	29.7%	30.4%	43.5%	45.7%	44.9%	31.6%	30.7%	26.4%	25.1%	26.3%	45.9%	24.3%	40.1%	28.1%	30.8%	34.5%	35.1%
Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy	72.3%	80.4%	76.1%	91.9%	94.4%	90.7%	79.1%	79.8%	73.8%	74.9%	73.5%	77.3%	74.6%	79.5%	79.1%	78.6%	81.5%	79.4%
Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/80 mm Hg)	0.0%	0.0%	0.0%	26.1%	33.8%	34.2%	25.8%	26.5%	17.8%	3.2%	2.4%	0.0%	0.0%	24.8%	0.2%	11.0%	17.5%	8.6%
Comprehensive Diabetes (CDC) – Blood Pressure Control (<140/90 mm Hg)	0.0%	0.0%	0.0%	48.4%	56.4%	53.5%	46.0%	44.5%	31.5%	6.5%	4.4%	0.0%	0.0%	42.8%	0.2%	20.2%	29.6%	17.0%

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> New measure for DHMH reporting in 2012.

<sup>3</sup> 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 MPC = Maryland Physicians Care MSFC = MedStar Family Choice PP = Priority Partners UHC = UnitedHealthcare

## Prevention and Screening-Adult and Child

### 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
<b>Combination 2</b>	X	X	X	X	X	X				
<b>Combination 3</b>	X	X	X	X	X	X	X			
<b>Combination 4</b>	X	X	X	X	X	X	X	X		
<b>Combination 5</b>	X	X	X	X	X	X	X		X	
<b>Combination 6</b>	X	X	X	X	X	X	X			X
<b>Combination 7</b>	X	X	X	X	X	X	X	X	X	
<b>Combination 8</b>	X	X	X	X	X	X	X	X		X
<b>Combination 9</b>	X	X	X	X	X	X	X		X	X
<b>Combination 10</b>	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.

Immunizations are one of the safest and most effective ways to protect children from potentially serious childhood diseases. In spite of established guidelines and well-known benefits of vaccination, in 2007 nearly 25 percent of children 19 to 35 months still had not received recommended immunizations.

#### Summary of Changes to HEDIS 2013:

- Revised dosing requirement for hepatitis A.
- Added ICD-9-CM Diagnosis code 999.42 to Table CIS-B.
- Added a footnote to Table CIS-B that 999.4 (without a fifth digit) is valid only if the date of service is prior to October 1, 2011.
- **Note:** *In early 2012, Advisory Committee on Immunization Practices (ACIP) clarified its hepatitis A vaccination recommendation to indicate that a member may receive the first dose of the series between 12 and 24 months and the second dose 6–18 months after the first. In order to maintain the current CIS denominator and remain consistent with the ACIP recommendation, NCQA revised the requirements for the hepatitis A vaccination. NCQA will fully reevaluate the measure and additional changes, if any, will be included no earlier than HEDIS 2014.*

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

	2009	2010	2011	2012	2013
ACC	82.1%	78.4%	79.4%	85.6%	84.7%
DIA	73.0%	76.0%	65.7%	71.1%	71.3%
JMS	87.1%	81.9%	88.4%	80.6%	86.1%
MPC	74.7%	80.0%	84.9%	81.8%	76.9%
MSFC	89.2%	86.6%	86.6%	89.5%	85.4%
PP	82.1%	74.7%	83.0%	86.0%	86.8%
UHC	84.8%	83.9%	71.0%	82.7%	70.3%
MARR	81.9%	80.2%	79.9%	82.5%	80.2%
NHM	73.7%	74.3%	74.1%	74.5%	

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

	2009	2010	2011	2012	2013
ACC	74.6%	73.5%	73.8%	81.9%	83.5%
DIA	69.4%	71.4%	62.2%	66.1%	68.0%
JMS	80.6%	80.8%	85.9%	78.7%	83.7%
MPC	70.1%	76.2%	81.3%	80.8%	74.3%
MSFC	87.8%	83.7%	84.7%	87.6%	83.7%
PP	77.4%	68.4%	79.8%	83.7%	83.8%
UHC	78.7%	78.3%	66.7%	78.8%	66.7%
MARR	76.9%	76.0%	76.3%	79.7%	77.7%
NHM	67.6%	69.4%	69.9%	70.6%	

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

	2009*	2010	2011	2012	2013
ACC		40.0%	28.9%	39.1%	75.9%
DIA		29.0%	29.9%	30.7%	65.2%
JMS		39.0%	36.1%	33.3%	80.9%
MPC		26.0%	30.2%	32.8%	67.4%
MSFC		28.0%	29.2%	41.6%	80.3%
PP		27.5%	25.8%	38.8%	73.8%
UHC		52.1%	34.3%	37.2%	58.9%
MARR		34.5%	30.6%	36.2%	71.8%
NHM		30.4%	31.6%	34.2%	

\* 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)**

	2009*	2010	2011	2012	2013
ACC		45.9%	54.4%	59.7%	61.3%
DIA		33.6%	40.2%	46.9%	51.1%
JMS		55.4%	58.9%	57.9%	59.4%
MPC		40.1%	53.8%	53.5%	55.3%
MSFC		48.2%	53.5%	63.3%	56.0%
PP		46.2%	37.5%	55.1%	59.6%
UHC		56.4%	47.4%	57.2%	52.0%
MARR		46.6%	49.4%	56.2%	56.3%
NHM		41.6%	47.2%	51.9%	

\* 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)**

	2009*	2010	2011	2012	2013
ACC		35.1%	40.5%	48.6%	49.7%
DIA		36.4%	34.6%	36.5%	44.1%
JMS		27.7%	40.2%	33.3%	39.0%
MPC		34.5%	37.5%	39.2%	42.4%
MSFC		40.9%	49.1%	57.4%	55.2%
PP		40.1%	47.4%	51.4%	51.5%
UHC		48.4%	36.5%	41.8%	38.2%
MARR		37.6%	40.9%	44.0%	45.7%
NHM		33.8%	36.4%	37.9%	

\* 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)**

	2009*	2010	2011	2012	2013
ACC		27.4%	23.1%	30.1%	57.8%
DIA		16.1%	20.9%	23.5%	49.2%
JMS		29.4%	28.6%	25.5%	59.0%
MPC		16.1%	21.2%	20.2%	51.4%
MSFC		19.2%	21.9%	31.1%	54.3%
PP		19.5%	14.6%	25.3%	56.2%
UHC		38.7%	24.6%	28.2%	47.2%
MARR		23.8%	22.1%	26.3%	53.6%
NHM		20.6%	23.8%	27.1%	

\* 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)**

	2009*	2010	2011	2012	2013
ACC		21.9%	17.8%	25.7%	47.3%
DIA		16.6%	17.32%	18.8%	43.1%
JMS		15.8%	20.7%	21.3%	39.0%
MPC		15.6%	16.3%	17.0%	38.7%
MSFC		15.1%	18.0%	28.2%	53.5%
PP		19.2%	17.27%	24.2%	48.3%
UHC		34.3%	21.7%	21.7%	35.3%
MARR		19.8%	18.4%	22.4%	43.6%
NHM		17.2%	19.0%	20.9%	

\* 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)**

	2009*	2010	2011	2012	2013
ACC		23.8%	32.4%	38.2%	38.5%
DIA		18.0%	25.2%	28.5%	35.5%
JMS		19.8%	27.8%	25.0%	29.5%
MPC		20.0%	25.1%	29.2%	33.8%
MSFC		25.5%	33.1%	43.8%	38.7%
PP		26.8%	25.5%	38.8%	41.1%
UHC		38.0%	27.7%	32.8%	31.6%
MARR		24.5%	28.1%	33.8%	35.5%
NHM		23.2%	27.8%	30.5%	

\* 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)**

	2009*	2010	2011	2012	2013
ACC		16.3%	15.5%	20.6%	37.1%
DIA		9.2%	13.78%	15.5%	34.8%
JMS		12.4%	17.0%	18.1%	29.5%
MPC		10.0%	10.9%	12.2%	31.0%
MSFC		10.7%	13.87%	22.1%	37.7%
PP		13.9%	10.7%	17.9%	39.7%
UHC		27.3%	15.8%	17.5%	29.2%
MARR		14.3%	13.95%	17.7%	34.2%
NHM		21.6%	15.2%	17.3%	

\* 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.

#### **Summary of Changes to HEDIS 2013:**

- Added ICD-9-CM Diagnosis code 999.42 to Table IMA-B.
- Added a footnote to Table IMA-B that 999.4 (without a fifth digit) is valid only if the date of service is prior to October 1, 2011.

### **Immunizations for Adolescents (IMA) - Combination 1 (Meningococcal, Tdap/Td)**

	2009*	2010	2011	2012	2013
<b>ACC</b>		41.7%	46.1%	56.7%	65.0%
<b>DIA</b>		32.1%	40.0%	49.5%	58.9%
<b>JMS</b>		67.3%	71.6%	73.2%	70.66%
<b>MPC</b>		45.7%	52.1%	51.1%	57.6%
<b>MSFC</b>		45.7%	57.2%	70.7%	70.69%
<b>PP</b>		41.6%	56.9%	52.0%	67.4%
<b>UHC</b>		42.3%	38.6%	48.4%	56.4%
<b>MARR</b>		45.2%	51.8%	57.4%	63.8%
<b>NHM</b>		42.5%	52.2%	60.5%	

\* 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.

These visits are of particular importance during the first year of life, when an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination and social and emotional growth. The American Academy of Pediatrics (AAP) recommends six well-child visits in the first year of life: the first within the first month of life, and then at around 2, 4, 6, 9, and 12 months of age.

**Summary of Changes to HEDIS 2013:**

- Revised example in continuous enrollment to account for leap year.
- Deleted obsolete CPT code 99432 from Table W15-A

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

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>ACC</b>	2.4%	1.2%	0.8%	1.6%	1.012%
<b>DIA</b>	2.6%	4.4%	4.3%	3.1%	2.1%
<b>JMS</b>	2.6%	2.8%	2.4%	0.87%	2.7%
<b>MPC</b>	0.7%	1.5%	1.1%	1.4%	1.11%
<b>MSFC</b>	1.1%	1.4%	2.2%	1.3%	1.013%
<b>PP</b>	1.5%	0.6%	0.9%	1.1%	1.14%
<b>UHC</b>	1.8%	1.8%	2.05%	0.88%	2.2%
<b>MARR</b>	1.8%	2.0%	1.95%	1.5%	1.6%
<b>NHM</b>	2.7%	2.3%	2.2%	1.95%	

\* 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)**

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>ACC</b>	83.0%	84.16%	87.2%	87.3%	86.1%
<b>DIA</b>	77.1%	66.7%	64.7%	74.6%	81.7%
<b>JMS</b>	81.8%	89.4%	83.4%	84.0%	85.9%
<b>MPC</b>	87.3%	84.21%	86.0%	89.9%	77.8%
<b>MSFC</b>	81.0%	86.2%	84.7%	88.2%	89.2%
<b>PP</b>	86.4%	86.9%	87.1%	84.3%	84.3%
<b>UHC</b>	86.0%	85.1%	83.6%	86.8%	82.1%
<b>MARR</b>	83.2%	83.2%	82.4%	85.0%	83.9%
<b>NHM</b>	75.4%	75.8%	76.3%	77.9%	

**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. Intervention can improve communication skills and avoid or reduce language and learning problems. The AAP recommends annual well-child visits for two- to six-year-olds.

Summary of Changes to HEDIS 2013: No changes to this measure.

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

	2009	2010	2011	2012	2013
<b>ACC</b>	74.2%	76.0%	86.6%	86.4%	83.6%
<b>DIA</b>	70.0%	70.4%	75.9%	82.9%	72.2%
<b>JMS</b>	89.9%	92.3%	89.3%	88.9%	87.7%
<b>MPC</b>	73.1%	85.7%	86.3%	89.1%	87.5%
<b>MSFC</b>	79.4%	79.2%	73.5%	82.3%	79.6%
<b>PP</b>	75.3%	86.6%	78.3%	82.4%	80.7%
<b>UHC</b>	75.4%	82.4%	75.2%	83.1%	83.8%
<b>MARR</b>	76.8%	81.8%	80.7%	85.0%	82.2%
<b>NHM</b>	69.7%	71.6%	71.9%	72.0%	

### **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.

Adolescence is a time of transition between childhood and adult life and is accompanied by dramatic changes. Accidents, homicide and suicide are the leading causes of adolescent deaths. Sexually transmitted diseases, substance abuse, pregnancy and antisocial behavior are important causes of, or result from, physical, emotional and social adolescent problems.

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.

**Summary of Changes to HEDIS 2013:** No changes to this measure.

### **Adolescent Well-Care Visits (AWC)**

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>ACC</b>	54.1%	52.2%	63.1%	61.9%	68.1%
<b>DIA</b>	49.7%	50.6%	51.4%	61.8%	55.8%
<b>JMS</b>	76.1%	79.9%	79.7%	79.9%	76.9%
<b>MPC</b>	49.5%	64.7%	72.1%	75.8%	60.2%
<b>MSFC</b>	52.8%	61.1%	63.5%	67.7%	69.4%
<b>PP</b>	53.4%	64.9%	60.0%	66.1%	67.6%
<b>UHC</b>	47.3%	64.7%	49.8%	55.7%	59.7%
<b>MARR</b>	54.7%	62.6%	62.8%	67.0%	65.4%
<b>NHM</b>	45.9%	47.7%	48.1%	49.7%	

**Adult BMI Assessment (ABA)**

**Description:** The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

**Rationale:** Obesity is the second leading cause of preventable death in the United States (U.S.). It is a complex, multifaceted, chronic disease that is affected by environmental, genetic, physiological, metabolic, behavioral and psychological components. Approximately 127 million American adults are overweight, 60 million are obese and 9 million are severely obese. Obesity affects every ethnicity, socioeconomic class and geographic region in the U.S. This disease has been growing by epidemic proportions with the prevalence increasing by approximately 50 percent per decade. Obesity's impact on individual overall health has drastically increased as well. It increases both morbidity and mortality rates and the risk of conditions such as diabetes, coronary heart disease (CHD) and cancer. It has a substantial negative effect on longevity, reducing the length of life of people who are severely obese by an estimated 5–20 years. Overweight and obesity are also contributing causes to more than 50 percent of all-cause mortality among American adults aged 20–74, which results in a significant economic impact—approximately \$99.2 billion is spent annually on obesity-related medical care and disability in the U.S.

Guidelines from various organizations, including the Institute for Clinical Systems Improvement (ICSI); the U.S. Preventive Services Task Force (USPSTF); the National Heart, Lung, and Blood Institute (NHLBI); and the Michigan Quality Improvement Consortium (MQIC), indicate that the first step in weight management is assessment of height and weight in order to calculate a patient's body mass index (BMI). BMI is considered the most efficient and effective method for assessing excess body fat; it is a starting point for assessing the relationship between weight and height, and it is the most conducive method of assessment in the primary care setting.

**Summary of Changes to HEDIS 2013:** Deleted obsolete HCPCS code G0344 from Table ABA-A. This is a new reported measure for the Department of Health and Mental Hygiene for reporting year 2013.

**Adult BMI Assessment (ABA)**

	2009*	2010*	2011*	2012*	2013
<b>ACC</b>					61.3%
<b>DIA</b>					69.4%
<b>JMS</b>					90.7%
<b>MPC</b>					48.7%
<b>MSFC</b>					76.4%
<b>PP</b>					59.9%
<b>UHC</b>					49.1%
<b>MARR</b>					65.1%
<b>NHM</b>				52.6%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

## 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. A higher rate represents better performance.

**Rationale:** Pharyngitis is the only condition among upper respiratory infections (URIs) whose diagnosis is easily and objectively validated through administrative and laboratory data, and it can serve as an important indicator of appropriate antibiotic use among respiratory tract infections.

Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance in the community; promoting judicious use of antibiotics is important to 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. A strep test (rapid assay or throat culture) is the definitive test of group-A strep pharyngitis. Excess use of antibiotics is highly prevalent for pharyngitis; about 35 percent of the total nine million antibiotics prescribed for pharyngitis in 1998 were estimated to be in excess.

#### **Summary of Changes to HEDIS 2013:**

- Added LOINC code 68954-7 to Table CWP-D

### **Appropriate Testing for Children with Pharyngitis (CWP)**

	2009	2010	2011	2012	2013
<b>ACC</b>	66.4%	61.9%	61.5%	68.8%	75.9%
<b>DIA</b>	69.4%	62.4%	64.7%	72.8%	87.6%
<b>JMS</b>	67.3%	70.9%	76.3%	74.51%	75.3%
<b>MPC</b>	75.6%	77.4%	74.0%	76.9%	77.4%
<b>MSFC</b>	78.9%	82.7%	81.0%	85.9%	85.2%
<b>PP</b>	72.0%	73.5%	69.5%	74.46%	78.2%
<b>UHC</b>	69.8%	68.8%	70.8%	76.4%	79.8%
<b>MARR</b>	71.4%	71.1%	71.1%	75.7%	79.9%
<b>NHM</b>	61.4%	62.3%	64.9%	66.7%	



### **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. Pediatric clinical practice guidelines do not recommend antibiotics for a majority of upper respiratory tract infections because of the viral etiology of these infections, including the common cold.

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.

#### **Summary of Changes to HEDIS 2013:**

- Clarified that claims/encounters with only a diagnosis for URI should be identified in step 2 of the *Event/diagnosis* criteria.

### **Appropriate Treatment for Children with Upper Respiratory Infection (URI)**

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>ACC</b>	85.0%	84.9%	87.0%	86.13%	85.1%
<b>DIA</b>	82.9%	80.6%	85.3%	86.16%	83.3%
<b>JMS</b>	95.5%	95.2%	93.8%	89.8%	85.2%
<b>MPC</b>	84.0%	84.1%	85.6%	86.08%	86.06%
<b>MSFC</b>	86.3%	85.7%	88.6%	89.0%	86.13%
<b>PP</b>	84.4%	87.2%	88.5%	86.01%	85.0%
<b>UHC</b>	80.6%	79.6%	83.3%	80.2%	80.1%
<b>MARR</b>	85.5%	85.3%	87.5%	86.20%	84.4%
<b>NHM</b>	85.5%	86.0%	87.2%	85.3%	

**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.

Summary of Changes to HEDIS 2013: No changes to this measure.

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

	2009*	2010*	2011*	2012	2013	2009* PAC	2010* PAC	2011* PAC	2012 PAC	2013 PAC
<b>ACC</b>				23.7%	20.6%				32.6%	23.2%
<b>DIA</b>				21.3%	17.5%					
<b>JMS</b>				21.9%	35.5%				15.2%	NA
<b>MPC</b>				19.7%	19.9%				23.7%	23.4%
<b>MSFC</b>				16.1%	14.1%					
<b>PP</b>				21.1%	18.9%				30.7%	39.7%
<b>UHC</b>				19.6%	16.0%				19.9%	22.8%
<b>MARR</b>				20.5%	20.4%				24.4%	27.3%
<b>NHM</b>				24.3%					24.3%	

\* This measure was added by DHMH for reporting 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 costly and high-impact diseases. It has become increasingly common over the past two decades. Approximately 34.1 Americans have been diagnosed with asthma and each year nearly 5,000 Americans die of it. Many asthma-related hospitalizations, emergency room visits and missed work and school days can be avoided if patients have appropriate medications and medical management. Medications help reduce underlying airway inflammation and relieve or prevent airway narrowing.

#### **Summary of Changes to HEDIS 2013:**

- Clarified the definition of *Oral medication dispensing event*.
- Revised the definitions of *Inhaler dispensing event* and *Injection dispensing event* to indicate that multiple dispensing events on the same date of service are counted as separate dispensing events.
- Clarified that the four outpatient visits in step 1 of the *Event/diagnosis* criteria must be on different dates of service.
- Deleted ICD-9-CM Diagnosis code 506.4 from “Emphysema” in the “Description” column of Table ASM-E (the code is already included under “COPD” in the table).
- Renamed Table ASM-D and revised all references to “preferred asthma therapy,” to “asthma controller medications.”

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

	2009*	2010	2011	2012	2013
<b>ACC</b>		91.0%	91.90%	91.4%	88.7%
<b>DIA</b>		NA	87.5%	86.7%	88.0%
<b>JMS</b>		85.1%	91.94%	94.2%	91.4%
<b>MPC</b>		94.9%	93.1%	93.0%	92.3%
<b>MSFC</b>		92.9%	92.8%	96.7%	93.7%
<b>PP</b>		92.2%	93.6%	91.7%	92.3%
<b>UHC</b>		91.3%	93.2%	95.7%	96.1%
<b>MARR</b>		91.2%	92.0%	92.8%	91.8%
<b>NHM</b>		91.8%	91.8%	90.5%	

\* This indicator was included by DHMH for reporting in HEDIS 2010.

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

	2009*	2010*	2011*	2012	2013
<b>ACC</b>				88.2%	86.2%
<b>DIA</b>				NA	96.8%
<b>JMS</b>				100%	92.9%
<b>MPC</b>				91.1%	92.3%
<b>MSFC</b>				93.30%	90.2%
<b>PP</b>				90.8%	89.6%
<b>UHC</b>				96.6%	93.4%
<b>MARR</b>				93.34%	91.6%
<b>NHM</b>				86.6%	

\* This indicator was included by DHMH for reporting in HEDIS 2010.

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

	2009*	2010*	2011*	2012	2013
<b>ACC</b>				78.0%	79.5%
<b>DIA</b>				85.00%	84.7%
<b>JMS</b>				91.3%	93.3%
<b>MPC</b>				82.8%	81.8%
<b>MSFC</b>				85.2%	76.8%
<b>PP</b>				77.9%	80.7%
<b>UHC</b>				95.1%	88.0%
<b>MARR</b>				85.05%	83.5%
<b>NHM</b>				74.7%	

\* This indicator was included by DHMH for reporting in HEDIS 2010.

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

	2009*	2010*	2011*	2012	2013
<b>ACC</b>				71.2%	77.7%
<b>DIA</b>				NA	NA
<b>JMS</b>				83.7%	82.0%
<b>MPC</b>				81.7%	78.5%
<b>MSFC</b>				NA	77.1%
<b>PP</b>				69.2%	77.0%
<b>UHC</b>				95.0%	94.1%
<b>MARR</b>				80.1%	81.1%
<b>NHM</b>				72.9%	

\* This indicator was included by DHMH for reporting in HEDIS 2010.

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

	2009*	2010*	2011*	2012	2013
<b>ACC</b>				89.1%	86.5%
<b>DIA</b>				95.0%	88.0%
<b>JMS</b>				95.7%	90.7%
<b>MPC</b>				90.7%	88.7%
<b>MSFC</b>				95.5%	88.8%
<b>PP</b>				89.3%	88.9%
<b>UHC</b>				96.7%	94.0%
<b>MARR</b>				93.1%	89.4%
<b>NHM</b>				85.0%	

\* This indicator was included by DHMH for reporting in HEDIS 2010.

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

	2010	2011	2012*	2013*
<b>ACC</b>	89.2%	90.1%	88.5%	86.7%
<b>DIA</b>	94.5%	89.8%	88.1%	88.2%
<b>JMS</b>	89.5%	93.3%	93.9%	92.5%
<b>MPC</b>	91.2%	90.6%	89.8%	89.2%
<b>MSFC</b>	92.7%	91.1%	93.6%	89.4%
<b>PP</b>	90.3%	90.4%	88.9%	89.3%
<b>UHC</b>	87.4%	90.2%	95.9%	94.0%
<b>MARR</b>	90.7%	90.8%	91.2%	89.9%
<b>NHM</b>	88.6%	88.4%		

\* HEDIS specifications changed in 2012, and this age range is no longer reported. For 2012 and 2013, this rate is being calculated by HDC.

### **Medication Management for People With Asthma (MMA)**

**Description:** The percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

**Rationale:** Appropriate medication adherence could ameliorate the severity of many asthma-related symptoms. According to the Asthma Regional Council, two-thirds of adults and children who display asthma symptoms are considered "not well controlled" or "very poorly controlled" as defined by clinical practice guidelines. Pharmacologic therapy is used to prevent and control asthma symptoms, improve quality of life, reduce the frequency and severity of asthma exacerbations, and reverse airflow obstruction.

#### **Summary of Changes to HEDIS 2013:**

- Clarified the definition of *Oral medication dispensing event*.
- Revised the definitions of *Inhaler dispensing event* and *Injection dispensing event* to indicate that each dispensing event is assessed separately.
- Clarified in the *Definitions* section how organizations should calculate the number of days covered for multiple prescriptions in the numerator.
- Clarified that the four outpatient visits in step 1 of the *Event/diagnosis* criteria must be on different dates of service.
- Clarified that each data element is reported for each rate in Table MMA-1/2.
- This is a new reported measure for the Department of Health and Mental Hygiene for reporting year 2013.

#### **Medication Management for People With Asthma (MMA) – Total 50% of treatment period**

	2009*	2010*	2011*	2012*	2013
<b>ACC</b>					44.8%
<b>DIA</b>					36.9%
<b>JMS</b>					53.2%
<b>MPC</b>					49.4%
<b>MSFC</b>					52.4%
<b>PP</b>					40.3%
<b>UHC</b>					47.3%
<b>MARR</b>					46.3%
<b>NHM</b>				52.3%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

**Medication Management for People With Asthma (MMA) – Total 75% of treatment period**

	2009*	2010*	2011*	2012*	2013
<b>ACC</b>					24.1%
<b>DIA</b>					15.5%
<b>JMS</b>					28.9%
<b>MPC</b>					26.6%
<b>MSFC</b>					28.7%
<b>PP</b>					19.7%
<b>UHC</b>					26.7%
<b>MARR</b>					24.3%
<b>NHM</b>				30.3%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

## 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. The organization reports four separate percentages for each product line.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year
- 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:** While the access to primary care has been shown to correlate with reduced hospital use while preserving quality (Bodenheimer 2005), this measure does not explicitly measure a member's access to primary care. However, studies show that inappropriate care and overuse of new technologies can be reduced through shared decision-making between well-informed physicians and patients. Physicians have a central role to play in fostering these quality-enhancing strategies that can help to slow the growth of healthcare expenditures (Bodenheimer 2005).

Continued rising healthcare costs in the U.S. affect all levels of the healthcare delivery system. Encouraging and making available access to primary care services is one potential strategy to lower hospital utilization while maintaining the quality of care delivered. Studies show that access to primary care is correlated with reduced hospital use while preserving quality (Bodenheimer 2005).

**Summary of Changes to HEDIS 2013:** No changes to this measure.

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

	2009	2010	2011	2012	2013
<b>ACC</b>	97.4%	97.6%	97.7%	97.45%	97.5%
<b>DIA</b>	91.8%	91.5%	94.4%	93.1%	92.3%
<b>JMS</b>	88.3%	95.1%	94.3%	92.9%	91.1%
<b>MPC</b>	96.6%	97.3%	96.5%	96.8%	97.1%
<b>MSFC</b>	96.8%	97.2%	95.2%	96.6%	96.6%
<b>PP</b>	97.8%	98.1%	97.9%	98.1%	97.8%
<b>UHC</b>	96.3%	96.7%	96.8%	97.41%	96.7%
<b>MARR</b>	95.0%	96.2%	96.1%	96.1%	95.6%
<b>NHM</b>	95.0%	95.2%	96.1%	96.1%	



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

	2009	2010	2011	2012	2013
<b>ACC</b>	91.7%	92.7%	92.7%	92.8%	92.6%
<b>DIA</b>	85.5%	85.3%	88.1%	86.8%	85.9%
<b>JMS</b>	89.5%	90.3%	90.59%	89.3%	90.4%
<b>MPC</b>	91.1%	91.8%	89.8%	90.7%	89.0%
<b>MSFC</b>	91.6%	90.5%	88.9%	91.4%	90.3%
<b>PP</b>	91.7%	93.1%	92.3%	93.0%	92.8%
<b>UHC</b>	92.2%	92.4%	91.7%	92.1%	91.1%
<b>MARR</b>	90.4%	90.9%	90.57%	90.9%	90.3%
<b>NHM</b>	87.2%	88.3%	88.3%	88.2%	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	92.6%	93.3%	93.6%	93.6%	93.9%
<b>DIA</b>	84.6%	85.0%	86.7%	90.6%	90.1%
<b>JMS</b>	93.7%	94.1%	94.5%	94.0%	93.3%
<b>MPC</b>	91.6%	92.6%	92.8%	92.0%	91.5%
<b>MSFC</b>	92.2%	93.4%	93.4%	92.86%	92.5%
<b>PP</b>	92.9%	93.8%	94.1%	93.9%	94.3%
<b>UHC</b>	92.2%	93.2%	93.1%	93.0%	93.3%
<b>MARR</b>	91.4%	92.2%	92.6%	92.86%	92.7%
<b>NHM</b>	87.8%	90.3%	90.2%	89.5%	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	87.3%	87.7%	88.6%	89.3%	89.5%
<b>DIA</b>	81.0%	86.4%	86.1%	87.8%	86.0%
<b>JMS</b>	91.9%	90.9%	92.02%	92.4%	91.7%
<b>MPC</b>	88.4%	89.0%	89.5%	88.4%	87.7%
<b>MSFC</b>	88.7%	90.6%	91.98%	90.9%	92.5%
<b>PP</b>	89.0%	89.5%	90.8%	91.6%	92.0%
<b>UHC</b>	87.6%	88.6%	89.90%	88.5%	89.2%
<b>MARR</b>	87.7%	89.0%	89.86%	89.8%	89.8%
<b>NHM</b>	85.3%	87.9%	88.1%	87.9%	

**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:** While access to primary care has been shown to correlate with reduced hospital use while preserving quality (Bodenheimer, 2005), this measure does not explicitly measure a member's access to primary care. However, studies show that inappropriate care and overuse of new technologies can be reduced through shared decision-making between well-informed physicians and patients. Physicians have a central role to play in fostering these quality-enhancing strategies that can help to slow the growth of health care expenditures (Bodenheimer, 2005).

Continued rising health care costs in the U.S. affect all levels of the health care delivery system. 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. Studies show that access to primary care is correlated with reduced hospital use while preserving quality (Bodenheimer, 2005).

**Summary of Changes to HEDIS 2013:**

- Added HCPCS codes S0620, S0621 to Table AAP-A.
- Deleted obsolete HCPCS code G0344 from Table AAP-A. (October Update)

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

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
<b>ACC</b>	77.3%	79.4%	79.6%	80.4%	79.7%			77.1%	70.6%	71.5%
<b>DIA</b>	75.2%	76.6%	76.9%	79.2%	79.8%					
<b>JMS</b>	77.2%	78.6%	79.0%	75.5%	74.8%	72.0%	71.9%	74.9%	72.8%	71.8%
<b>MPC</b>	79.0%	81.7%	80.9%	81.2%	81.4%	62.5%	65.7%	67.6%	62.3%	54.6%
<b>MSFC</b>	79.2%	78.7%	79.22%	79.6%	79.9%					
<b>PP</b>	79.3%	82.4%	83.0%	83.7%	83.5%		59.4%	65.1%	65.2%	64.0%
<b>UHC</b>	75.7%	79.2%	79.23%	80.3%	80.2%	60.9%	67.4%	68.5%	69.8%	71.4%
<b>MARR</b>	77.6%	79.5%	79.7%	80.0%	79.9%	65.1%	66.1%	70.6%	68.1%	66.7%
<b>NHM</b>	79.8%	80.5%	81.2%	80.0%						

Department of Health and Mental Hygiene  
Maryland HealthChoice and Primary Adult Care Programs

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

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
<b>ACC</b>	83.9%	85.0%	85.0%	87.0%	86.4%			82.9%	80.5%	81.1%
<b>DIA</b>	78.6%	77.0%	76.4%	80.0%	80.4%					
<b>JMS</b>	86.9%	88.5%	89.2%	88.8%	87.8%	80.9%	79.8%	82.1%	82.1%	82.6%
<b>MPC</b>	87.5%	87.3%	87.4%	87.28%	86.8%	73.1%	75.27%	78.0%	72.8%	60.2%
<b>MSFC</b>	85.5%	84.6%	84.6%	85.9%	86.2%					
<b>PP</b>	87.5%	88.3%	88.5%	89.4%	89.4%		70.3%	75.7%	76.8%	78.2%
<b>UHC</b>	85.6%	87.1%	85.9%	87.31%	87.5%	69.4%	75.9%	79.3%	81.4%	82.5%
<b>MARR</b>	85.1%	85.4%	85.3%	86.5%	86.4%	74.5%	75.30%	79.6%	78.7%	76.9%
<b>NHM</b>	85.5%	85.3%	86.0%	86.1%						

## 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, with approximately 178,000 new cases reported each year. It is most common in women over 50. 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. Mammography screening for women ages 50 to 69 can reduce breast cancer mortality up to 35%.

The U.S. Preventive Services Task Force, the American Academy of Family Physicians and the American College of Preventive Medicine recommend mammograms as the most effective method for detecting breast cancer when it is most treatable. When high-quality equipment is used and well-trained radiologists read the x-rays, 85% to 90% of cancers are detectable.

#### **Summary of Changes to HEDIS 2013:**

- Added CPT modifier codes RT and LT to Table BCS-B and revised the optional exclusion for bilateral mastectomy to include instances where a mastectomy is performed on the right side and the left side of the body on the same date of service.

### **Breast Cancer Screening (BCS)**

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
ACC	41.3%	43.7%	46.0%	48.5%	49.1%			NA	41.2%	42.5%
DIA	39.9%	40.8%	39.3%	45.3%	46.2%					
JMS	64.4%	60.8%	62.3%	63.9%	60.8%	44.6%	47.2%	55.6%	52.6%	52.5%
MPC	46.1%	44.5%	42.8%	43.6%	43.9%	28.8%	38.4%	40.7%	38.03%	27.7%
MSFC	57.6%	63.4%	54.6%	54.5%	56.8%					
PP	42.2%	45.4%	48.0%	49.9%	51.5%		NA	33.8%	34.4%	37.5%
UHC	51.2%	48.2%	45.3%	46.6%	48.4%	23.0%	29.7%	36.7%	38.02%	41.1%
MARR	49.0%	49.5%	48.3%	50.3%	51.0%	32.1%	38.4%	41.7%	40.8%	40.3%
NHM	50.8%	52.4%	51.3%	50.4%						

### **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. Although rates of cervical cancer in the U.S. have decreased, it remains the tenth leading cause of cancer in females. Most importantly, when detected and treated early, cervical cancer is one of the most treatable cancers. For women under 50 years old, cervical cancer is diagnosed in the early stages 62% of the time.

An annual or biannual routine Papanicolaou (Pap) smear is recommended by the U.S. Preventive Services Task Force and the American Cancer Society for detecting cervical cancer at the pre-cancerous stage.

#### **Summary of Changes to HEDIS 2013:**

- Added ICD-9 Diagnosis code 752.43 to Table CCS-B. (October Update)

### **Cervical Cancer Screening (CCS)**

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2009 PAC</b>	<b>2010 PAC</b>	<b>2011 PAC</b>	<b>2012 PAC</b>	<b>2013 PAC</b>
<b>ACC</b>	67.9%	67.3%	76.6%	75.71%	73.6%			33.8%	37.8%	39.8%
<b>DIA</b>	62.7%	65.6%	70.2%	64.7%	72.0%					
<b>JMS</b>	78.0%	76.4%	79.7%	78.5%	80.9%	54.1%	59.5%	62.6%	66.1%	61.7%
<b>MPC</b>	66.3%	67.9%	69.7%	73.6%	74.0%	33.5%	37.4%	38.8%	39.4%	33.2%
<b>MSFC</b>	66.4%	67.65%	76.4%	75.74%	70.9%					
<b>PP</b>	63.0%	67.71%	69.4%	73.9%	75.0%		29.8%	38.1%	40.3%	40.2%
<b>UHC</b>	66.1%	64.4%	70.3%	69.5%	69.8%	29.6%	41.4%	40.2%	38.9%	39.0%
<b>MARR</b>	67.2%	68.1%	73.2%	73.1%	73.7%	39.1%	42.0%	42.7%	44.5%	42.8%
<b>NHM</b>	66.0%	65.8%	67.2%	66.7%						

### **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. Risk factors associated with becoming infected with chlamydia are the same as risks for contracting other STDs (e.g., multiple sex partners). Chlamydia is more prevalent among adolescent (15 to 19) and young adult (20-24) women.

Three-fourths of infected women do not realize they have the infection, as there are no symptoms until one to three weeks after infection. Pregnant women who have a chlamydial infection may have adverse pregnancy outcomes, such as miscarriage, premature rupture of membranes, preterm labor, low birth weight and infant mortality. Chlamydia can be passed from mother to infant during childbirth, and is a leading cause of conjunctivitis (pink eye) and pneumonia in newborns. Chlamydia can also lead to reproductive health problems such as miscarriages, ectopic pregnancies and pelvic pain. Untreated Chlamydia can damage a woman’s reproductive organs, possibly causing permanent and irreversible damage to the fallopian tubes and uterus leading to infertility.

**Summary of Changes to HEDIS 2013:**

- Added HCPCS code G0450 to Table CHL-B.
- Added ICD-9-CM Diagnosis codes 302.76, 625.0 to Table CHL-B.
- Added LOINC code 69002-4 to Table CHL-B.
- Added LOINC codes 71793-4, 71431-1 to Table CHL-B. (October Update)

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

	2009	2010	2011	2012	2013
<b>ACC</b>	58.3%	63.2%	62.8%	61.1%	62.6%
<b>DIA</b>	46.4%	58.9%	54.4%	58.6%	66.6%
<b>JMS</b>	81.0%	84.9%	89.2%	84.0%	81.1%
<b>MPC</b>	58.6%	61.3%	60.6%	58.5%	58.1%
<b>MSFC</b>	52.0%	57.1%	56.2%	57.4%	59.6%
<b>PP</b>	58.1%	61.0%	62.1%	62.6%	61.8%
<b>UHC</b>	50.3%	57.9%	55.9%	57.1%	56.9%
<b>MARR</b>	57.8%	63.5%	63.0%	62.8%	63.8%
<b>NHM</b>	52.7%	54.4%	54.6%	54.9%	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	68.7%	71.3%	69.8%	70.6%	72.5%
<b>DIA</b>	56.8%	68.5%	71.1%	71.0%	73.2%
<b>JMS</b>	73.9%	75.4%	78.6%	77.4%	63.9%
<b>MPC</b>	68.2%	66.1%	65.1%	66.6%	67.6%
<b>MSFC</b>	63.4%	62.8%	67.2%	70.5%	74.0%
<b>PP</b>	63.6%	67.9%	68.8%	69.8%	68.9%
<b>UHC</b>	59.3%	64.2%	62.1%	64.8%	63.7%
<b>MARR</b>	64.8%	68.0%	69.0%	70.1%	69.1%
<b>NHM</b>	59.4%	61.6%	62.3%	63.4%	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	61.3%	66.2%	65.5%	64.8%	66.4%
<b>DIA</b>	50.2%	63.7%	63.1%	65.3%	70.4%
<b>JMS</b>	78.7%	81.4%	85.3%	81.3%	74.2%
<b>MPC</b>	61.1%	63.0%	62.4%	62.0%	62.3%
<b>MSFC</b>	55.1%	58.8%	60.1%	62.5%	65.0%
<b>PP</b>	59.4%	63.2%	64.6%	65.4%	64.6%
<b>UHC</b>	52.5%	59.9%	58.2%	60.0%	59.5%
<b>MARR</b>	59.8%	65.2%	65.6%	65.9%	66.1%
<b>NHM</b>	54.9%	56.7%	57.5%	58.0%	

## 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. Poor outcomes include spontaneous abortion, low-birth-weight babies, large-for-gestational-age babies and neonatal infection. Early prenatal care is also an essential part of helping a pregnant woman prepare to become a mother. Ideally, a pregnant woman will have her first prenatal visit during the first trimester of pregnancy. Some women enroll in an organization 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.

Summary of Changes to HEDIS 2013:

- Clarified in the *Note* section that the organization must define a method to determine which EDD to use and use one date consistently if multiple dates are documented.

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

	2009	2010	2011	2012	2013
<b>ACC</b>	90.9%	87.7%	87.7%	90.4%	87.8%
<b>DIA</b>	87.3%	81.4%	83.1%	86.6%	83.4%
<b>JMS</b>	88.4%	86.7%	89.2%	86.2%	82.9%
<b>MPC</b>	87.0%	89.7%	83.9%	82.1%	86.279%
<b>MSFC</b>	87.2%	89.6%	90.7%	87.7%	86.280%
<b>PP</b>	91.4%	91.0%	87.9%	87.1%	89.3%
<b>UHC</b>	89.7%	86.6%	85.7%	83.8%	84.7%
<b>MARR</b>	88.8%	87.5%	86.9%	86.3%	85.8%
<b>NHM</b>	81.9%	83.4%	83.7%	82.8%	



**Prenatal and Postpartum Care (PPC) – Postpartum Care**

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>ACC</b>	64.3%	66.67%	66.3%	70.7%	71.5%
<b>DIA</b>	52.8%	59.3%	59.4%	62.0%	59.3%
<b>JMS</b>	72.6%	79.2%	80.2%	78.1%	83.7%
<b>MPC</b>	62.1%	72.2%	75.2%	71.3%	68.4%
<b>MSFC</b>	71.9%	78.5%	71.7%	74.0%	74.4%
<b>PP</b>	63.5%	66.67%	68.2%	73.0%	72.5%
<b>UHC</b>	67.6%	63.4%	62.5%	64.7%	60.3%
<b>MARR</b>	65.0%	69.4%	69.1%	70.6%	70.0%
<b>NHM</b>	62.6%	64.1%	64.4%	64.1%	

## **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:** This measure looks at the use of prenatal care services. It tracks Medicaid-enrolled women who had live births during the past year to determine the percentage of recommended prenatal visits they had.

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.

The American College of Obstetricians and Gynecologists recommends that prenatal care begin as early as possible in the first trimester of pregnancy. Visits should follow a schedule: every four weeks for the first 28 weeks of pregnancy, every two to three weeks for the next seven weeks, and weekly thereafter until delivery.

### **Summary of Changes to HEDIS 2013:**

- Revised example in step 2 of the numerator to account for leap year.

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

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>ACC</b>	2.4%	2.9%	3.49%	3.4%	4.2%
<b>DIA</b>	7.1%	11.1%	7.9%	5.9%	6.7%
<b>JMS</b>	2.3%	4.6%	1.4%	2.8%	3.6%
<b>MPC</b>	3.3%	3.9%	4.2%	5.7%	10.6%
<b>MSFC</b>	2.7%	2.1%	1.8%	2.9%	2.7%
<b>PP</b>	4.3%	3.4%	3.50%	7.7%	4.4%
<b>UHC</b>	4.5%	8.7%	3.6%	5.4%	12.1%
<b>MARR</b>	3.8%	5.2%	3.7%	4.9%	6.3%
<b>NHM</b>	11.9%	10.3%	10.4%	10.0%	

\* A lower rate indicates better performance.

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

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>ACC</b>	74.3%	71.0%	71.4%	80.3%	72.2%
<b>DIA</b>	62.2%	58.1%	58.3%	74.2%	63.5%
<b>JMS</b>	81.9%	80.4%	82.4%	76.9%	75.8%
<b>MPC</b>	71.6%	77.8%	74.0%	69.6%	60.1%
<b>MSFC</b>	92.1%	81.8%	79.6%	82.7%	79.3%
<b>PP</b>	76.6%	80.7%	77.9%	64.7%	78.8%
<b>UHC</b>	78.2%	73.8%	75.8%	72.2%	70.8%
<b>MARR</b>	76.7%	74.8%	74.2%	74.4%	71.5%
<b>NHM</b>	58.7%	61.6%	61.1%	60.9%	

## Cardiovascular Conditions

### **Controlling High Blood Pressure (CBP)**

**Description:** The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure.

**Rationale:** Approximately 76.4 million (33.5 percent) of people in the United States have high blood pressure. Numerous clinical trials have shown that aggressive treatment of high blood pressure reduces mortality from heart disease, stroke and renal failure; results are particularly striking in elderly hypertensives, who are more likely to have heart failure. A pool of past clinical trials demonstrated that a 5 mm to 6 mm Hg reduction in diastolic blood pressure was associated with a 42 percent reduction in stroke mortality and a 14 percent to 20 percent reduction in mortality from coronary heart disease (CHD).

Literature from clinical trials indicates that 53 percent to 75 percent of people under treatment achieved control of their blood pressure. The specifications for this measure are consistent with current guidelines, such as those of the USPSTF and the Joint National Committee.

**Summary of Changes to HEDIS 2013:** No changes to this measure. This is a new reported measure for the Department of Health and Mental Hygiene for reporting year 2013.

### **Controlling High Blood Pressures (CBP)**

	2009*	2010*	2011*	2012*	2013
<b>ACC</b>					47.0%
<b>DIA</b>					52.4%
<b>JMS</b>					52.3%
<b>MPC</b>					23.9%
<b>MSFC</b>					70.5%
<b>PP</b>					59.1%
<b>UHC</b>					43.1%
<b>MARR</b>					49.8%
<b>NHM</b>				56.8%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

## 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 one of the leading causes of death and disability in the United States (U.S.). Approximately 24 million Americans, or close to 8% of the population, have the disease and with the rise in the number of persons overweight and obese in the U.S., the number of diabetics are on the rise, most regrettably among younger age groups. Much of the burden of illness and cost of diabetes is related to potentially preventable long-term complications that include heart disease, blindness, kidney disease and stroke. Timely screening and careful treatment can significantly reduce and delay the onset of complications of diabetes.

### **Summary of Changes to HEDIS 2013:**

- Added sitagliptin-simvastatin to the description of “Antidiabetic combinations” in Table CDC-A.
- Deleted CPT codes 92002, 92004, 92012, 92014 from Table CDC-C.
- Added ICD-9-CM Diagnosis code 425 to Table CDC-P and clarified in the hybrid specification that cardiomyopathy is considered chronic heart failure (a required exclusion for HbA1c control [<7.0%] for a selected population).
- Added thoracic aortic aneurysm to the required exclusions for HbA1c control (<7.0%) for a selected population and added corresponding codes to Table CDC-P.
- Added instructions to use only facility claims to identify CABG for the required exclusion for the HbA1c control (<7.0%) for a selected population (do not use professional claims).
- Clarified that codes from Table CDC-D should be used to identify the most recent HbA1c test for the HbA1c control indicators.
- Clarified that a negative dilated eye exam in the year prior to the measurement year meets criteria for the Eye Exam indicator.
- Deleted ICD-9-CM Procedure codes (which identify procedures that occur in an inpatient setting) from Table CDC-G: Codes to Identify Eye Exams. The intent of the measure is to identify eye visits performed in an outpatient setting, which are identified by CPT and HCPCS.
- Clarified that codes from Table CDC-H should be used to identify the most recent LDL-C test for the LDL-C control indicator.
- Deleted obsolete CPT code 36145 from Table CDC-K.
- Deleted obsolete HCPCS codes G0392, G0393 from Table CDC-K.

- Deleted Aliskiren-hydrochlorothiazide-amlodipine from the “Antihypertensive combinations” description in Table CDC-L.
- Clarified that an incomplete reading is not compliant for the BP control indicators.
- Clarified that the Friedewald equation may not be used if a direct or calculated result is present in the medical record for the most recent LDL-C test.
- Replaced the second bullet in the Administrative Specification-*Required exclusions for HbA1c Control <7% for a Selected Population* section with the following text: *CABG or PCI. Members discharged alive for CABG or PCI in the measurement year or the year prior to the measurement year. Refer to Table CMC-A and use codes for PCI and CABG only. CABG cases should be from inpatient claims only. Use both facility and professional claims to identify CABG. Include all cases of PCI, regardless of setting (e.g., inpatient, outpatient, ED). (October Update)*
- Added LOINC code 71875-9 to Table CDC-D. (October Update)
- Added LOINC code 69419-0 to Table CDC-H. (October Update)

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

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
ACC	78.8%	74.0%	76.2%	78.8%	81.1%			71.4%	80.9%	82.0%
DIA	67.8%	59.8%	62.9%	74.9%	77.7%					
JMS	90.7%	91.6%	89.4%	90.5%	89.8%	83.6%	85.8%	87.4%	91.5%	86.6%
MPC	74.2%	78.6%	79.6%	77.1%	76.0%	77.4%	79.1%	75.4%	79.8%	73.6%
MSFC	85.1%	85.7%	83.7%	88.1%	83.5%					
PP	77.7%	78.3%	78.5%	81.9%	82.4%		68.0%	76.70%	78.5%	78.6%
UHC	71.0%	71.8%	73.2%	75.9%	78.1%	64.4%	75.2%	72.7%	77.4%	78.8%
MARR	77.9%	77.1%	77.6%	81.0%	81.2%	75.2%	77.0%	76.72%	81.6%	79.9%
NHM	80.5%	80.6%	82.0%	82.5%						

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

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
ACC	49.6%	49.5%	49.3%	43.3%	44.0%			55.4%	49.8%	50.3%
DIA	52.1%	57.4%	55.9%	46.2%	46.8%					
JMS	30.3%	34.4%	38.0%	33.6%	35.4%	39.0%	38.4%	39.0%	32.1%	38.1%
MPC	57.9%	53.0%	51.1%	56.7%	52.6%	51.4%	41.6%	47.9%	49.4%	54.9%
MSFC	33.8%	27.6%	37.0%	27.5%	35.3%					
PP	47.3%	44.8%	46.0%	38.3%	41.7%		97.9%	58.4%	52.2%	58.2%
UHC	56.4%	51.6%	56.2%	51.1%	54.3%	83.3%	49.6%	59.9%	44.0%	57.5%
MARR	46.8%	45.5%	47.6%	42.4%	44.3%	57.9%	56.9%	52.1%	45.5%	51.8%
NHM	44.8%	44.9%	44.0%	43.0%						

\* A lower rate indicates better performance.

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

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
ACC	43.6%	42.8%	41.1%	48.4%	47.1%			33.0%	44.0%	42.5%
DIA	42.1%	36.1%	37.1%	46.2%	45.7%					
JMS	57.8%	54.2%	52.7%	56.2%	54.7%	49.2%	50.4%	49.2%	58.6%	52.2%
MPC	36.4%	41.1%	41.6%	37.0%	39.9%	38.6%	47.4%	43.3%	43.3%	37.7%
MSFC	54.6%	50.0%	52.8%	57.7%	58.9%					
PP	45.8%	48.2%	46.2%	50.8%	49.1%		2.1%	35.5%	40.3%	35.8%
UHC	37.2%	43.6%	37.5%	42.1%	38.9%	13.1%	43.8%	32.4%	47.4%	36.6%
MARR	45.4%	45.1%	44.1%	48.3%	47.8%	33.6%	35.9%	38.7%	46.7%	41.0%
NHM	44.1%	45.7%	46.9%	48.1%						

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

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
ACC	50.1%	51.4%	62.3%	62.2%	69.3%			36.6%	34.9%	31.7%
DIA	52.1%	51.6%	55.9%	69.6%	64.8%					
JMS	77.2%	77.8%	79.7%	80.8%	80.1%	48.0%	69.2%	60.5%	66.2%	62.1%
MPC	65.8%	74.0%	74.5%	76.2%	64.6%	31.9%	43.1%	42.3%	29.0%	25.6%
MSFC	72.2%	75.1%	73.7%	75.7%	72.8%					
PP	54.6%	65.0%	62.2%	71.6%	78.1%		27.8%	30.8%	31.0%	33.4%
UHC	65.9%	71.3%	66.7%	60.8%	57.7%	25.6%	38.9%	32.4%	42.3%	35.1%
MAR	62.6%	66.6%	67.9%	71.0%	69.6%	35.1%	44.8%	40.5%	40.7%	37.6%
NHM	52.8%	52.7%	53.1%	53.4%						

**Comprehensive Diabetes (CDC) – LDL-C Screening**

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
ACC	74.5%	69.3%	71.6%	77.4%	76.0%			70.5%	74.6%	74.5%
DIA	66.9%	62.3%	61.8%	67.6%	71.2%					
JMS	93.3%	93.1%	91.2%	89.4%	88.5%	88.7%	89.1%	87.1%	90.5%	87.3%
MPC	73.9%	72.5%	74.9%	71.3%	69.2%	70.9%	72.3%	69.3%	74.7%	65.6%
MSFC	81.7%	81.5%	79.3%	81.7%	77.4%					
PP	73.9%	74.5%	70.4%	74.9%	73.1%		59.8%	68.1%	68.1%	70.2%
UHC	71.5%	70.8%	71.0%	72.3%	74.2%	59.5%	69.1%	69.2%	73.2%	75.0%
MARR	76.5%	74.9%	74.3%	76.4%	75.7%	73.0%	72.6%	72.8%	76.2%	74.5%
NHM	74.1%	74.2%	74.7%	75.0%						

Department of Health and Mental Hygiene  
Maryland HealthChoice and Primary Adult Care Programs

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

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
ACC	34.9%	33.3%	38.2%	35.9%	36.2%			29.5%	29.7%	30.4%
DIA	28.1%	35.2%	24.7%	30.8%	27.7%					
JMS	47.2%	52.7%	47.8%	48.7%	44.2%	42.7%	42.2%	43.5%	45.7%	44.9%
MPC	28.9%	32.4%	32.4%	27.0%	28.0%	31.2%	35.5%	31.6%	30.7%	26.4%
MSFC	43.8%	42.1%	39.2%	44.6%	41.1%					
PP	42.5%	39.4%	37.2%	36.1%	44.5%		0.0%	25.1%	26.3%	45.9%
UHC	29.2%	31.1%	27.0%	35.0%	30.7%	10.4%	29.2%	24.3%	40.1%	28.1%
MARR	36.4%	38.0%	35.2%	36.9%	36.1%	28.1%	26.7%	30.8%	34.5%	35.1%
NHM	33.8%	33.5%	34.6%	35.2%						

**Comprehensive Diabetes (CDC) – Medical Attention for Nephropathy**

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
ACC	78.8%	74.4%	78.8%	79.72%	73.6%			72.3%	80.4%	76.1%
DIA	75.2%	69.7%	67.1%	66.8%	71.9%					
JMS	93.3%	93.1%	93.6%	94.7%	93.6%	86.5%	91.0%	91.9%	94.4%	90.7%
MPC	75.8%	78.6%	77.6%	75.2%	74.4%	82.8%	83.0%	79.1%	79.8%	73.8%
MSFC	86.6%	86.9%	85.6%	89.6%	78.8%					
PP	78.3%	77.6%	80.1%	79.0%	77.6%		54.6%	74.9%	73.5%	77.3%
UHC	73.7%	74.2%	73.5%	72.7%	74.2%	70.1%	79.6%	74.6%	79.5%	79.1%
MARR	80.2%	79.2%	79.5%	79.69%	77.7%	79.8%	77.0%	78.6%	81.5%	79.4%
NHM	76.6%	76.9%	77.7%	77.8%						

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

	2009*	2010*	2011	2012	2013	2009* PAC	2010* PAC	2011 PAC	2012 PAC	2013 PAC
ACC	27.2%	28.8%	41.3%	31.1%	29.1%			0.0%	0.0%	0.0%
DIA	25.6%	32.8%	28.8%	38.9%	33.5%					
JMS	23.6%	29.1%	27.4%	34.1%	38.0%	NR	24.3%	26.1%	33.8%	34.2%
MPC	25.6%	22.9%	31.1%	24.1%	30.3%	21.2%	23.1%	25.8%	26.5%	17.8%
MSFC	36.3%	36.0%	37.7%	46.3%	55.7%					
PP	33.6%	31.4%	37.6%	42.2%	42.6%		0.0%	3.2%	2.4%	0.0%
UHC	28.2%	30.9%	19.2%	33.8%	25.3%	0.0%	21.2%	0.0%	24.8%	0.2%
MARR	28.6%	30.3%	31.9%	35.8%	36.4%	NA	17.1%	11.0%	17.5%	8.6%
NHM	30.7%	32.2%	38.7%	39.4%						

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



Department of Health and Mental Hygiene  
Maryland HealthChoice and Primary Adult Care Programs

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

	2009	2010	2011	2012	2013	2009 PAC	2010 PAC	2011 PAC	2012 PAC	2013 PAC
<b>ACC</b>	54.7%	53.5%	63.0%	54.6%	48.4%			0.0%	0.0%	0.0%
<b>DIA</b>	45.5%	62.3%	51.8%	64.4%	62.6%					
<b>JMS</b>	47.2%	54.0%	43.2%	54.74%	59.1%	NR	49.0%	48.4%	56.4%	53.5%
<b>MPC</b>	51.2%	50.1%	51.3%	45.7%	47.1%	45.3%	51.1%	46.0%	44.5%	31.5%
<b>MSFC</b>	65.7%	67.2%	59.6%	73.3%	73.7%					
<b>PP</b>	58.8%	61.3%	59.1%	65.1%	63.3%		0.0%	6.5%	4.4%	0.0%
<b>UHC</b>	55.7%	54.3%	32.8%	54.74%	47.0%	0.0%	45.5%	0.0%	42.8%	0.2%
<b>MARR</b>	54.1%	57.5%	51.6%	58.9%	57.3%	NA	36.4%	20.2%	29.6%	17.0%
<b>NHM</b>	56.9%	59.8%	60.4%	61.0%						

## **Musculoskeletal Conditions**

### **Use of Imaging Studies 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.

Back pain is among the most common musculoskeletal conditions, afflicting approximately 31 million Americans, and is the number one cause of activity limitation in young adults. For most individuals, back pain quickly improves. Nevertheless, approximately 15 percent of the U.S. population reports having frequently low back pain that lasted for at least two weeks during the previous year. Persistent pain that lasts beyond 3 to 6 months occurs in only 5 to 10 percent of patients with low back pain. According to the American College of Radiology, uncomplicated low back pain is a benign, self-limited condition that does not warrant any imaging studies. The majority of these patients are back to their usual activities in 30 days.

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.

**Summary of Changes to HEDIS 2013:** No changes to this measure.

### **Use of Imaging Studies for Low Back Pain (LBP)**

	<b>2009*</b>	<b>2010*</b>	<b>2011*</b>	<b>2012</b>	<b>2013</b>
<b>ACC</b>				78.5%	77.8%
<b>DIA</b>				74.8%	77.7%
<b>JMS</b>				81.6%	70.9%
<b>MPC</b>				76.8%	75.2%
<b>MSFC</b>				74.5%	73.1%
<b>PP</b>				74.7%	75.0%
<b>UHC</b>				75.5%	74.8%
<b>MARR</b>				76.6%	74.9%
<b>NHM</b>	75.7%	76.1%	75.5%	75.8%	

\* This measure was added by DHMH for reporting in HEDIS 2012.

## **Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)**

**Description:** The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

**Rationale:** Disease modifying anti-rheumatic drugs (DMARDs) modify the disease course of rheumatoid arthritis (RA) through attenuation of progression of bony erosions, reduction of inflammation and long-term structural damage. The utilization of DMARDs is also expected to provide improvement in functional status.

RA is a chronic autoimmune disorder often characterized by progressive joint destruction and multisystem involvement. It affects approximately 2.5 million Americans, and affects women disproportionately. There is no cure; consequently, the goal of treatment is to slow the progression of the disease and thereby delay or prevent joint destruction, relieve pain, and maintain functional capacity.

Evidence-based guidelines support early initiation of DMARD therapy in patients diagnosed with RA. These guidelines include the American College of Rheumatology (ACR) Subcommittee on Rheumatoid Arthritis Guidelines: *Guidelines for the Management of Rheumatoid Arthritis*. All patients with RA are candidates for DMARD therapy, and the majority of the newly diagnosed should be started on DMARD therapy within three months of diagnosis.

The American Pain Society's *Guideline for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis, and Juvenile Chronic Arthritis* notes that almost all people with RA require pharmacotherapy with a DMARD.

### **Summary of Changes for HEDIS 2013:**

- Replaced “nonacute inpatient encounters” with “nonacute inpatient discharges” to identify the event/ diagnosis and deleted codes that identify nonacute inpatient encounters. The organization should use its own methodology to identify nonacute inpatient discharges.
- This is a new reported measure for the Department of Health and Mental Hygiene for reporting year 2013.

### **Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)**

	2009*	2010*	2011*	2012*	2013
<b>ACC</b>					61.8%
<b>DIA</b>					NA
<b>JMS</b>					NA
<b>MPC</b>					71.9%
<b>MSFC</b>					NA
<b>PP</b>					69.5%
<b>UHC</b>					73.3%
<b>MARR</b>					69.1%
<b>NHM</b>				68.9%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

## **Medication Management**

### **Annual Monitoring for Patients on Persistent Medications (MPM)**

Description: The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the four rates separately and as a total rate.

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB).
- Annual monitoring for members on digoxin.
- Annual monitoring for members on diuretics.
- Annual monitoring for members on anticonvulsants.
- Total rate (the sum of the four numerators divided by the sum of the four denominators)

Rationale: Patient safety is highly important, especially for patients at increased risk of adverse drug events from long-term medication use. Persistent use of these drugs warrants monitoring and follow-up by the prescribing physician to assess for side-effects and adjust drug dosage/therapeutic decisions accordingly. The drugs included in this measure also have more deleterious effects in the elderly.

The costs of annual monitoring are offset by the reduction in health care costs associated with complications arising from lack of monitoring and follow-up of patients on long-term medications. The total costs of drug-related problems due to misuse of drugs in the ambulatory setting has been estimated to exceed \$76 billion annually.

Appropriate monitoring of drug therapy remains a significant issue to guide therapeutic decision making and provides largely unmet opportunities for improvement in care for patients on persistent medications.

#### Summary of Changes for HEDIS 2013:

- Clarified that organizations sum the days supply for all medications to determine treatment days in the Event/diagnosis criteria.
- This is a new reported measure for the Department of Health and Mental Hygiene for reporting year 2013.

**Annual Monitoring for Patients on Persistent Medications (MPM) - members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)**

	2009*	2010*	2011*	2012*	2013
ACC					90.1%
DIA					87.7%
JMS					95.8%
MPC					88.9%
MSFC					87.6%
PP					88.224%
UHC					88.222%
MARR					89.5%
NHM				85.9%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

**Annual Monitoring for Patients on Persistent Medications (MPM) - members on digoxin**

	2009*	2010*	2011*	2012*	2013
ACC					95.8%
DIA					NA
JMS					NA
MPC					91.4%
MSFC					NA
PP					91.5%
UHC					93.4%
MARR					93.1%
NHM				90.3%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

**Annual Monitoring for Patients on Persistent Medications (MPM) - members on diuretics**

	2009*	2010*	2011*	2012*	2013
ACC					88.2%
DIA					83.1%
JMS					94.3%
MPC					88.04%
MSFC					88.02%
PP					87.2%
UHC					87.8%
MARR					88.1%
NHM				85.4%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

**Annual Monitoring for Patients on Persistent Medications (MPM) - members on anticonvulsants**

	2009*	2010*	2011*	2012*	2013
ACC					66.0%
DIA					68.3%
JMS					64.8%
MPC					69.9%
MSFC					58.1%
PP					73.3%
UHC					72.4%
MARR					67.5%
NHM				65.2%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

**Annual Monitoring for Patients on Persistent Medications (MPM) - Total rate**

	2009*	2010*	2011*	2012*	2013
ACC					86.2%
DIA					83.5%
JMS					93.1%
MPC					88.0%
MSFC					84.1%
PP					87.3%
UHC					87.5%
MARR					87.1%
NHM				83.9%	

\* This measure was added by DHMH for reporting in HEDIS 2013.

## 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.

#### **Summary of Changes to HEDIS 2013:**

- Added HCPCS code G0443 to Table IET-B.

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

	2009	2010	2011	2012	2013
<b>ACC</b>	41.6%	38.9%	47.6%	41.0%	42.0%
<b>DIA</b>	NA	NA	NA	NA	NA
<b>JMS</b>	NA	NA	NA	NA	NA
<b>MPC</b>	37.9%	25.3%	49.5%	49.7%	42.3%
<b>MSFC</b>	17.8%	23.1%	19.6%	19.5%	5.0%
<b>PP</b>	45.7%	46.9%	50.0%	47.4%	38.4%
<b>UHC</b>	46.8%	41.3%	52.0%	49.8%	42.9%
<b>MARR</b>	37.9%	35.1%	43.7%	41.5%	34.1%
<b>NHM</b>	38.2%	42.5%	44.7%	40.5%	

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

	2009	2010	2011	2012	2013
ACC	52.0%	51.1%	51.5%	47.4%	41.9%
DIA	41.5%	41.9%	41.1%	40.3%	45.8%
JMS	48.3%	44.2%	48.9%	46.7%	37.1%
MPC	49.8%	46.9%	50.8%	47.7%	43.1%
MSFC	36.4%	36.5%	33.1%	36.6%	29.2%
PP	49.0%	46.8%	48.4%	42.8%	38.5%
UHC	56.8%	50.7%	50.1%	47.3%	47.9%
MARR	47.7%	45.4%	46.3%	44.1%	40.5%
NHM	45.2%	44.7%	42.7%	39.4%	

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

	2009	2010	2011	2012	2013
ACC	50.4%	49.4%	50.9%	46.4%	41.9%
DIA	41.9%	40.9%	40.8%	40.3%	45.8%
JMS	48.1%	44.4%	48.8%	46.5%	36.8%
MPC	48.4%	44.7%	50.6%	47.9%	43.0%
MSFC	34.4%	35.6%	32.2%	35.5%	27.4%
PP	48.5%	46.8%	48.6%	43.4%	38.5%
UHC	55.5%	49.7%	50.3%	47.6%	47.3%
MARR	46.7%	44.5%	46.0%	43.9%	40.1%
NHM	44.5%	44.3%	42.9%	39.2%	

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

	2009	2010	2011	2012	2013
ACC	26.5%	23.7%	33.3%	26.5%	27.7%
DIA	NA	NA	NA	NA	NA
JMS	NA	NA	NA	NA	NA
MPC	21.0%	7.1%	33.6%	33.2%	26.5%
MSFC	4.4%	10.3%	8.7%	9.8%	2.5%
PP	23.9%	26.7%	32.4%	29.2%	22.6%
UHC	8.9%	13.1%	25.4%	31.5%	24.0%
MARR	16.9%	16.2%	26.7%	26.0%	20.7%
NHM	14.8%	17.7%	19.9%	17.4%	



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

	2009	2010	2011	2012	2013
<b>ACC</b>	20.7%	21.0%	23.8%	20.7%	18.2%
<b>DIA</b>	15.2%	22.2%	25.2%	21.8%	20.3%
<b>JMS</b>	22.1%	15.7%	21.7%	19.5%	15.4%
<b>MPC</b>	19.0%	13.3%	25.0%	24.0%	20.5%
<b>MSFC</b>	4.6%	7.0%	10.4%	8.3%	5.5%
<b>PP</b>	15.6%	16.6%	22.3%	18.7%	17.0%
<b>UHC</b>	10.1%	10.5%	14.7%	17.0%	17.8%
<b>MARR</b>	15.3%	15.2%	20.4%	18.6%	16.4%
<b>NHM</b>	12.3%	11.8%	13.6%	11.5%	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	21.6%	21.4%	25.3%	21.6%	19.7%
<b>DIA</b>	15.3%	21.1%	25.5%	22.3%	21.1%
<b>JMS</b>	22.1%	16.0%	22.0%	19.4%	15.4%
<b>MPC</b>	19.2%	12.7%	25.9%	24.9%	21.0%
<b>MSFC</b>	4.6%	7.2%	10.3%	8.4%	5.3%
<b>PP</b>	16.7%	17.9%	23.6%	19.9%	17.6%
<b>UHC</b>	10.0%	10.8%	16.0%	18.8%	18.5%
<b>MARR</b>	15.6%	15.3%	21.2%	19.3%	16.9%
<b>NHM</b>	12.4%	12.3%	14.2%	11.9%	

### **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.

**Summary of Changes to HEDIS 2013:**

- Added CPT codes 90867-90869 to Table IAD-C and Table IAD-D.
- Added HCPCS codes G0442, G0443 to Table IAD-D.
- Added HCPCS code G0451 to Table IAD-D. (October Update)

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

	2009	2010	2011	2012	2013
<b>ACC</b>	2.3%	2.3%	2.5%	2.5%	2.6%
<b>DIA</b>	5.7%	5.8%	5.9%	5.4%	5.6%
<b>JMS</b>	17.0%	17.6%	17.1%	16.7%	15.8%
<b>MPC</b>	4.4%	4.9%	6.0%	6.2%	6.3%
<b>MSFC</b>	4.1%	3.8%	4.4%	3.3%	3.1%
<b>PP</b>	4.3%	4.6%	5.3%	5.2%	5.2%
<b>UHC</b>	2.9%	3.3%	3.9%	4.0%	3.6%
<b>MARR</b>	5.8%	6.0%	6.4%	6.2%	6.0%
<b>NHM</b>	3.0%	3.3%	3.3%	3.6%	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	0.7%	0.7%	0.6%	0.6%	0.6%
<b>DIA</b>	1.7%	1.64%	1.1%	1.0%	0.92%
<b>JMS</b>	4.9%	4.9%	4.4%	4.1%	3.8%
<b>MPC</b>	1.5%	1.57%	1.4%	1.3%	1.3%
<b>MSFC</b>	1.7%	1.33%	1.5%	2.2%	0.90%
<b>PP</b>	1.3%	1.30%	1.2%	1.1%	0.943%
<b>UHC</b>	1.0%	0.9%	0.9%	0.9%	0.941%
<b>MARR</b>	1.8%	1.8%	1.6%	1.6%	1.3%
<b>NHM</b>	1.1%	1.1%	0.9%	1.1%	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	0.4%	0.3%	0.3%	0.33%	0.3%
<b>DIA</b>	0.6%	0.2%	0.5%	0.40%	0.4%
<b>JMS</b>	2.9%	2.7%	3.1%	2.9%	2.5%
<b>MPC</b>	0.6%	0.66%	0.88%	0.94%	0.82%
<b>MSFC</b>	0.1%	0.0%	0.4%	0.34%	0.18%
<b>PP</b>	0.8%	0.8%	0.87%	0.8%	0.7%
<b>UHC</b>	0.3%	0.4%	0.6%	0.43%	0.22%
<b>MARR</b>	0.8%	0.73%	1.0%	0.87%	0.7%
<b>NHM</b>	0.2%	0.2%	0.2%	0.3%	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	1.8%	1.9%	2.2%	2.2%	2.4%
<b>DIA</b>	4.6%	5.0%	5.44%	4.9%	5.2%
<b>JMS</b>	15.3%	15.9%	15.4%	15.2%	14.5%
<b>MPC</b>	3.6%	4.1%	5.37%	5.7%	5.8%
<b>MSFC</b>	3.8%	3.6%	3.9%	2.5%	2.5%
<b>PP</b>	3.6%	4.0%	4.7%	4.8%	4.9%
<b>UHC</b>	2.3%	2.8%	3.4%	3.5%	3.0%
<b>MARR</b>	5.0%	5.3%	5.8%	5.5%	5.5%
<b>NHM</b>	2.5%	2.9%	3.3%	3.4%	

## 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.

Summary of Changes to HEDIS 2013: No changes to this measure.

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

	2009	2010	2011	2012	2013
<b>ACC</b>	374.0	388.5	366.8	370.88	363.6
<b>DIA</b>	330.5	330.1	321.5	324.2	325.7
<b>JMS</b>	364.2	385.8	347.4	347.4	373.9
<b>MPC</b>	375.2	400.4	373.9	386.8	385.3
<b>MSFC</b>	380.0	389.5	364.4	370.0	361.6
<b>PP</b>	382.2	415.9	395.0	415.9	407.8
<b>UHC</b>	365.1	391.2	361.1	381.0	374.2
<b>MARR</b>	367.3	385.9	361.4	370.88	370.3
<b>NHM</b>	347.3	367.2	357.2	353.7	

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

	2009	2010	2011	2012	2013
<b>ACC</b>	60.3	66.1	59.0	60.7	59.8
<b>DIA</b>	88.0	94.6	84.3	85.1	84.7
<b>JMS</b>	78.8	92.1	88.8	91.3	93.4
<b>MPC</b>	71.8	81.4	72.5	78.8	79.3
<b>MSFC</b>	76.6	80.1	70.3	72.3	70.8
<b>PP</b>	62.4	70.0	64.0	65.7	66.0
<b>UHC</b>	59.3	68.9	63.7	65.8	65.2
<b>MARR</b>	71.0	79.0	71.8	74.2	74.2
<b>NHM</b>	60.2	67.4	62.0	62.4	

\* A lower rate indicates better performance.

## 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. The collected data will provide opportunities for organization comparisons, as well as quality improvement initiatives.

**Summary of Changes to HEDIS 2013:** No changes to this measure.

### **Call Answer Timeliness (CAT)**

	2009	2010	2011	2012	2013
<b>ACC</b>	75.8%	85.3%	76.1%	78.9%	81.9%
<b>DIA</b>	91.4%	88.0%	92.3%	88.2%	81.3%
<b>JMS</b>	89.9%	87.5%	86.6%	93.1%	95.0%
<b>MPC</b>	82.7%	85.5%	85.7%	91.1%	87.7%
<b>MSFC</b>	94.3%	96.1%	94.8%	89.2%	89.4%
<b>PP</b>	68.2%	76.5%	84.4%	73.1%	84.9%
<b>UHC</b>	81.5%	82.3%	79.6%	85.5%	92.4%
<b>MARR</b>	83.4%	85.9%	85.6%	85.6%	87.5%
<b>NHM</b>	79.7%	82.2%	82.7%	83.2%	