

HEDIS® 2007 Executive Summary

For the

Statewide Analysis Report

Prepared for:

Maryland Department of Health and Mental Hygiene

September 2007

Prepared by:

HealthcareData Company, LLC

West Shore Office Park

5000 Lenker Street

Mechanicsburg, PA 17050

Phone (717) 730-3770 Fax (717) 730-3777

www.HealthcareDataHelp.com

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

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

BACKGROUND	3
HEALTHCHOICE HEDIS MEASURES	3
SPECIFICATION OF AND FINDINGS FOR THE 20 HEDIS 2007 MEASURES	5
(A) EFFECTIVENESS OF CARE DOMAIN:	5
(1) <i>Childhood Immunization Status</i>	5
(2) <i>Adolescent Immunization Status</i>	7
(3) <i>Breast Cancer Screening</i>	9
(4) <i>Cervical Cancer Screening</i>	12
(5) <i>Comprehensive Diabetes Care</i>	13
(6) <i>Use of Appropriate Medications for People With Asthma</i>	22
(7) <i>Appropriate Treatment for Children with Upper Respiratory Infection (New measure for DHMH in 2007)</i>	26
(8) <i>Appropriate Testing for Children with Pharyngitis (New measure for DHMH in 2007)</i>	27
(9) <i>Chlamydia Screening in Women (New measure for DHMH in 2007)</i>	28
(B) ACCESS/AVAILABILITY OF CARE DOMAIN:	31
(10) <i>Children and Adolescents' Access to Primary Care Practitioners</i>	31
(11) <i>Adults' Access to Preventive/Ambulatory Health Services</i>	36
(12) <i>Prenatal and Postpartum Care Rates</i>	38
(13) <i>Call Answer Timeliness</i>	41
(14) <i>Call Abandonment</i>	42
(C) USE OF SERVICES DOMAIN:	43
(15) <i>Frequency of Ongoing Prenatal Care</i>	43
(16) <i>Well-Child Visits in the First 15 Months of Life</i>	46
(17) <i>Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life</i>	48
(18) <i>Adolescent Well-Care Visits</i>	49
(19) <i>Discharges and Average Length of Stay – Maternity Care</i>	50
(20) <i>Births and Average Length of Stay, Newborns</i>	56
HEALTHCHOICE HEDIS 2007 RESULTS	63
CONCLUSION.....	63
HEALTHCHOICE MCO HEDIS 2007 MEASURES – REPORTED RATES	65

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

HEDIS[®] 2007 Executive Summary

Background

The Maryland Department of Health and Mental Hygiene (DHMH) is charged with the responsibility of evaluating the quality of care provided to over **481,096** Maryland Medicaid beneficiaries enrolled in the HealthChoice program, a mandatory managed care program established in 1997 under the §1115 federal waiver. One way to help evaluate quality is to use a standardized set of performance measures – and one predominant set of those measures is referred to as HEDIS (Healthcare Effectiveness Data and Information Set). This group of performance measures was developed and is maintained by the National Committee for Quality Assurance (NCQA) in conjunction with the Centers for Medicare and Medicaid Services (CMS). As part of DHMH's ongoing quality-monitoring efforts, Managed Care Organizations (MCOs) are required by state regulations to annually submit selected HEDIS measures to the Department. By identifying both areas for improvement and the populations affected, and by tracking performance, HEDIS provides a mechanism to facilitate ongoing quality improvement.

Seven HealthChoice MCOs participated in submission and validation of HEDIS 2007 data – these seven included AMERIGROUP Maryland, Inc., Diamond Plan – the Medicaid product line of Coventry Health Care of Delaware, Helix Family Choice, Inc., Jai Medical Systems Managed care Organization, Inc., Maryland Physicians Care, Priority Partners and UnitedHealthcare. In order to improve HEDIS reporting practices and ensure the validity of data submitted by MCOs, DHMH contracted with an independent NCQA-licensed HEDIS audit firm to validate each MCO's results. Two of the seven MCOs elected to contract on their own with another licensed HEDIS audit firm and scheduled audits outside of the DHMH contract. The contractor, HealthcareData Company, LLC (HDC), was the audit firm for the remaining five MCOs. Audit activities for all seven MCOs were conducted as prescribed by NCQA's HEDIS Compliance Audit Standards, Policies and Procedures and were subject to NCQA oversight of these audit processes.

HealthChoice HEDIS Measures

There are a total of 71 HEDIS 2007 measures calculated in 8 different domains from which to choose. For HEDIS 2007, DHMH selected 20 key HEDIS measures in three areas – including those which provide information about (1) how well widely accepted preventive practices, health screenings, and clinical treatments are incorporated into service delivery – the Effectiveness of Care Domain; (2) the accessibility and availability of needed health care without inappropriate barriers or delays – the Access and Availability of Care Domain; and (3) volume of services provided and resource allocation – the Use of Services Domain. The measures in each of these areas were selected based on their ability to provide meaningful MCO comparative information relative to DHMH priorities and goals. DHMH may add to or delete from these 20 measures in future years.

An important feature of HEDIS reporting is the methodology for collecting data and calculating all of the measures is standardized in a set of detailed specifications. The specifications include the data fields to be collected, diagnosis and procedure codes to be included in each measure, selection of member subgroups to be examined, criteria for determining pass/fail status of each measure's validity and the use of statistical computations. It is essential that MCOs adhere to these established specifications so that the findings can be compared.

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

- a. Incomplete Administrative Data – this requires an MCO to find some way to supplement missing data, usually through extensive medical record reviews.
- b. Non-Reportable Measures – this can occur because of bias in the rate due to inaccurate or incomplete data collection, the plan did not calculate the measure as required, or the plan elected not to report the rate as required. HealthChoice MCOs were not given the option of electing to not report any of the 20 required measures.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

It should also be noted that HEDIS measures do not adjust for population characteristics such as age, health status or MCO service area (urban vs. rural). The MCOs vary greatly in size (enrollee size ranges from 6,000 to 167,000) and service area. Two MCOs operate statewide, while four are regional and one operates only in Baltimore City and parts of Baltimore County.

In the pages which follow, each of the 20 measures is addressed in three ways: (1) first, the measure is defined; (2) second, the **Significance** of how the HEDIS measure can affect the MCO is explained; and (3) third, the **Findings** section shows (per measure) which MCOs were found to be above, below, similar to or the same as the national Medicaid average and the Maryland state average. The Maryland average is only calculated if four or more MCOs report the same measure. The findings section is presented with both a table to visually show the results and descriptive terms such as “higher” and “lower. In addition to “higher” or “lower”, a parenthetical descriptor (“better” or “not as good as”) may immediately follow so that the reader will readily understand what the finding means. For more specific information about “how much” higher or lower a finding was for the current year as well as the previous two years, refer to Table A.

Three final points also need to be made regarding how we interpreted the findings. HealthcareData Company, LLC (HDC) had to decide, as we compared the findings with benchmarks, whether to place a plan in the “higher than, similar to, same as or lower than” category. Our decisions were:

- (1) If the finding was reported as a percentage, then we characterized a plan’s result as being “higher than” whenever its percentage was three or more percentage points above the benchmark – and whenever the plan’s result was three or more percentage points below the benchmark, then we characterized the result as being “lower than” the benchmark. Whenever plan results were less than three percentage points (within two percentage points) different from the benchmark, HDC characterized those results as being “similar to” – except if the plan result was equal to the benchmark, then HDC stated that it was “the same as.”
- (2) In some cases, results are reported in days (average length of stay) – and for these results, if the difference was at least one-half day, then the plan was characterized as being either higher or lower than the benchmark; if the difference was less than half a day, then the plan result was said to be “similar to” (or identical as the case may be).
- (3) Finally, if the result was reported as a rate per thousand (such as discharges per thousand), HDC again used “one half” (that is, 0.5) – so, if a rate per thousand for a plan was at least 0.5 different from the benchmark, then it was characterized as being “higher than” or “lower than;” if the rate difference was less than 0.5, then HDC characterized the result as “similar to” (or, again, identical as the case may be).

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

Acronym	MCO Name
AGM	AMERIGROUP Maryland, Inc.
DIA	Diamond Plan – the Medicaid product line of Coventry Health Care
HFC	Helix Family Choice, Inc.
JMS	Jai Medical Systems Managed Care Organization, Inc.
MPC	Maryland Physicians Care
PP	Priority Partners
UHC	UnitedHealthcare

Specification of and Findings for the 20 HEDIS 2007 Measures

(A) EFFECTIVENESS OF CARE DOMAIN:

(1) Childhood Immunization Status

This measures immunization status for children who turned 2 years old during calendar year 2006 and were continuously enrolled for 12 months immediately preceding their second birthday, who were identified as having four DTP/DTaP, three IPV/OPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by the member's second birthday. Within this measure, values for two separate combination rates are calculated:

Combination #1 was retired in HEDIS 2006.

Combination #2 measures children who have received four DTP/DTaP, three IPV/OPV, one MMR, three H influenza type B, three hepatitis B, and one chicken pox vaccine (VZV).

Combination #3 measures children who have received four DTP/DTaP, three IPV/OPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV), **AND** four pneumococcal conjugate vaccinations.

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

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure. The tables and descriptions of the MCOs compared to the Maryland Average Reportable Rate (MARR) and the National Medicaid HEDIS Means are on the following page.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

MCOs compared to the Maryland Average Reportable Rate 2007 (MARR) for Combination 2 and 3

MARR		Higher Than		Lower Than		Similar To		Same As		
		C2	C3	C2	C3	C2	C3	C2	C3	
Combo 2 (C2) 78%	Combo 3 (C3) 68%	AGM 88%	AGM 75%							
				DIA 74%			DIA 66%			
		HFC 81%					HFC 69%			
			JMS 74%	JMS 75%						
				MPC 71%	MPC 62%					
		PP 82%	PP 72%							
				UHC 73%	UHC 60%					

Combination 2

- AGM, HFC and PP had rates that were higher than the Maryland Average Reportable Rate (MARR) for Combo 2.
- DIA, JMS, MPC and UHC had rates that were lower than the MARR for Combo 2.

Combination 3

- AGM, JMS and PP had rates that were higher than the MARR for Combo 3.
- MPC and UHC had rates that were lower than the MARR for Combo 3.
- DIA and HFC had rates that were similar to the MARR for Combo 3.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH) for Combination 2 and 3

NMH		Higher Than		Lower Than		Similar To		Same As	
		C2	C3	C2	C3	C2	C3	C2	C3
Combo 2 (C2) 70%	Combo 3 (C3) 43%	AGM 88%	AGM 75%						
		DIA 74%	DIA 66%						
		HFC 81%	HFC 69%						
		JMS 75%	JMS 74%						
			MPC 62%			MPC 71%			
		PP 82%	PP 72%						
		UHC 73%	UHC 60%						

Combination 2

- AGM, DIA, HFC, JMS, PP and UHC had rates that were higher than the National Medicaid HEDIS 2006 Mean (NMH) for Combination 2.
- MPC had a rate that was similar to the NMH for 2006.

Combination 3

- AGM, DIA, HFC, JMS, MPC, PP, and UHC had rates that were higher than the 2006 NMH.

2007 MARR compared to the 2006 NMH for Combination 2 and 3

- The 2007 MARR was higher than the 2006 NMH for Combination 2 and 3.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(2) Adolescent Immunization Status

This measures immunization status for adolescents who turned 13 during the calendar year 2006 and were continuously enrolled for 12 months immediately preceding their 13th birthday and who were identified as having had a second dose of MMR, three hepatitis B and one chicken pox vaccination (VZV) by the member's 13th birthday.

Combination #1 has been retired for HEDIS 2007.

Combination #2 measures adolescents who have received the second MMR and three hepatitis B vaccinations and at least one VZV.

Significance: The AAP, AAFP, CDC, and the Advisory Committee on Disease Prevention developed immunization guidelines and recommended that by age 13 years children should receive the immunizations identified in the guidelines. This HEDIS measure provides useful information on the degree to which the MCO incorporates these widely accepted guidelines into health care practices and the provision of all required immunizations. Related measures include Adolescent Well Visits, Childhood Immunization Status and Children's Access to Primary Care Practitioners.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
Combo 2 63%	AGM 80%			
		DIA 48%		
	JMS 74%		HFC 61%	
		MPC 51%		
			PP 65%	
			UHC 62%	

Combination 2

- AGM and JMS had rates that were higher than the MARR for Combo 2.
- DIA and MPC had rates that were lower than the MARR for Combo 2.
- HFC, PP, UHC had rates that were similar to the MARR for Combo 2.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
Combo 2 42%	AGM 80%			
	DIA 48%			
	HFC 61%			
	JMS 74%			
	MPC 51%			
	PP 65%			
	UHC 62%			

Combination 2

- AGM, DIA, HFC, JMS, MPC, PP and UHC had rates that were higher than the NMH for Combo 2.

2007 MARR compared to the 2006 NMH for Combination 2

- The 2007 MARR was higher than the 2006 NMH for Combination 2.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(3) Breast Cancer Screening

This measures women age 42 through 69 (age level lowered from 52 to 42 years of age for CY 2006) who were continuously enrolled during the calendar year 2006 and the preceding year (with no more than one gap in enrollment of up to 30 days eligibility period during each year) who had a mammogram during the reporting year or the prior year. The measure is now reported in three numerators as follows:

- 42-51 years
- 52-69 years
- Total

Significance: Approximately one in ten American women will develop breast cancer before the age of 80, according to the National Cancer Institute. The American Cancer Society recommends mammograms as an effective means of detecting breast cancer early. This HEDIS measure provides useful information on the degree to which the MCO has conformed to this widely accepted guideline.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure. **NOTE: The specifications for this measure were changed significantly and therefore cannot be compared to the Nation Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.**

MCOs compared to the Maryland Average Reportable Rate (MARR) for 42-51 years

MARR	Higher Than	Lower Than	Similar To	Same As
38%		AGM 35%		
		DIA 31%		
	HFC 42%			
	JMS 43%			
				MPC 38%
			PP 36%	
		UHC 40%		

- HFC and JMS had rates that were higher than the MARR.
- AGM and DIA had rates that were lower than the MARR.
- PP and UHC had rates that were similar to the MARR.
- MPC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH) for 42-51 years**

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the Nation Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

NOTE: DIA had less than 30 eligible members for this numerator and received a Not Applicable (NA) rate.

MCOs compared to the Maryland Average Reportable Rate (MARR) for 52-69 years

MARR	Higher Than	Lower Than	Similar To	Same As
55%		AGM 54%		
			HFC 57%	
	JMS 68%			
			MPC 54%	
			PP 48%	
		UHC 51%		

- JMS had a rate that was higher than the MARR.
- AGM, PP and UHC had rates that were lower than the MARR.
- HFC and MPC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH) for 52-69 years**

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the Nation Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

MCOs compared to the Maryland Average Reportable Rate (MARR) for Total rate

MARR	Higher Than	Lower Than	Similar To	Same As
44%		DIA 27%		AGM 44%
	HFC 49%			
	JMS 56%			
			MPC 46%	
			PP 42%	
			UHC 46%	

- HFC and JMS had rates that were higher than the MARR.
- DIA had a rate that was lower than the MARR.
- MPC, PP and UHC had rates that were similar to the MARR.
- AGM had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH) for Total rate**

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the Nation Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(4) Cervical Cancer Screening

This measures women age 21 through 64 (the lower age limit was raised from 18 to 21 for HEDIS 2007) who were continuously enrolled during the calendar year 2006 (with no more than one gap in enrollment of up to 45 days) and who received a Pap test during the reporting year or the two prior years.

Significance: Cervical cancer, if detected in the early stages, is highly curable. The American Cancer Society recommends annual Pap tests as an effective means of detecting cervical cancer early. This HEDIS measure provides useful information on the degree to which the MCO has conformed to this widely accepted guideline.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
62%	AGM 71%			
		DIA 44%		
		HFC 58%		
	JMS 78%			
				MPC 62%
				PP 63%
			UHC 61%	

- AGM and JMS had rates that were higher than the MARR.
- DIA and HFC had rates that were lower than the MARR.
- PP and UHC had rates that were similar to the MARR.
- MPC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the Nation Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(5) Comprehensive Diabetes Care

This measures care for members with diabetes (Type 1 and Type 2) age 18 through 75 years old who were continuously enrolled during the calendar year 2006.

Significance: Diabetes is a disorder of metabolism – the way our bodies use digested food for growth and energy. Diabetes is widely recognized as one of the leading causes of death and disability in the United States. Diabetes is associated with long-term complications that affect almost every major part of the body. It contributes to blindness, heart disease, strokes, kidney failure, amputations, and nerve damage. Uncontrolled diabetes can complicate pregnancy, and birth defects are more common in babies born to women with diabetes. The goal of diabetes management is to keep blood glucose levels as close to the normal (non-diabetic) range as is safely possible. This HEDIS measure includes multiple performance points that collectively evaluate the MCO’s effectiveness in working with its providers and members to monitor and help manage diabetes.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report all of the numerators in this measure.

For the HbA1c Testing Numerator:

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
78%		DIA 64%		AGM 78%
	HFC 84%			
	JMS 85%			
			MPC 76%	
	PP 82%			
		UHC 74%		

- HFC, JMS and PP had rates that were higher than the MARR.
- DIA and UHC had rates that were lower than the MARR.
- MPC had a rate that was similar to the MARR.
- AGM had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
76%		DIA 64%	AGM 78%	
	HFC 84%			
	JMS 85%			
				MPC 76%
	PP 82%			
		UHC 74%		

- HFC, JMS, and PP had rates that were higher than the NMH.
- DIA had a rate that was lower than the NMH.
- AGM and UHC had rates that were similar to the NMH.
- MPC had a rate that was the same as the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR for this numerator was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the Poor HbA1c Control Numerator:

It should be noted that for this numerator a *lower* rate indicates better performance (i.e., low rates of poor control indicate better control of the diabetic patient).

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
46%			AGM 45%	
	DIA 50%	HFC 35%		
		JMS 38%		
	MPC 61%		PP 47%	
				UHC 46%

- DIA and MPC had rates that were higher than the MARR.
- HFC and JMS had rates that were lower than the MARR.
- AGM and PP had rates that were similar to the MARR.
- UHC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
49%		AGM 45%		
			DIA 50%	
		HFC 35%		
		JMS 38%		
	MPC 61%		PP 47%	
		UHC 46%		

- AGM, HFC, JMS and UHC had rates that were lower than the NMH.
- MPC had a rate that was higher than the NMH.
- DIA and PP had rates that were similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was lower than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the Good HbA1c Control Numerator:

This is a new numerator from NCQA for this measure in 2007.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	<i>Higher Than</i>	<i>Lower Than</i>	<i>Similar To</i>	<i>Same As</i>
33%			AGM 34%	
	DIA 36%			
	HFC 38%			
	JMS 36%			
		MPC 22%		
	UHC 36%			PP 31%

- DIA, HFC, JMS and UHC had rates that were higher than the MARR.
- MPC had a rate that was lower than the MARR.
- AGM and PP had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** - This is a new numerator for 2007 from NCQA. There is no data available for this year to create comparable data.

2007 MARR compared to the 2006 NMH

This is a new numerator for 2007 from NCQA. There is no data available for this year to create comparable data.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the Eye Exam Numerator:

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
59%	AGM 73%			
		DIA 43%		
	HFC 63%			
	JMS 72%			
		MPC 54%		
		PP 55%		
			UHC 57%	

- AGM, HFC and JMS had rates that were higher than the MARR.
- DIA, MPC and PP had rates that were lower than the MARR.
- UHC had a rate that was similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
47%	AGM 73%			
		DIA 43%		
	HFC 63%			
	JMS 72%			
	MPC 54%			
	PP 55%			
			UHC 57%	

- AGM, HFC, JMS, MPC, PP and UHC had rates that were higher than the NMH.
- DIA had a rate that was lower than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR for this numerator was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the LDL-C Screening Numerator:

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
74%			AGM 73%	
		DIA 57%		
	HFC 80%			
	JMS 84%			
			MPC 76%	
			PP 72%	
				UHC 74%

- HFC and JMS had rates that were higher than the MARR.
- DIA had a rate that was lower than the MARR.
- AGM, MPC and PP had rates that were similar to the MARR.
- UHC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the LDL-C Level Numerator (LESS THAN 100 NUMERATOR):

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
36%			AGM 37%	
		DIA 20%		
	HFC 43%			
	JMS 53%			
		MPC 27%		
				PP 38%
				UHC 36%

- HFC and JMS had rates that were higher than the MARR.
- DIA and MPC had rates that were lower than the MARR.
- AGM and PP had rates that were similar to the MARR.
- UHC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the Monitoring for Diabetic Nephropathy Numerator:

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
79%	AGM 83%			
		DIA 63%		
	HFC 85%			
	JMS 91%			
				MPC 79%
			UHC 75%	PP 77%

- AGM, HFC and JMS had rates that were higher than the MARR.
- DIA and UHC had rates that were lower than the MARR.
- PP had a rate that was similar to the MARR.
- MPC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the Blood Pressure less than 130/80 Numerator:

This is a new numerator from NCQA for this measure in 2007.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	<i>Higher Than</i>	<i>Lower Than</i>	Similar To	Same As
29%		AGM 26%		
		DIA 16%		
	HFC 36%			
				JMS 29%
	PP 45%	MPC 26%		
		UHC 26%		

- HFC and PP had rates that were higher than the MARR.
- AGM, DIA, MPC and UHC had rates that were lower than the MARR.
- JMS had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** - This is a new numerator for 2007 from NCQA. There is no data available for this year to create comparable data.

2007 MARR compared to the 2006 NMH

This is a new numerator for 2007 from NCQA. There is no data available for this year to create comparable data.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the Blood Pressure less than 140/90 Numerator:

This is a new numerator from NCQA for this measure in 2007.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	<i>Higher Than</i>	<i>Lower Than</i>	Similar To	Same As
53%	AGM 56%			
		DIA 41%		
	HFC 61%			
				JMS 53%
	PP 66%	MPC 45%		
		UHC 50%		

- AGM, HFC and PP had rates that were higher than the MARR.
- DIA, MPC and UHC had rates that were lower than the MARR.
- JMS had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** - This is a new numerator for 2007 from NCQA. There is no data available for this year to create comparable data.

2007 MARR compared to the 2006 NMH

This is a new numerator for 2007 from NCQA. There is no data available for this year to create comparable data.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(6) Use of Appropriate Medications for People With Asthma

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

Significance: An estimated 20 million Americans suffer from asthma (1 in 15 Americans), and 50% of asthma cases are “allergic-asthma.” The prevalence of asthma has been increasing since the early 1980s across all age, sex and racial groups. Asthma is characterized by inflammation of the air passages resulting in the temporary narrowing of the airways that transport air from the nose and mouth to the lungs. The annual cost of asthma is estimated to be nearly \$18 billion.

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

The definition of persistent asthma was changed for the 2005 measurement year; members must meet one of four criteria during both the measurement year and the year prior to the measurement year to be included in the denominator. NOTE: The end result was a significant decrease in the eligible population for the measure. Concurrently, compliance rates increased significantly from the prior year. Increases of 15-20 percent were experienced across all Medicaid plans.

Findings: AGM, HFC, MPC, PP and UHC were able to report all of the numerators in this measure. JMS was able to report for age groups 10-17 years and 18-56 years. DIA had less than 30 for all numerators and received an NA for all rates. The information is on the following pages.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the age group 5 through 9 years, AGM, HFC, MPC, PP and UHC were able to report this numerator. NOTE: DIA and JMS both had less than 30 eligible members for this numerator and received a Not Applicable (NA) rate.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
90%			AGM 88%	
			HFC 92%	
			MPC 91%	
			PP 89%	
			UHC 92%	

- AGM, HFC, MPC, PP and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
88%				AGM 88%
	HFC 92%			
	MPC 91%			
			PP 89%	
	UHC 92%			

- HFC, MPC and UHC had rates that were higher than the NMH.
- PP had a rate that was similar to the NMH.
- AGM had a rate that was the same as the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the age group 10 through 17 years, AGM, HFC, JMS, MPC, PP and UHC were able to report this numerator. NOTE: DIA had less than 30 eligible members for this numerator and received a Not Applicable (NA) rate.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
87%			AGM 89%	
	HFC 90%			
		JMS 77%		
			MPC 89%	
			PP 88%	
			UHC 89%	

- HFC had a rate that was higher than the MARR.
- JMS had a rate that was lower he MARR.
- AGM, MPC, PP and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

MARR	Higher Than	Lower Than	Similar To	Same As
86%	AGM 89%			
	HFC 90%			
		JMS 77%		
	MPC 89%			
			PP 88%	
	UHC 89%			

- AGM, HFC, MPC and UHC had rates that were higher than the MARR.
- JMS had a rate that was lower he MARR.
- PP had a rate that was similar to the MARR

2007 MARR compared to the 2006 NMH

- The 2007 MARR was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the age group 18 through 56 years, AGM, HFC, JMS, MPC, PP and UHC were able to report this numerator. NOTE: DIA had less than 30 eligible members for this numerator and received a Not Applicable (NA) rate.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
85%			AGM 87%	
	HFC 92%			JMS 85%
				MPC 85%
		PP 76%		
			UHC 86%	

- HFC had a rate that was higher than the MARR.
- PP had a rate that was lower the MARR.
- AGM and UHC had rates that were similar to the MARR.
- JMS and MPC had rates that were the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than (Better than)	Lower Than (Not as good as)	Similar To	Same As
83%	AGM 87%			
	HFC 92%			
			JMS 85%	
			MPC 85%	
			PP 76%	
	UHC 86%			

- AGM, HFC and UHC had rates that were higher than the MARR.
- PP had a rate that was lower he MARR.
- JMS and MPC had rates that were similar to the MARR

2007 MARR compared to the 2006 NMH

- The 2007 MARR was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(7) Appropriate Treatment for Children with Upper Respiratory Infection (New measure for DHMH in 2007)

The percentage of children 3 months – 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the Episode Date.

Significance: The common cold (upper respiratory infection – URI) is a common and frequent reason for children to visit their provider. Currently, clinical guidelines do not promote the use of antibiotics for the common cold; however, providers have been prescribing them for the common cold. This performance measure of antibiotic use for URI sheds light on the prevalence of inappropriate antibiotic prescribing in clinical practice and raises awareness of the importance of reducing inappropriate antibiotic use to combat antibiotic resistance in the community.

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

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
85%			AGM 86%	
			DIA 87%	
				HFC 85%
		JMS 82%		
	PP 94%		MPC 83%	
		UHC 79%		

- PP had a rate that was higher than the MARR.
- JMS and UHC had rates that were lower than the MARR.
- AGM, DIA and MPC had rates that were similar to the MARR.
- HFC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
82%	AGM 86%			
	DIA 87%			
	HFC 85%			
				JMS 82%
	PP 94%			MPC 83%
		UHC 79%		

- AGM, DIA, HFC and PP had rates that were higher than the NMH.
- UHC had a rate that was lower than the NMH.
- MPC had a rate that was similar to the NMH.
- JMS had a rate that was the same as the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(8) Appropriate Testing for Children with Pharyngitis (New measure for DHMH in 2007)

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

Significance: Pharyngitis is the only condition among upper respiratory infections (URIs) whose diagnosis can easily be objectively validated through administrative and laboratory data. Pharyngitis can also serve as an important indicator of appropriate antibiotic use among all respiratory tract infections. Excessive use of antibiotics is highly prevalent for pharyngitis. About 35 percent of the total 9 million antibiotics prescribed for pharyngitis in 1998 were estimated to be inappropriate. This overuse of antibiotics has been proven to be directly linked to the prevalence of antibiotic resistance in the community. Promoting judicious use of antibiotics is important to reduce levels of antibiotic resistance. A higher rate represents better performance (i.e., appropriate testing).

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
66%			AGM 68%	
		DIA 54%		
		HFC 54%		
	JMS 73%			
	MPC 71%			
	PP 76%			
			UHC 65%	

- JMS, MPC and PP had rates that were higher than the MARR.
- DIA and HFC had rates that were lower than the MARR.
- AGM and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
52%	AGM 68%			
			DIA 54%	
			HFC 54%	
	JMS 73%			
	MPC 71%			
	PP 76%			
			UHC 65%	

- AGM, JMS, MPC, PP and UHC had rates that were higher than the NMH.
- DIA and HFC had rates that were similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(9) Chlamydia Screening in Women (New measure for DHMH in 2007)

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

This measure is reported in two age stratifications and an overall rate: 1) 16 – 20 years, 2) 21 – 25 years, and 3) Total Rate

Significance: Screening for Chlamydia is essential because the majority of women who have the condition do not experience symptoms. The main objective of Chlamydia screening is to prevent pelvic inflammatory disease (PID), infertility and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated Chlamydia infection. The specifications for this measure are consistent with current clinical guidelines, such as those of the U.S. Preventive Services Task Force.

Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States. The Center 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 to 24) women.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report all of the numerators in this measure.

MCOs compared to the Maryland Average Reportable Rate (MARR) for the 16-20 years

MARR	Higher Than	Lower Than	Similar To	Same As
56%	AGM 60%			
		DIA 45%		
		HFC 52%		
	JMS 69%			
	MPC 60%			
			PP 57%	
		UHC 49%		

- AGM, JMS and MPC had rates that were higher than the MARR.
- DIA, HFC and UHC had rates that were lower than the MARR.
- PP had a rate that was similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH) for the 16-20 years

NMH	Higher Than	Lower Than	Similar To	Same As
49%	AGM 60%			
		DIA 45%		
	HFC 52%			
	JMS 69%			
	MPC 60%			
	PP 57%			
				UHC 49%

- AGM, HFC, JMS, MPC and PP had rates that were higher than the NMH.
- DIA had a rate that was lower than the NMH.
- UHC had a rate that was the same as the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

MCOs compared to the Maryland Average Reportable Rate (MARR) for the 21-25 years

MARR	<i>Higher Than</i>	<i>Lower Than</i>	<i>Similar To</i>	<i>Same As</i>
64%	AGM 70%			
		DIA 57%		
		HFC 56%		
	JMS 70%			
	MPC 72%			
	PP 67%			
		UHC 58%		

- AGM, JMS, MPC and PP had rates that were higher than the MARR.
- DIA, HFC and UHC had rates that were lower than the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH) for the 21-25 years

NMH	<i>Higher Than</i>	<i>Lower Than</i>	<i>Similar To</i>	<i>Same As</i>
52%	AGM 70%			
	DIA 57%			
	HFC 56%			
	JMS 70%			
	MPC 72%			
	PP 67%			
	UHC 58%			

- AGM, DIA, HFC, JMS, MPC, PP, and UHC had rates that were higher than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

MCOs compared to the Maryland Average Reportable Rate (MARR) for the Total Rate

MARR	Higher Than	Lower Than	Similar To	Same As
59%	AGM 63%			
		DIA 51%		
		HFC 53%		
	JMS 69%			
	MPC 63%			
		UHC 52%		PP 60%

- AGM, JMS and MPC had rates that were higher than the MARR.
- DIA, HFC and UHC had rates that were lower than the MARR.
- PP had a rate that was similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH) for the Total Rate

NMH	Higher Than	Lower Than	Similar To	Same As
51%	AGM 63%			
				DIA 51%
				HFC 53%
	JMS 69%			
	MPC 63%			
	PP 60%			UHC 52%

- AGM, JMS, MPC and PP had rates that were higher than the NMH.
- HFC and UHC had rates that were similar to the NMH.
- DIA had a rate that was the same as the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(B) ACCESS/AVAILABILITY OF CARE DOMAIN:

(10) Children and Adolescents' Access to Primary Care Practitioners

This measures the accessibility and availability of health care for children age 12 months through 24 months and 25 months through 6 years who were continuously enrolled during calendar year 2005 and who had a visit with an MCO primary care practitioner during the calendar year 2006. It also measures children age 7 years through 11 years and 12 years through 19 years who were continuously enrolled during the calendar year 2006 and the year prior to the measurement year and who had a visit with an MCO primary care practitioner during calendar year 2006 or the year prior to the measurement year. The specifications for this measure for HEDIS 2007 removed the mental health and chemical dependency services exclusions and therefore may have an affect on the MCOs reported rates for 2007.

Significance: Children and Adolescents' access to the health care delivery system may be inferred by evaluating the rates at which children receive pediatric preventive/ambulatory health services. This HEDIS measure evaluates the degree to which the MCO insures children in the early years of life have received the necessary preventive health services so as to help reduce the future impact of untreated medical and emotional problems.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure. The information can be found on the following pages.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the category pertaining to 12 through 24 months, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
94%	AGM 97%			
		DIA 90%		
	HFC 97%			
		JMS 91%		
			MPC 96%	
			PP 95%	
			UHC 95%	

- AGM and HFC had rates that were higher than the MARR.
- DIA and JMS had rates that were lower than the MARR.
- MPC, PP and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the National Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the category pertaining to 25 months through 6-year-old children, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
88%	AGM 91%			
		DIA 82%		
			HFC 89%	
	MPC 91%		JMS 89%	
		PP 85%		
			UHC 89%	

- AGM and MPC had rates that were higher than the MARR.
- DIA and PP had rates that were lower than the MARR.
- HFC, JMS and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the National Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the category pertaining to 7 through 11 year old children, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
89%	AGM 92%			
		DIA 81%		
	HFC 92%			
			JMS 90%	
	MPC 92%			
			PP 87%	
		UHC 90%		

- AGM, HFC and MPC had rates that were higher than the MARR.
- DIA had a rate that was lower than the MARR.
- JMS, PP and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the Nation Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the category pertaining to 12 through 19 year old adolescents, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator in this measure.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
87%			AGM 89%	
		DIA 80%	HFC 89%	
	JMS 92%		MPC 88%	
		PP 83%	UHC 86%	

- JMS had a rate that was higher than the MARR.
- DIA and PP had rates that were lower than the MARR.
- AGM, HFC, MPC and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the National Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

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

This measures enrollees age 20 through 44, 45 through 64, and 65 years and older who were continuously enrolled during calendar year 2006 and who had an ambulatory or preventive care visit during calendar year 2006. The specifications for this measure for HEDIS 2007 removed the mental health and chemical dependency services exclusions and therefore may have an affect on the MCOs reported rates for 2007.

Significance: Adults' access to the health care delivery system may be inferred by evaluating the rates at which adults receive preventive/ambulatory health services. This HEDIS measure evaluates the degree to which the MCO insures that every adult receives the necessary preventive health services which help to discern unidentified medical and emotional problems and which contribute to the treatment of ongoing problems so they do not become unmanageable.

Findings:

For the age group 20 through 44 year old adults, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
75%			AGM 77%	
		DIA 72%		
	HFC 76%		JMS 74%	
			MPC 77%	
			PP 77%	
		UHC 72%		

- HFC had a rate that was higher than the MARR.
- DIA and UHC had rates that were lower than the MARR.
- AGM, JMS, MPC and PP had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the Nation Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the age group 45 through 64 year old adults, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
84%		DIA		AGM
		76%		84%
	JMS	87%		HFC
			83%	
	PP	87%		MPC
			85%	
				UHC
				84%

- JMS and PP had rates that were higher than the MARR.
- DIA had a rate that was lower than the MARR.
- HFC and MPC had rates that were similar to the MARR.
- AGM and UHC had rates that were the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

** Due to specifications changes to this measure, it is not appropriate to compare the MCOs rates with the National Medicaid HEDIS Means (NMH) for 2006. These rates were based on the specifications from 2006.

2007 MARR compared to the 2006 NMH

- The specifications for this measure were changed significantly and therefore cannot be compared to the Nation Medicaid HEDIS Means for 2006 which are based on the specifications from 2006.

For the age group 65 and older, all seven MCOs had eligible member populations that were less than 30 and, per NCQA reporting guidelines, received a NA (Not Applicable) for the rate.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(12) Prenatal and Postpartum Care Rates

This measures prenatal and postpartum care for women who delivered a live birth between November 6th of the calendar year 2005 and November 5th of the calendar year 2006, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery.

Significance: Good prenatal and postpartum care is extremely important preventive medicine. A healthy lifestyle, vitamin supplementation, and identification of maternal risk factors all need to begin early in pregnancy to have the best impact on outcomes. Similarly, the eight weeks after giving birth are a period of physical, emotional and social changes for the mother, during a time when she is also adjusting to caring for her new baby. This HEDIS measure is one of high visibility as it evaluates the MCO's ability to insure adequate prenatal and postpartum care is provided to a highly mobile population. Low compliance rates could result in higher lengths of stay for newborns as well reduced detection of medical and emotional problems occurring after childbirth.

Findings:

For Timeliness of Prenatal Care numerator, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator. This information can be found on the following pages.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
89%	AGM 98%			
	HFC 90%			DIA 89%
			JMS 88%	
			PP 87%	MPC 87%
			UHC 88%	

- AGM and HFC had rates that were higher than the MARR.
- JMS, PP and UHC had rates that were similar to the MARR.
- DIA and MPC had rates that were the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2005 Mean (NMH)

NMH	Higher Than (Better than)	Lower Than (Not as good as)	Similar To	Same As
79%	AGM 98%			
	DIA 89%			
	HFC 90%			
	JMS 88%			
	MPC 87%			
	PP 87%			
	UHC 88%			

- AGM, DIA, HFC, JMS, MPC, PP and UHC had rates that were higher than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Postpartum Care numerator, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
64%	AGM 85%			
		DIA 52%		
		HFC 55%		
	JMS 72%			
		MPC 60%		
			PP 63%	
				UHC 64%

- AGM and JMS had rates that were higher than the MARR.
- DIA, HFC and MPC had rates that were lower than the MARR.
- PP had a rate that was similar to the MARR.
- UHC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
57%	AGM 85%			
		DIA 52%		
			HFC 55%	
	JMS 72%			
	MPC 60%			
	PP 63%			
	UHC 64%			

- AGM, JMS, MPC, PP and UHC had rates that were higher than the NMH.
- DIA had a rate that was lower than the NMH.
- HFC had a rate that was similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(13) Call Answer Timeliness

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

Significance: This measure reports the percentage of calls received by MCO member services call centers (during member services operating hours) during the measurement year that were answered by a live voice within 30 seconds. The collected data will provide opportunities for plan comparisons, as well as quality improvement initiatives. The use of these measures has the potential to standardize and simplify both purchaser requests and plan responses and to provide users with quantifiable, objective comparative information. They are designed to complement member feedback on customer service obtained through the CAHPS® 3.0H consumer survey.

Health care providers, MCO members and purchasers increasingly recognize the importance of customer service as a factor in patient satisfaction. Customer service is an important dimension of the MCO's ability to provide members reasonable access to services. The timeliness of telephone communications is not currently assessed through HEDIS. Assessing member ability to access customer service in a timely manner is the first step toward ensuring that the MCO's customer service or member relations department functions adequately to meet the communication needs of its enrollees. It sets the foundation for assessing quality of interaction between MCO and member.

Findings: AGM, DIA, HFC, JMS, MPC, and UHC were able to report this numerator. PP was not able to report the measure. PP could not report this measure due to data collection issues that occurred in 2006. Since a full 12 months of data is required, the MCO could not report the measure.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
77%		AGM 67%		
	DIA 90%			
	HFC 86%			
	JMS 85%			
			MPC 76%	
		UHC 60%		

- DIA, HFC and JMS had rates that were higher than the MARR.
- AGM and UHC had rates that were lower than the MARR.
- MPC had a rate that was similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
74%		AGM 67%		
	DIA 90%			
	HFC 86%			
	JMS 85%			
			MPC 76%	
		UHC 60%		

- DIA, HFC and JMS had rates that were higher than the NMH.
- AGM and UHC had rates that were lower than the NMH.
- MPC had a rate that was similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(14) Call Abandonment

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

Significance: Callers who want to speak to a live customer service representative often encounter significant barriers to accessing one. They can be put on hold for lengthy periods without knowing how long it will take for the call to be answered. Dissatisfied callers may abandon the call without having their issue addressed, or are forced to call back at another time, delaying response to their request. A measure of the call abandonment rate is a useful indicator of a call center's ability to provide customer service. Purchasers increasingly affected by employee dissatisfaction with customer service have placed contractual requirements on MCOs to allow only a small percentage of calls to be abandoned. MCOs collect and report this information to purchasers as part of their contract.

Findings: AGM, DIA, HFC, JMS, MPC, and UHC were able to report this numerator. PP was not able to report the measure. PP could not report this measure due to data collection issues that occurred in 2006. Since a full 12 months of data is required, the MCO could not report the measure.

It should be noted for this measure, a lower rate indicates better performance for the measure (i.e., the lower the rate the less calls that were abandoned by the caller).

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
6%	AGM 10%			
		DIA 1%		
		HFC 2%		
	JMS 14%			
		MPC 3%		
			UHC 8%	

- DIA, HFC and MPC had rates that were lower than the MARR.
- AGM and JMS had rates that were higher than the MARR.
- UHC had a rate that was similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
5%	AGM 10%			
		DIA 1%		
		HFC 2%		
	JMS 14%			
				MPC 3%
	UHC 8%			

- DIA and HFC had rates that were lower than the NMH.
- AGM, JMS and UHC had rates that were higher than the NMH.
- MPC had a rate that was similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(C) USE OF SERVICES DOMAIN:

(15) Frequency of Ongoing Prenatal Care

This measures the percentage of pregnant Medicaid-enrolled women who received < 21 percent, 21 percent through 40 percent, 41 percent through 60 percent, 61 percent through 80 percent or \geq 81 percent of the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the MCO. By specifying that the product line at risk include only live births, this measure captures only a percentage of an MCO's Medicaid members' pregnancies.

Significance: Complications can arise at any time during pregnancy. For this reason, the frequency and adequacy of ongoing prenatal visits is an important factor in monitoring and minimizing pregnancy problems.

The American College of Obstetricians and Gynecologists recommends that prenatal care begin as early in the first trimester of pregnancy as possible, with additional visits every 4 weeks for the first 28 weeks of pregnancy, every 2 to 3 weeks for the next 8 weeks, and then weekly until delivery. This HEDIS measure evaluates the MCO's ability to insure an adequate amount of prenatal care is provided throughout a woman's pregnancy so as to help reduce the potential for higher lengths of stay for newborns, as well as help reduce future medical and emotional problems.

Findings:

For the less than 21 percent of expected visits numerator, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator. The information for this measure is on the following pages.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

It should be noted that for this numerator a *lower* rate indicates better performance.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	<i>Higher Than</i>	<i>Lower Than</i>	Similar To	Same As
5%		AGM 1%		
	DIA 8%			
			HFC 6%	
			JMS 4%	
			MPC 7%	
			PP 6%	
				UHC 5%

- DIA had a rate that was higher than the MARR.
- AGM had a rate that was lower than the MARR.
- HFC, JMS, MPC and PP had rates that were similar to the MARR.
- UHC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2005 Mean (NMH)

NMH	<i>Higher Than</i>	<i>Lower Than</i>	Similar To	Same As
17%		AGM 1%		
		DIA 8%		
		HFC 6%		
		JMS 4%		
		MPC 7%		
		PP 6%		
			UHC 5%	

- AGM, DIA, HFC, JMS, MPC, PP and UHC had rates that were lower than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was lower than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the greater than or equal to 81 percent of expected visits numerator, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
73%	AGM 87%			
		DIA 61%		
	HFC 82%			
	JMS 80%			
		MPC 62%		
		PP 70%		
				UHC 72%

- AGM, HFC and JMS had rates that were higher than the MARR.
- DIA, MPC and PP had rates that were lower than the MARR.
- UHC had a rate that was similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2005 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
56%	AGM 87%			
	DIA 61%			
	HFC 82%			
	JMS 80%			
	MPC 62%			
	PP 70%			
		UHC 72%		

- AGM, DIA, HFC, JMS, MPC, PP and UHC had rates that were higher than the NMH

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

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

This measures members who turned 15 months old during the calendar year 2006, who were continuously enrolled in the MCO from 31 days of age, and who received either zero, one, two, three, four, five or more well-child visits with a primary care practitioner during their first 15 months of life. The two ends of this zero to 5+ continuum are reported below.

Significance: During the first 15 months of life, an infant develops in key areas including mental abilities, physical growth, motor skills, hand-eye coordination, and social and emotional growth. Well-child visits permit early detection and treatment of problems and provide an opportunity for preventive care and parent counseling. The American Academy of Pediatrics recommends six well-child visits during the first 15 months of life. This HEDIS measure evaluates the degree to which the MCO insures children in the early years of life have received the necessary preventive health services so as to help reduce the future impact of untreated medical and emotional problems.

Findings:

For the zero visit rate, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

It should be noted that a lower rate for this numerator indicates better performance.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
2%			AGM 1%	
	DIA 7%			HFC 2%
			JMS 3%	
			MPC 1%	
			PP 1%	
				UHC 2%

- DIA had a rate that was higher than the MARR.
- AGM, JMS, MPC and PP had rates that were similar to the MARR.
- HFC and UHC had rates that were the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
5%		AGM 1%		
			DIA 7%	
		HFC 2%		
			JMS 3%	
		MPC 1%		
		PP 1%		
		UHC 2%		

- AGM, HFC, MPC, PP and UHC had rates that were lower than the NMH.
- DIA and JMS had rates that were similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was lower than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For the five or more visits numerator, AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this numerator.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
85%	AGM 97%			
		DIA 71%		
		HFC 78%		
	JMS 94%			
			MPC 83%	
			PP 86%	
			UHC 87%	

- AGM and JMS had rates that were higher than the MARR.
- DIA and HFC had rates that were lower than the MARR.
- MPC, PP and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
68%	AGM 97%			
	DIA 71%			
	HFC 78%			
	JMS 94%			
	MPC 83%			
	PP 86%			
	UHC 87%			

- AGM, DIA, HFC, JMS, MPC, PP and UHC had rates that were higher than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

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

This measures members who were three, four, five or six years old during calendar year 2006, who were continuously enrolled during the reporting year (with no more than one gap in enrollment of up to 30 day eligibility period during the reporting year) and who received one or more well-child visit(s) with a primary care provider during the reporting year.

Significance: During the third through sixth years of life, a child develops in key areas including physical growth, speech and language skills, problem solving, and motor skills coordination. Well-child visits permit early detection and treatment of problems and provide an opportunity for preventive care and parental counseling. This HEDIS measure evaluates the degree to which the MCO insures children continue to receive the necessary preventive health services at a time in their life when it is possible to identify problems and help reduce the future impact of untreated medical and emotional problems.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
77%	AGM 80%			
		DIA 69%		
		HFC 74%		
	JMS 88%			
			MPC 76%	
			PP 73%	
	UHC 80%			

- AGM, JMS and UHC had rates that were higher than the MARR.
- DIA, HFC and PP had rates that were lower than the MARR.
- MPC had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
63%	AGM 80%			
	DIA 69%			
	HFC 74%			
	JMS 88%			
	MPC 76%			
	PP 73%			
	UHC 80%			

- AGM, DIA, HFC, JMS, MPC, PP and UHC had rates that were higher than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(18) Adolescent Well-Care Visits

This measures members who were age 12 through 21 years during calendar year 2006 who were continuously enrolled during the measurement year (with no more than one gap in enrollment of up to 30 day eligibility period for Medicaid during the reporting year) and who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during calendar year 2004.

Significance: During the 12th through 21st year of life, it is necessary to assess the physical, emotional and social aspects of health through regular well-care visits. The visits also enable the health care provider to offer lifestyle and disease prevention guidance. This HEDIS measure evaluates the degree to which the MCO insures teenagers receive the necessary preventive health services at a time in their lives when it is possible to identify problems and implement necessary modalities of care, whether for physical issues or emotional problems.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than	Lower Than	Similar To	Same As
59%			AGM 57%	
		DIA 50%		HFC 59%
	JMS 76%			
			MPC 60%	
		PP 54%		
				UHC 59%

- JMS had a rate that was higher than the MARR.
- DIA and PP had rates that were lower than the MARR.
- AGM and MPC had rates that were similar to the MARR.
- HFC and UHC had rates that were the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than	Lower Than	Similar To	Same As
41%	AGM 57%			
	DIA 50%			
	HFC 59%			
	JMS 76%			
	MPC 60%			
	PP 54%			
	UHC 59%			

- AGM, DIA, HFC, JMS, MPC, PP and UHC had rates that were higher than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(19) Discharges and Average Length of Stay – Maternity Care

This measures how many enrolled women gave birth during calendar year 2005 and how long the women remained in the hospital on average after vaginal or Cesarean section deliveries.

Significance: Childbirth is a very common reason for hospitalization. This measure describes how many women enrolled in the MCO gave birth during the reporting year and how long the women remained in the hospital on average after vaginal births or Cesarean section deliveries. This HEDIS measure serves as a complementary measure to the MCO’s rates in the Prenatal and Postpartum Care where adequate prenatal care often results in shorter lengths of stay for the delivery and lower C-Section rates because of less complications occurring during childbirth.

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure. The results are on the following pages.

For Total Deliveries – Discharges per 1000 Female Member Months:

** NOTE: The comparison of the individual MCO rate and the Maryland Average Reportable Rate (MARR) for the Discharges per 1000 Female Member Months numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MARR position – it does not identify better than or not as good as. There are numerous factors that can affect the discharges per 1000 member months for an MCO, so it is not appropriate to say that a MCO rate is better than or not as good as the MARR.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than**	Lower Than**	Similar To**	Same As**
11.3	AGM 12.0			
	DIA 14.9			
			HFC 11.6	
	MPC 12.8	JMS 6.2		
		PP 10.3		
			UHC 11.4	

- AGM, DIA and MPC had rates that were higher than the MARR.
- JMS and PP had rates that were lower than the MARR.
- HFC and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
8.3	AGM 12.0			
	DIA 14.9			
	HFC 11.6			
		JMS 6.2		
	MPC 12.8			
	PP 10.3			
	UHC 11.4			

- AGM, DIA, HFC, MPC, PP and UHC had rates that were higher than the NMH.
- JMS had a rate that was lower than the MARR.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Average Length of Stay (all deliveries):

** NOTE: The comparison of the individual MCO average and the Maryland MCO Average (MMA) for the Average Length of Stay numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MMA position – it does not identify better than or not as good as. There are numerous factors that can affect the average length of stay for an MCO, so it is not appropriate to say that a MCO average is better than or not as good as the MMA.

MCOs compared to the Maryland MCO Average (MMA)

MMA	Higher Than**	Lower Than**	Similar To**	Same As**
2.8			AGM 3.0	
				DIA 2.8
			HFC 2.7	
			JMS 3.0	
			MPC 2.7	
				PP 2.8
				UHC 2.8

- AGM, HFC, JMS and MPC had averages that were similar to the MMA.
- DIA, PP and UHC had averages that were the same as the MMA.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.6			AGM 3.0	
			DIA 2.8	
			HFC 2.7	
			JMS 3.0	
			MPC 2.7	
			PP 2.8	
			UHC 2.8	

- AGM, DIA, HFC, JMS, MPC, PP and had averages that were similar to the NMH.

2007 MMA compared to the 2006 NMH

- The 2007 MMA was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Vaginal Deliveries – Discharges per 1000 Female Member Months:

** NOTE: The comparison of the individual MCO rate and the Maryland Average Reportable Rate (MARR) for the Discharges per 1000 Female Member Months numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MARR position – it does not identify better than or not as good as. There are numerous factors that can affect the discharges per 1000 member months for an MCO, so it is not appropriate to say that a MCO rate is better than or not as good as the MARR.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than**	Lower Than**	Similar To**	Same As**
8.1				AGM 8.1
	DIA 10.8			
	HFC 8.6			
		JMS 4.6		
	MPC 9.2			
		PP 7.5		
			UHC 7.8	

- DIA, HFC and MPC had rates that were higher than the MARR.
- JMS and PP had rates that were lower than the MARR.
- UHC had a rate that was similar to the MARR.
- AGM had a rate that was the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
6.0	AGM 8.1			
	DIA 10.8			
	HFC 8.6			
		JMS 4.6		
	MPC 9.2			
	PP 7.5			
	UHC 7.8			

- AGM, DIA, HFC, MPC, PP, and UHC had rates that were higher than the NMH.
- JMS had a rate that was lower than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Average Length of Stay (Vaginal deliveries):

** NOTE: The comparison of the individual MCO average and the Maryland MCO Average (MMA) for the Average Length of Stay numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MMA position – it does not identify better than or not as good as. There are numerous factors that can affect the average length of stay for an MCO, so it is not appropriate to say that a MCO average is better than or not as good as the MMA.

MCOs compared to the Maryland MCO Average (MMA)

MMA	Higher Than**	Lower Than**	Similar To**	Same As**
2.4			AGM 2.5	
			DIA 2.3	
			HFC 2.3	
				JMS 2.4
			MPC 2.3	
				PP 2.4
			UHC 2.3	

- AGM, DIA, HFC, MPC and UHC had averages that were similar to the MMA.
- JMS and PP had averages that were the same as the MMA.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.3			AGM 2.5	
				DIA 2.3
				HFC 2.3
			JMS 2.4	
				MPC 2.3
			PP 2.4	
				UHC 2.3

- AGM, JMS, and PP had averages that were similar to the NMH.
- DIA, HFC, MPC and UHC had averages that were the same as the NMH.

2007 MMA compared to the 2006 NMH

- The 2006 MMA was similar to the 2005 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Cesarean Deliveries – Discharges per 1000 Female Member Months:

** NOTE: The comparison of the individual MCO rate and the Maryland Average Reportable Rate (MARR) for the Discharges per 1000 Female Member Months numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MARR position – it does not identify better than or not as good as. There are numerous factors that can affect the discharges per 1000 member months for an MCO, so it is not appropriate to say that a MCO rate is better than or not as good as the MARR.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than**	Lower Than**	Similar To**	Same As**
3.2	AGM 3.9			
	DIA 4.1			
				HFC 3.0
		JMS 1.6		
				MPC 3.6
				PP 2.9
			UHC 3.6	

- AGM and DIA had rates that were higher than the MARR.
- JMS had a rate that was lower than the MARR.
- HFC, MPC, PP and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.3	AGM 3.9			
	DIA 4.1			
	HFC 3.0			
		JMS 1.6		
	MPC 3.6			
	PP 2.9			
	UHC 3.6			

- AGM, DIA, HFC, MPC, PP and UHC had rates that were higher than the NMH.
- JMS had a rate that was lower than the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Average Length of Stay (Cesarean deliveries):

** NOTE: The comparison of the individual MCO average and the Maryland MCO Average (MMA) for the Average Length of Stay numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MMA position – it does not identify better than or not as good as. There are numerous factors that can affect the average length of stay for an MCO, so it is not appropriate to say that a MCO average is better than or not as good as the MMA.

MCOs compared to the Maryland MCO Average (MMA)

MMA	Higher Than**	Lower Than**	Similar To**	Same As**
4.0			AGM 3.9	
			DIA 4.2	
				HFC 4.0
	JMS 4.7			
			MPC 3.8	
			PP 3.9	
			UHC 3.7	

- JMS had an average that was higher than the MMA.
- AGM, DIA, MPC, PP and UHC had averages that were similar to the MMA.
- HFC had an average that was the same as the MMA.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
3.7			AGM 3.9	
				HFC 4.0
	DIA 4.2			
	JMS 4.7			
			MPC 3.8	
			PP 3.9	
			UHC 3.7	

- DIA and JMS had averages that were higher than the NMH.
- AGM, HFC, MPC and PP had averages that were similar to the NMH.
- UHC had an average that was the same as the NMH.

2007 MMA compared to the 2006 NMH

- The 2007 MMA was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

(20) Births and Average Length of Stay, Newborns

This measure reports information on total newborns, well newborns and complex newborns discharged during calendar year 2006.

Significance: Newborns are identified and reported separately from maternity members. Newborn care is defined as care provided from birth to discharge to home. If a newborn is transferred from one hospital to another and has never gone home, the care is still newborn care. Newborn care that is rendered after the baby has been initially discharged should be reported in the Inpatient Utilization – General Hospital/Acute Care measure.

Newborns delivered in an inpatient setting and at birthing centers should be included in this measure. For newborns delivered in birthing centers, count one day of stay.

Some MCOs do not keep separate records on well newborns that leave the hospital at the same time as their mother. MCOs must develop a methodology to estimate the number of well newborns for whom the MCO does not produce separate discharge abstracts (for example, using the mother's length of stay as a proxy for the well newborn's length of stay). To report newborns that are members when the mother is not a member of the MCO, MCOs will need to develop a method that links the newborn to the mother. This HEDIS measure serves as a complementary measure to the MCO's rates in the Prenatal and Postpartum Care where adequate prenatal care often results in shorter lengths of stay for newborn and lower complex newborn rates (lengths of stay in excess of 5 days).

Findings: AGM, DIA, HFC, JMS, MPC, PP and UHC were able to report this measure. The results are on the following pages.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Total Newborn Discharges per 1000 Member Months:

** NOTE: The comparison of the individual MCO rate and the Maryland Average Reportable Rate (MARR) for the Discharges per 1000 Member Months numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MARR position – it does not identify better than or not as good as. There are numerous factors that can affect the discharges per 1000 member months for an MCO, so it is not appropriate to say that a MCO rate is better than or not as good as the MARR.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than**	Lower Than**	Similar To**	Same As**
4.2			AGM 4.3	
	DIA 6.3			
			HFC 3.9	
			JMS 2.7	
	MPC 4.8			
			PP 3.5	
		UHC 3.7		

- DIA and MPC had rates that were higher than the MARR.
- JMS, PP and UHC had rates that were lower than the MARR.
- AGM and HFC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
3.0	AGM 4.3			
	DIA 6.3			
	HFC 3.9			
			JMS 2.7	
	MPC 4.8			
	PP 3.5			
	UHC 3.7			

- AGM, DIA, HFC, MPC, PP and UHC had rates that were higher than the NMH.
- JMS had a rate that was similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Average Length of Stay (total newborn discharges):

** NOTE: The comparison of the individual MCO average and the Maryland MCO Average (MMA) for the Average Length of Stay numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MMA position – it does not identify better than or not as good as. There are numerous factors that can affect the average length of stay for an MCO, so it is not appropriate to say that a MCO average is better than or not as good as the MMA.

MCOs compared to the Maryland MCO Average (MMA)

MMA	Higher Than**	Lower Than**	Similar To**	Same As**
3.9			AGM 4.0	
	DIA 4.4			
	JMS 4.7		HFC 3.6	
			MPC 3.5	
			PP 3.6	
			UHC 3.7	

- DIA and JMS had averages that were higher than the MMA.
- AGM, HFC, MPC, PP and UHC had averages that were similar to the MMA.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
3.3	AGM 4.0			
	DIA 4.4			
			HFC 3.6	
	JMS 4.7			
			MPC 3.5	
			PP 3.6	
		UHC 3.7		

- AGM, DIA and JMS had averages that were higher than the NMH.
- HFC, MPC, PP and UHC had averages that were similar to the NMH.

2007 MMA compared to the 2006 NMH

- The 2006 MMA was higher than the 2005 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Total Well Newborn Discharges per 1000 member months:

** NOTE: The comparison of the individual MCO rate and the Maryland Average Reportable Rate (MARR) for the Discharges per 1000 Member Months numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MARR position – it does not identify better than or not as good as. There are numerous factors that can affect the discharges per 1000 member months for an MCO, so it is not appropriate to say that a MCO rate is better than or not as good as the MARR.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MARR	Higher Than**	Lower Than**	Similar To**	Same As**
3.7			AGM 3.8	
	DIA 5.6			
			HFC 3.5	
		JMS 2.2		
	MPC 4.2			
		PP 3.1		
			UHC 3.3	

- DIA and MPC had rates that were higher than the MARR.
- JMS and PP had rates that were lower than the MARR.
- AGM, HFC and UHC had rates that were similar to the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.8	AGM 3.8			
	DIA 5.6			
	HFC 3.5			
		JMS 2.2		
	MPC 4.2			
			PP 3.1	
	UHC 3.3			

- AGM, DIA, HFC, MPC and UHC had rates that were higher than the NMH.
- JMS had a rate that was lower than the NMH.
- PP had a rate that was similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Average Length of Stay (well newborn discharges):

** NOTE: The comparison of the individual MCO average and the Maryland MCO Average (MMA) for the Average Length of Stay numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MMA position – it does not identify better than or not as good as. There are numerous factors that can affect the average length of stay for an MCO, so it is not appropriate to say that a MCO average is better than or not as good as the MMA.

MCOs compared to the Maryland MCO Average (MMA)

MMA	Higher Than**	Lower Than**	Similar To**	Same As**
2.2			AGM 2.4	
				DIA 2.2
				HFC 2.2
			JMS 2.4	
				MPC 2.2
			PP 2.0	
		UHC 2.3		

- AGM, JMS, PP and UHC had averages that were similar to the MMA.
- DIA, HFC and MPC had averages that were the same as the MMA.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.1			AGM 2.4	
			DIA 2.2	
			HFC 2.2	
			JMS 2.4	
			MPC 2.2	
			PP 2.0	
		UHC 2.3		

- AGM, DIA, HFC, JMS, MPC, PP and UHC had averages that were similar to the NMH.

2007 MMA compared to the 2006 NMH

- The 2007 MMA was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Total Complex Newborn Discharges per 1000 member months:

** NOTE: The comparison of the individual MCO rate and the Maryland Average Reportable Rate (MARR) for the Discharges per 1000 Member Months numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MARR position – it does not identify better than or not as good as. There are numerous factors that can affect the discharges per 1000 member months for an MCO, so it is not appropriate to say that a MCO rate is better than or not as good as the MARR.

MCOs compared to the Maryland Average Reportable Rate (MARR)

MMA	Higher Than**	Lower Than**	Similar To**	Same As**
0.5				AGM 0.5
			DIA 0.7	
			HFC 0.4	
				JMS 0.5
			MPC 0.6	
			PP 0.4	
		UHC 0.4		

- DIA, HFC, MPC, PP and UHC had rates that were similar to the MARR.
- AGM and JMS had rates that were the same as the MARR.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
0.3			AGM 0.5	
			DIA 0.7	
			HFC 0.4	
			JMS 0.5	
			MPC 0.6	
			PP 0.4	
		UHC 0.4		

- AGM, DIA, HFC, JMS, MPC, PP and UHC had rates that were similar to the NMH.

2007 MARR compared to the 2006 NMH

- The 2007 MARR was similar to the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

For Average Length of Stay (complex newborn discharges):

** NOTE: The comparison of the individual MCO average and the Maryland MCO Average (MMA) for the Average Length of Stay numerator and the resulting “higher than,” “lower than,” “similar to,” and “same as” rating is simply noting the MCO position relative to the MMA position – it does not identify better than or not as good as. There are numerous factors that can affect the average length of stay for an MCO, so it is not appropriate to say that a MCO average is better than or not as good as the MMA.

MCOs compared to the Maryland MCO Average (MMA)

MMA	Higher Than**	Lower Than**	Similar To**	Same As**
16.5	AGM 17.3			
	DIA 21.5			
		HFC 15.0		
		JMS 15.0		
		MPC 13.2		
	PP 17.9			
		UHC 15.6		

- AGM, DIA and PP had averages that were higher than the MMA.
- HFC, JMS, MPC and UHC had averages that were lower than the MMA.

MCOs compared to the National Medicaid HEDIS 2006 Mean (NMH)

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
15.1	AGM 17.3			
	DIA 21.5			
			HFC 15.0	
			JMS 15.0	
		MPC 13.2		
	PP 17.9			
	UHC 15.6			

- AGM, DIA, PP and UHC had averages that were higher than the NMH.
- MPC had an average that was lower than the NMH.
- HFC and JMS had averages that were similar to the NMH.

2007 MMA compared to the 2006 NMH

- The 2007 MMA was higher than the 2006 NMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

HealthChoice HEDIS 2007 Results

The HealthChoice HEDIS 2007 results are displayed in the attached Table A for seven MCOs. The table presents the audited results for each measure for the past three years and includes: (1) names of MCOs submitting reportable results; (2) Maryland Average Reportable Rate and Maryland MCO Average for all Maryland MCOs that provided audited and reportable data; and (3) a National Medicaid HEDIS Mean.

Conclusion

The HEDIS 2007 audits saw an increase in the number of DHMH required measures that had to be reported. Three measures were added that provided information on preventive services provided to HealthChoice enrollees. These measures were: Chlamydia Screening in Women, Appropriate Testing for Children With Pharyngitis, and Appropriate Treatment for Children with Upper Respiratory Infection. Comments on the performance of the HealthChoice MCOs is provided below. Additionally, a number of measures had significant changes in the specifications such that a comparison with prior reported performance scores or national benchmarks was not possible. Among these measures were Breast Cancer Screening and Cervical Cancer Screening. Other measures had new indicators added to the measure and a similar comparison was not possible. Such a measure was Comprehensive Diabetes Care where two new indicators were added to the specifications.

The HEDIS 2007 audits saw a slight increase or a stabilization of performance scores by HealthChoice MCOs. Since the audit is intrinsically linked with the DHMH Valued Based Purchasing initiative, the MCOs are striving for performance improvement in all measures that are part of this initiative. HDC has also been preparing the MCOs to report additional measures should they be required in the future.

All of the MCOs have improved upon their data collection processes, data completeness, standardization of coding, and commitment of sufficient financial and staff resources to the reporting process. There were minor issues that were overcome during the course of the audit. Auditors will continue to provide each MCO with recommendations that will reduce the administrative burden of reporting and concurrently improve scores.

There are several areas where MCO performance (good or bad) deserves special mention. These areas are:

1. Call Answer Timeliness: One of the seven MCOs could not report this measure due to data collection issues that occurred in 2006. Since a full 12 months of data is required, the MCO could not report the measure.
2. Call Abandonment: Four of the MCOs had rates that were higher than the national average for all Medicaid health plans. A higher performance score is “bad” for this measure because it is an indication that members are abandoning calls due to long wait times or other reasons. One of the seven MCOs could not report this measure due to data collection issues that occurred in 2006. Since a full 12 months of data is required, the MCO could not report the measure.
3. Prenatal and Postpartum Care – All of the MCOs continue to show improvement in providing prenatal services and the Maryland Average is 10 percentage points higher than the National HEDIS Medicaid mean. However, a similar stellar performance is not demonstrated by all MCOs in the provision of postpartum services. Two of the seven MCOs had performance scores below the National HEDIS Medicaid mean and the Maryland average. Two of the MCOs demonstrated increases from the prior year.
4. Chlamydia Screening in Women – This was a new required measure for all HealthChoice MCOs in HEDIS 2007. The measure evaluates whether or not sexually active women are provided at least one Chlamydia screening test during the year. The measure is reported by age bands and as a total combined rate. The average combined rate for all HealthChoice MCOs was 8 percentage points above the National HEDIS Medicaid mean, which is excellent. All MCOs had a performance score that was equal to or above the National HEDIS Medicaid mean.
5. Appropriate Testing for Children With Pharyngitis – This was a new required measure for all HealthChoice MCOs in HEDIS 2007. The measure evaluates whether or not a child diagnosed with pharyngitis was dispensed an antibiotic and provided a strep test. Results from HEDIS 2007 indicate that performance scores for all HealthChoice MCOs were above the National HEDIS Medicaid mean. The Maryland average was 14 percentage points above the National HEDIS Medicaid mean.
6. Appropriate Treatment for Children With Upper Respiratory Infection – This was a new required measure for all HealthChoice MCOs in HEDIS 2007. The measure evaluates whether or not a child diagnosed with upper respiratory

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

infection (URI) was not provided an antibiotic. Results from HEDIS 2007 indicate that performance scores for six of the seven HealthChoice MCOs were above the National HEDIS Medicaid mean. The Maryland average was 3 percentage points above the National HEDIS Medicaid mean.

7. Well-Child Visits in the First 15 Months of Life – There was general improvement in this measure when assessing the number of children who received five or more visits. All MCOs were above the National HEDIS Medicaid mean.

There are additional recommendations for improvements that include:

- MCOs must continue to improve upon data completeness that includes submission of all claims and encounters, particularly by capitated providers, and monitoring the comprehensiveness of coding on these same claims and encounters;
- MCOs need to be proactive in the identification of noncompliant members prior to the end of the measurement year and then take corrective action with their providers to ensure the required tests or services are performed. Many of the required measures have December 31st as the anchor date. Identification of members noncompliant in the September-November period and then providing notification to their PCP of the member’s status will only serve to enhance performance scores and reduce medical record review burdens.
- MCOs must improve upon the use of administrative databases to supplement their transaction systems, particularly where encounters are not routinely submitted by capitated providers or measures have “look back” periods when the member may not have been assigned to the MCO;
- MCOs must provide close oversight of any vendor contracted to provide services (e.g., pharmacy, lab, vision) and make sure vendors provide comprehensive and accurate data supporting their performance; and
- MCOs must continue to evaluate operations and program equipment upgrades necessary to report all HEDIS measures, whether or not currently required by DHMH.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

Table A

HEALTHCHOICE MCO HEDIS 2007 MEASURES – REPORTED RATES

Domain: Effectiveness of Care	AGM 2005	AGM 2006	AGM 2007	DIA 2005	DIA 2006	DIA 2007	HFC 2005	HFC 2006	HFC 2007	JMS 2005	JMS 2006	JMS 2007	MPC 2005	MPC 2006	MPC 2007	PP 2005	PP 2006	PP 2007	UHC 2005	UHC 2006	UHC 2007	MARR 2007	NMH 2006
Childhood Immunization Rates																							
Combo 2 (DTP, OPV or IPV, MMR, Hep B, Hib and VZV)	80%	88%	88%	NA	NA	74%	73%	74%	81%	76%	77%	75%	66%	70%	71%	76%	80%	82%	65%	71%	73%	78%	70%
Combo 3 (all of Combo 2 plus 4 PCV)**	NA**	72%	75%	NA**	NA	66%	NA**	44%	69%	NA**	63%	74%	NA**	44%	62%	NA**	45%	72%	NA**	38%	60%	68%	43%
Adolescent Immunization Rates																							
Combo 2 (for MMR, Hep. B, and VZV)	57%	76%	80%	NA	NA	48%	41%	49%	61%	53%	65%	74%	44%	43%	51%	46%	54%	65%	34%	40%	62%	63%	42%
Breast Cancer Screening Rates																							
Total Rate	**	**	44%	**	**	27%	**	**	49%	**	**	56%	**	**	46%	**	**	42%	**	**	46%	44%	**
Cervical Cancer Screening Rates	**	**	71%	**	**	44%	**	**	58%	**	**	78%	**	**	62%	**	**	63%	**	**	61%	62%	**
Comprehensive Diabetic Care Rates																							
HbA1c Testing	83%	88%	78%	NA	68%	64%	79%	83%	84%	84%	86%	85%	81%	76%	76%	77%	85%	82%	75%	72%	74%	78%	76%
Good HbA1c	**	**	34%	**	**	36%	**	**	38%	**	**	36%	**	**	22%	**	**	31%	**	**	36%	33%	**
Poor HbA1c Control	44%	34%	45%	NA	52%	50%	43%	40%	35%	38%	39%	38%	51%	53%	61%	52%	39%	47%	42%	43%	46%	46%	49%
Eye Exam	50%	76%	73%	NA	10%	43%	39%	66%	63%	62%	74%	72%	41%	50%	54%	40%	52%	55%	50%	55%	57%	59%	47%
LDL-C Screening	**	**	73%	**	**	57%	**	**	80%	**	**	84%	**	**	76%	**	**	72%	**	**	74%	74%	**
LDL-C Level (< 100 numerator)	**	**	37%	**	**	20%	**	**	43%	**	**	53%	**	**	27%	**	**	38%	**	**	36%	36%	**
Monitoring for Diabetic Nephro.	**	**	83%	**	**	63%	**	**	85%	**	**	91%	**	**	79%	**	**	77%	**	**	75%	79%	**
Blood Pressure <130/80	**	**	26%	**	**	16%	**	**	36%	**	**	29%	**	**	26%	**	**	45%	**	**	26%	29%	***
Blood Pressure <140/90	**	**	56%	**	**	41%	**	**	61%	**	**	53%	**	**	45%	**	**	66%	**	**	50%	53%	***
Use of Appropriate Meds For People With Asthma																							
5 – 9 Years	67%	88%	88%	NA	NA	NA	76%	91%	92%	68%	NA	NA	70%	90%	91%	68%	88%	89%	68%	92%	92%	90%	88%
10 – 17 Years	64%	88%	89%	NA	NA	NA	79%	85%	90%	56%	79%	77%	67%	89%	89%	66%	86%	88%	66%	90%	89%	87%	86%
18 – 56 Years	68%	87%	87%	NA	NA	NA	86%	91%	92%	71%	91%	85%	73%	75%	85%	56%	76%	76%	70%	86%	86%	85%	83%
Combined Rate	66%	87%	88%	NA	NA	NA	80%	89%	91%	66%	85%	83%	70%	84%	88%	64%	84%	86%	68%	89%	89%	88%	86%

** - Due to significant changes in specifications for the 2007 HEDIS measurement year, a comparison would not be appropriate for prior years for these numerators.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

Table A

HEALTHCHOICE MCO HEDIS 2007 MEASURES – REPORTED RATES

Domain: Effectiveness of Care	AGM 2005	AGM 2006	AGM 2007	DIA 2005	DIA 2006	DIA 2007	HFC 2005	HFC 2006	HFC 2007	JMS 2005	JMS 2006	JMS 2007	MPC 2005	MPC 2006	MPC 2007	PP 2005	PP 2006	PP 2007	UHC 2005	UHC 2006	UHC 2007	MARR 2007	NMH 2006
Appropriate treatment for Children with Upper Respiratory Infection	***	***	86%	***	***	87%	***	***	85%	***	***	82%	***	***	83%	***	***	94%	***	***	79%	85%	82%
Appropriate Testing for Children with Pharyngitis	***	***	68%	***	***	54%	***	***	54%	***	***	73%	***	***	71%	***	***	76%	***	***	65%	66%	52%
Chlamydia Screening in Women																							
16-20 years	***	***	60%	***	***	45%	***	***	52%	***	***	69%	***	***	60%	***	***	57%	***	***	49%	56%	49%
21-25 years	***	***	70%	***	***	57%	***	***	56%	***	***	70%	***	***	72%	***	***	67%	***	***	58%	64%	52%
Total Rate	***	***	63%	***	***	51%	***	***	53%	***	***	69%	***	***	63%	***	***	60%	***	***	52%	59%	51%

*** = New measure for 2007, no data available from previous years.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

Table A

HEALTHCHOICE MCO HEDIS 2007 MEASURES – REPORTED RATES																							
Domain: Access/Availability Of Care	AGM 2005	AGM 2006	AGM 2007	DIA 2005	DIA 2006	DIA 2007	HFC 2005	HFC 2006	HFC 2007	JMS 2005	JMS 2006	JMS 2007	MPC 2005	MPC 2006	MPC 2007	PP 2005	PP 2006	PP 2007	UHC 2005	UHC 2006	UHC 2007	MARR 2007	NMH 2006
Children and Adolescents' Access to Primary Care Practitioners Rates																							
12 - 24 Months	96%	98%	97%	NA	89%	90%	96%	94%	97%	88%	88%	91%	92%	95%	96%	95%	95%	95%	96%	95%	95%	94%	**
25 Months - 6 Years	89%	91%	91%	NA	71%	82%	89%	89%	89%	84%	88%	89%	85%	87%	91%	82%	84%	85%	88%	88%	89%	88%	**
7 Years - 11 Years	90%	90%	92%	NA	NA	81%	93%	92%	92%	86%	88%	90%	90%	88%	92%	83%	84%	87%	90%	90%	90%	89%	**
12 years – 19 Years	85%	86%	89%	NA	71%	80%	90%	86%	89%	83%	86%	92%	86%	86%	88%	80%	80%	83%	85%	84%	86%	87%	**
Adults' Access to Preventive/Ambulatory Health Services																							
Ages 20 – 44	75%	75%	77%	NA	62%	72%	75%	76%	76%	70%	71%	74%	70%	76%	77%	78%	78%	77%	76%	73%	72%	75%	**
Ages 45 – 64	83%	83%	84%	NA	71%	76%	86%	85%	83%	85%	87%	87%	81%	84%	85%	86%	87%	87%	86%	85%	84%	84%	**
Ages 65+	NA	NR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	**										
TOPC and Postpartum Care Rates																							
Timeliness of Prenatal Care (TOPC)	94%	94%	98%	NA	68%	89%	90%	90%	90%	83%	83%	88%	86%	85%	87%	82%	82%	87%	87%	90%	88%	89%	79%
Postpartum Care	74%	84%	85%	NA	39%	52%	64%	55%	55%	55%	51%	72%	61%	62%	60%	61%	63%	63%	63%	61%	64%	64%	57%
Call Answer Timeliness	NA	47%	67%	NA	87%	90%	NA	58%	86%	NA	NR	85%	NA	75%	76%	NA	NR	NR	NA	74%	60%	77%	74%
Call Abandonment	NA	16%	10%	NA	1%	1%	NA	5%	2%	NA	NR	14%	NA	4%	3%	NA	9%	NR	NA	3%	8%	6%	5%

** - These measures had significant specification changes for the measurement year that cannot be compared to the NMH for 2006. The NMH for 2006 was based on the specifications for 2006.

**Department of Health and Mental Hygiene
Maryland Medical Assistance HealthChoice Program**

Table A

HEALTHCHOICE MCO HEDIS 2007 MEASURES – REPORTED RATES																							
Domain: Use of Services	AGM 2005	AGM 2006	AGM 2007	DIA 2005	DIA 2006	DIA 2007	HFC 2005	HFC 2006	HFC 2007	JMS 2005	JMS 2006	JMS 2007	MPC 2005	MPC 2006	MPC 2007	PP 2005	PP 2006	PP 2007	UHC 2005	UHC 2006	UHC 2007	MARR 2007	NMH 2006
Frequency of Ongoing Prenatal Care																							
Less than 21%	2%	1%	1%	NA	19%	8%	2%	4%	6%	6%	6%	4%	4%	4%	7%	5%	1%	6%	9%	7%	5%	5%	17%
Greater than 80%	78%	88%	87%	NA	48%	61%	70%	81%	82%	66%	79%	80%	70%	78%	62%	44%	60%	70%	66%	75%	72%	73%	56%
Well-Child Visits in first 15 Mos. of Life Rates																							
0 Visits	1%	1%	1%	NA	10%	7%	2%	1%	2%	6%	4%	3%	4%	2%	1%	2%	2%	1%	0%	2%	2%	2%	5%
5+ Visits	85%	93%	97%	NA	65%	71%	83%	81%	78%	76%	81%	94%	81%	85%	83%	84%	83%	86%	79%	84%	87%	85%	68%
Well-Child Visits in 3rd, 4th, 5th and 6th Yr. of Life Rates																							
	79%	80%	80%	NA	49%	69%	75%	66%	74%	79%	84%	88%	68%	70%	76%	71%	70%	73%	68%	70%	80%	77%	63%
Adolescent Well-Care Visit Rate	57%	58%	57%	NA	35%	50%	55%	49%	59%	59%	72%	76%	48%	54%	60%	46%	48%	54%	50%	50%	59%	59%	41%
Discharge & Average Length of Stay-Maternity Care																							
Total Deliveries – Discharges per 1000 Member Months	10.3	10.4	12.0	NA	10.6	14.9	8.0	11.7	11.6	5.6	5.9	6.2	10.9	11.8	12.8	10.1	9.9	10.3	11.3	10.3	11.4	11.3	8.3
Average Length of Stay	2.9	2.9	3.0	NA	2.9	2.8	3.1	2.8	2.7	3.2	3.2	3.0	2.7	3.0	2.7	2.9	3.0	2.8	2.7	2.7	2.8	2.8	2.6
Vaginal Deliveries – Discharges per 1000 Member Months	7.4	7.4	8.1	NA	8.3	10.8	6.8	8.8	8.6	4.2	4.4	4.6	8.1	8.7	9.2	7.5	7.3	7.5	8.2	7.2	7.8	8.1	6.0
Average Length of Stay	2.4	2.5	2.5	NA	2.5	2.3	2.9	2.4	2.3	2.5	2.6	2.4	2.3	2.4	2.3	2.6	2.5	2.4	2.2	2.3	2.3	2.4	2.3
C-Section Deliveries - Discharges per 1000 Member Months	2.9	3.1	3.9	NA	2.2	4.1	1.2	2.9	3.0	1.4	1.6	1.6	2.8	3.0	3.6	2.7	2.7	2.9	3.1	3.1	3.6	3.2	2.3
Average Length of Stay	4.2	4.0	3.9	NA	4.3	4.2	4.2	4.1	4.0	5.1	4.8	4.7	3.8	4.6	3.8	3.9	4.3	3.9	3.9	3.7	3.7	4.0	3.7
Births and Average Length of Stay, Newborns																							
Total Newborns - Discharges/1000 Member Months	3.5	3.6	4.3	NA	4.8	6.3	3.1	3.9	3.9	2.4	2.4	2.7	3.4	3.5	4.8	3.8	3.6	3.5	3.6	3.4	3.7	4.2	3.0
Average Length of Stay	4.2	3.9	4.0	NA	3.7	4.4	3.0	3.1	3.6	4.4	4.4	4.7	3.9	4.2	3.5	3.4	3.8	3.6	3.3	3.4	3.7	3.9	3.3
Total Well Newborns - Discharges/1000 Member Months	3.1	3.2	3.8	NA	4.1	5.6	3.0	3.6	3.5	1.8	2.1	2.2	3.1	3.1	4.2	3.4	3.3	3.1	3.3	3.1	3.3	3.7	2.8
Average Length of Stay	2.4	2.3	2.4	NA	2.2	2.2	2.8	2.2	2.2	2.4	2.4	2.4	2.1	2.2	2.2	1.9	2.0	2.0	2.2	2.2	2.3	2.2	2.1
Total Complex Newborns - Discharges/1000 Member Months	0.4	0.4	0.5	NA	0.7	0.7	0.1	0.3	0.4	0.5	0.4	0.5	0.3	0.4	0.6	0.4	0.4	0.4	0.3	0.3	0.4	0.5	0.3
Average Length of Stay	18.3	17.2	17.3	NA	13.1	21.5	12.5	13.9	15.0	10.9	16.1	15.0	20.3	19.4	13.2	16.9	19.2	17.9	16.4	16.3	15.6	16.5	15.1