

**HEDIS® 2006 Executive Summary**

**For the**

**Statewide Analysis Report**

**Prepared for:**

**Maryland Department of Health and Mental Hygiene**

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**HEDIS<sup>®</sup> 2006 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 486,691 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 (Health Plan Employer 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 2006 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.com, 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**

For HEDIS 2006, DHMH selected 18 key HEDIS measures in four 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; (3) volume of services provided and resource allocation – the Use of Services Domain; and (4) the stability of the health plan – the Health Plan Stability 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 18 measures in future years. There are a total of 67 HEDIS 2006 measures calculated in 8 different domains from which to choose.

An important feature of HEDIS reporting is that 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 18 required measures.

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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 18 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.com, 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 are the acronyms used throughout the report for the HealthChoice MCOs:

<b>Acronym</b>	<b>MCO Name</b>
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 18 HEDIS 2006 Measures**

### **(A) EFFECTIVENESS OF CARE DOMAIN:**

#### **(1) Childhood Immunization Status**

This measures immunization status for children who turned 2 years old during calendar year 2005 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 for 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, 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. NOTE: The Diamond Plan had less than 30 eligible members for this measure and received a Not Applicable (NA) rate.

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**MCOs compared to the Maryland Average Reportable Rate 2006 (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) 77%	Combo 3 (C3) 51%	AGM 88%	AGM 72%						
				HFC 74%	HFC 44%				
			JMS 63%					JMS 77%	
				MPC 70%	MPC 44%				
				UHC 71%	UHC 38%				
		PP 80%				PP 45%			

**Combination 2**

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

**Combination 3**

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

**MCOs compared to the National Medicaid HEDIS 2005 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) 63%	Combo 3 (C3) **	AGM 88%							
		HFC 74%							
		JMS 77%							
		MPC 70%							
		PP 80%							
		UHC 71%							

**Combination 2**

- AGM, HFC, JMS, MPC, PP and UHC had rates that were higher than the National Medicaid HEDIS 2005 Mean (NMH) for Combination 2.

**Combination 3**

- \*\* Combination 3 was a new numerator for the measurement year. As such, NCQA did not have any data to compare the MCOs information with for this numerator.

**2006 MARR compared to the 2005 NMH for Combination 2**

- The 2006 MARR was higher than the 2005 NMH for Combination 2.

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**(2) Adolescent Immunization Status**

This measures immunization status for adolescents who turned 13 during the calendar year 2005 and were continuously enrolled for 12 months immediately preceding their 13<sup>th</sup> 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 13<sup>th</sup> birthday. Within this measure, values for two separate combination rates are calculated:

Combination #1 has been retired for HEDIS 2006.

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, HFC, JMS, MPC, PP and UHC were able to report this measure. NOTE: The Diamond Plan had less than 30 eligible members for this measure and received a Not Applicable (NA) rate.

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**MCOs compared to the Maryland Average Reportable Rate (MARR)**

MARR	Higher Than	Lower Than	Similar To	Same As
<b>Combo 2 54%</b>	<b>AGM</b> <b>76%</b>			
	<b>JMS</b> <b>65%</b>	<b>HFC</b> <b>49%</b>		
		<b>MPC</b> <b>43%</b>		
		<b>UHC</b> <b>40%</b>		<b>PP</b> <b>54%</b>

**Combination 1**

- Combination 1 was retired for HEDIS 2006.

**Combination 2**

- AGM and JMS had rates that were higher than the MARR for Combo 2.
- HFC, MPC and UHC had rates that were lower than the MARR for Combo 2.
- PP had a rate that was the same as the MARR for Combo 2.

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

NMH	Higher Than	Lower Than	Similar To	Same As
<b>Combo 2 38%</b>	<b>AGM</b> <b>76%</b>			
	<b>HFC</b> <b>49%</b>			
	<b>JMS</b> <b>65%</b>			
	<b>MPC</b> <b>43%</b>			
	<b>PP</b> <b>54%</b>			
			<b>UHC</b> <b>40%</b>	

**Combination 1**

- Combination 1 was retired for the HEDIS 2006 reporting year.

**Combination 2**

- AGM, HFC, JMS, MPC and PP had rates that were higher than the NMH for Combo 2.
- UHC had a rate that was the same as the NMH for Combo 2.

**2006 MARR compared to the 2005 NMH for Combination 2**

- The 2006 MARR was higher than the 2005 NMH for Combination 2.

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**(3) Breast Cancer Screening**

This measures women age 52 through 69 who were continuously enrolled during the calendar year 2005 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.

**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, HFC, JMS, MPC, PP and UHC were able to report this measure. NOTE: The Diamond Plan had less than 30 eligible members for this measure 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
55%	AGM 60%			
		HFC 52%		
	JMS 68%			
		MPC 52%		
		PP 50%		
		UHC 46%		

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
54%	AGM 60%			
			HFC 52%	
	JMS 68%			
			MPC 52%	
		PP 50%		
		UHC 46%		

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was similar to the 2005 NMH.

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**(4) Cervical Cancer Screening**

This measures women age 21 through 64 who were continuously enrolled during the calendar year 2005 (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
<b>59%</b>	<b>AGM</b> <b>68%</b>			
		<b>DIA</b> <b>37%</b>		
			<b>HFC</b> <b>61%</b>	
	<b>JMS</b> <b>71%</b>			
	<b>MPC</b> <b>62%</b>			
			<b>PP</b> <b>58%</b>	
		<b>UHC</b> <b>57%</b>		

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
<b>64%</b>	<b>AGM</b> <b>68%</b>			
		<b>DIA</b> <b>37%</b>		
		<b>HFC</b> <b>61%</b>		
	<b>JMS</b> <b>71%</b>			
			<b>MPC</b> <b>62%</b>	
		<b>PP</b> <b>58%</b>		
	<b>UHC</b> <b>57%</b>			

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was lower than the 2005 NMH.

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**(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 2005.

**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
<b>80%</b>	<b>AGM</b> <b>88%</b>			
		<b>DIA</b> <b>68%</b>		
	<b>HFC</b> <b>83%</b>			
	<b>JMS</b> <b>86%</b>			
		<b>MPC</b> <b>76%</b>		
	<b>PP</b> <b>85%</b>			
		<b>UHC</b> <b>72%</b>		

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
<b>75%</b>	<b>AGM</b> <b>88%</b>			
		<b>DIA</b> <b>68%</b>		
	<b>HFC</b> <b>83%</b>			
	<b>JMS</b> <b>86%</b>			
				<b>MPC</b> <b>76%</b>
	<b>PP</b> <b>85%</b>			
		<b>UHC</b> <b>72%</b>		

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR for this numerator was higher than the 2005 NMH.

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**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
<b>43%</b>		<b>AGM</b> <b>34%</b>		
	<b>DIA</b> <b>52%</b>			
		<b>HFC</b> <b>40%</b>		
	<b>MPC</b> <b>53%</b>			
		<b>PP</b> <b>39%</b>		
				<b>UHC</b> <b>43%</b>

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
<b>50%</b>		<b>AGM</b> <b>34%</b>		
			<b>DIA</b> <b>52%</b>	
		<b>HFC</b> <b>40%</b>		
		<b>JMS</b> <b>39%</b>		
	<b>MPC</b> <b>53%</b>			
		<b>PP</b> <b>39%</b>		
		<b>UHC</b> <b>43%</b>		

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was lower than the 2005 NMH.

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For the Eye Exam Numerator:

**MCOs compared to the Maryland Average Reportable Rate (MARR)**

MARR	Higher Than	Lower Than	Similar To	Same As
55%	AGM 76%			
		DIA 10%		
	HFC 66%			
	JMS 74%			
		MPC 50%		
		PP 52%		
				UHC 55%

- 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 the same as the MARR.

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

NMH	Higher Than	Lower Than	Similar To	Same As
44%	AGM 76%			
		DIA 10%		
	HFC 66%			
	JMS 74%			
	MPC 50%			
	PP 52%			
	UHC 55%			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR for this numerator was higher than the 2005 NMH.

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For the LDL-C Screening Numerator:

**MCOs compared to the Maryland Average Reportable Rate (MARR)**

MARR	Higher Than	Lower Than	Similar To	Same As
<b>84%</b>	AGM 92%			
		DIA 58%		
	HFC 90%			
	JMS 94%			
	PP 89%		MPC 86%	
			UHC 82%	

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
<b>78%</b>	AGM 92%			
		DIA 58%		
	HFC 90%			
	JMS 94%			
	MPC 86%			
	PP 89%			
	UHC 82%			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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**For the LDL-C Level Numerator (LESS THAN 130 NUMERATOR):**

**MCOs compared to the Maryland Average Reportable Rate (MARR)**

MARR	Higher Than	Lower Than	Similar To	Same As
60%	AGM 73%			
		DIA 29%		
	HFC 70%			
	JMS 72%			
	PP 65%	MPC 50%		
			UHC 62%	

- AGM, HFC, JMS and PP 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
50%	AGM 73%			
		DIA 29%		
	HFC 70%			
	JMS 72%			
	PP 65%			MPC 50%
				UHC 62%

- AGM, HFC, JMS 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 similar to the NMH.
- MPC had a rate that was the same as the NMH.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

**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
<b>42%</b>	<b>AGM</b> <b>51%</b>			
		<b>DIA</b> <b>13%</b>		
	<b>HFC</b> <b>51%</b>			
	<b>JMS</b> <b>51%</b>			
	<b>PP</b> <b>50%</b>	<b>MPC</b> <b>35%</b>		
				<b>UHC</b> <b>44%</b>

- AGM, HFC, JMS and PP had rates that were higher than the MARR.
- DIA and MPC 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
<b>30%</b>	<b>AGM</b> <b>51%</b>			
		<b>DIA</b> <b>13%</b>		
	<b>HFC</b> <b>51%</b>			
	<b>JMS</b> <b>51%</b>			
	<b>MPC</b> <b>35%</b>			
	<b>PP</b> <b>50%</b>			
	<b>UHC</b> <b>44%</b>			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

**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
<b>53%</b>	<b>AGM</b> <b>62%</b>			
		<b>DIA</b> <b>32%</b>		
	<b>HFC</b> <b>62%</b>			
	<b>JMS</b> <b>73%</b>			
		<b>MPC</b> <b>46%</b>		
			<b>PP</b> <b>51%</b>	
		<b>UHC</b> <b>42%</b>		

- AGM, HFC and JMS had rates that were higher than the MARR.
- DIA, MPC, 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 2005 Mean (NMH)**

NMH	Higher Than	Lower Than	Similar To	Same As
<b>46%</b>	<b>AGM</b> <b>62%</b>			
		<b>DIA</b> <b>32%</b>		
	<b>HFC</b> <b>62%</b>			
	<b>JMS</b> <b>73%</b>			
				<b>MPC</b> <b>46%</b>
		<b>PP</b> <b>51%</b>		
		<b>UHC</b> <b>42%</b>		

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR for this numerator was higher than the 2005 NMH.

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

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**(6) Use of Appropriate Medications for People With Asthma**

The percentage of enrolled members 5–56 years of age continuously enrolled during 2005 and 2004, who were identified as having persistent asthma during the year prior to the measurement year 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. As a result, NCQA has determined that comparison of rates from HEDIS 2005 and HEDIS 2006 is not appropriate and new benchmarks will be developed.

**Findings:** 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, JMS, 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 91%	
				MPC 90%
			PP 88%	
			UHC 92%	

- AGM, HFC, 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 2005 Mean (NMH)**

NMH	Higher Than	Lower Than	Similar To	Same As
**				

\*\* 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. As a result, NCQA has determined that comparison of rates from HEDIS 2005 and HEDIS 2006 is not appropriate and new benchmarks will be developed.

**2006 MARR compared to the 2005 NMH**

- Please note above statement. No comparison available.

**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
86%			AGM 88%	
			HFC 85%	
		JMS 79%		
	MPC 89%			PP 86%
	UHC 90%			

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
**				

\*\* 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. As a result, NCQA has determined that comparison of rates from HEDIS 2005 and HEDIS 2006 is not appropriate and new benchmarks will be developed.

**2006 MARR compared to the 2005 NMH**

Please note above statement. No comparison available.

**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 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
<b>84%</b>	<b>AGM</b> <b>87%</b>			
	<b>HFC</b> <b>91%</b>			
	<b>JMS</b> <b>91%</b>			
		<b>MPC</b> <b>75%</b>		
		<b>PP</b> <b>76%</b>		
			<b>UHC</b> <b>86%</b>	

- AGM, HFC and JMS had rates that were higher than the MARR.
- MPC and PP had rates that were lower 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 (Better than)	Lower Than (Not as good as)	Similar To	Same As
<b>**</b>				

\*\* 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. As a result, NCQA has determined that comparison of rates from HEDIS 2005 and HEDIS 2006 is not appropriate and new benchmarks will be developed.

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

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**(B) ACCESS/AVAILABILITY OF CARE DOMAIN:**

**(7) 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 2005. It also measures children age 7 years through 11 years and 12 years through 19 years who were continuously enrolled during the calendar year 2005 and the year prior to the measurement year and who had a visit with an MCO primary care practitioner during calendar year 2005 or the year prior to the measurement year.

**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:**

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
<b>93%</b>	<b>AGM 98%</b>			
		<b>DIA 89%</b>		
			<b>HFC 94%</b>	
		<b>JMS 88%</b>		
			<b>MPC 95%</b>	
			<b>PP 95%</b>	
			<b>UHC 95%</b>	

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
<b>92%</b>	<b>AGM 98%</b>			
		<b>DIA 89%</b>		
			<b>HFC 94%</b>	
		<b>JMS 88%</b>		
	<b>MPC 95%</b>			
	<b>PP 95%</b>			
	<b>UHC 95%</b>			

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was similar to the 2005 NMH for this numerator.

**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
<b>85%</b>	<b>AGM</b> <b>91%</b>			
		<b>DIA</b> <b>71%</b>		
	<b>HFC</b> <b>89%</b>			
	<b>JMS</b> <b>88%</b>			
			<b>MPC</b> <b>87%</b>	
	<b>UHC</b> <b>88%</b>		<b>PP</b> <b>84%</b>	

- AGM, HFC, JMS, and UHC had rates that were higher than the MARR.
- DIA had a rate that was lower than the MARR.
- MPC and PP 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
<b>82%</b>	<b>AGM</b> <b>91%</b>			
		<b>DIA</b> <b>71%</b>		
	<b>HFC</b> <b>89%</b>			
	<b>JMS</b> <b>88%</b>			
	<b>MPC</b> <b>87%</b>			
	<b>UHC</b> <b>88%</b>			<b>PP</b> <b>84%</b>

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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

For the category pertaining to 7 through 11 year old children, AGM, HFC, JMS, MPC, PP and UHC were able to report this numerator. NOTE: The Diamond Plan 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
89%			AGM 90%	
	HFC 92%		JMS 88%	
			MPC 88%	
		PP 84%		
			UHC 90%	

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
83%	AGM 90%			
	HFC 92%			
	JMS 88%			
	MPC 88%			
			PP 84%	

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

**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
<b>83%</b>	<b>AGM</b> <b>86%</b>			
		<b>DIA</b> <b>71%</b>		
	<b>HFC</b> <b>86%</b>			
	<b>JMS</b> <b>86%</b>			
	<b>MPC</b> <b>86%</b>			
		<b>PP</b> <b>80%</b>		
			<b>UHC</b> <b>84%</b>	

- AGM, HFC, JMS and MPC had rates that were higher than the MARR.
- DIA 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
<b>79%</b>	<b>AGM</b> <b>86%</b>			
		<b>DIA</b> <b>71%</b>		
	<b>HFC</b> <b>86%</b>			
	<b>JMS</b> <b>86%</b>			
	<b>MPC</b> <b>86%</b>			
				<b>PP</b> <b>80%</b>
	<b>UHC</b> <b>84%</b>			

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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

**(8) 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 2005 and who had an ambulatory or preventive care visit during calendar year 2005.

**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
73%			AGM 75%	
		DIA 62%		
	HFC 76%			
	MPC 76%		JMS 71%	
	PP 78%			
				UHC 73%

- HFC, MPC and PP had rates that were higher than the MARR.
- DIA had a rate that was lower than the MARR.
- AGM and JMS 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	Higher Than	Lower Than	Similar To	Same As
76%			AGM 75%	
		DIA 62%		
		JMS 71%		HFC 76%
				MPC 76%
			PP 78%	
			UHC 73%	

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was lower than the 2005 NMH.

**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
83%		DIA 71%		AGM 83%
			HFC 85%	
	JMS 87%		MPC 84%	
	PP 87%		UHC 85%	

- JMS and PP had rates that were higher than the MARR.
- DIA had a rate that was lower than the MARR.
- HFC, MPC 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 2005 Mean (NMH)**

NMH	Higher Than	Lower Than	Similar To	Same As
81%		DIA 71%	AGM 83%	
	HFC 85%			
	JMS 87%			
	MPC 84%			
	PP 87%			
	UHC 85%			

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was similar to the 2005 NMH.

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**

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**(9) 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 2004 and November 5th of the calendar year 2005, 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
<b>85%</b>	<b>AGM 94%</b>			
	<b>HFC 90%</b>	<b>DIA 68%</b>		
			<b>JMS 83%</b>	
		<b>PP 82%</b>		<b>MPC 85%</b>
	<b>UHC 90%</b>			

- AGM, HFC and UHC had rates that were higher than the MARR.
- DIA and PP had rates that were lower than the MARR.
- JMS 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 2005 Mean (NMH)**

NMH	Higher Than (Better than)	Lower Than (Not as good as)	Similar To	Same As
<b>78%</b>	<b>AGM 94%</b>			
		<b>DIA 68%</b>		
	<b>HFC 90%</b>			
	<b>JMS 83%</b>			
	<b>MPC 85%</b>			
	<b>PP 82%</b>			
<b>UHC 90%</b>				

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 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
<b>59%</b>	AGM 84%			
		DIA 39%		
		HFC 55%		
		JMS 51%		
	MPC 62%			
	PP 63%			
				UHC 61%

- AGM, MPC, and PP had rates that were higher than the MARR.
- DIA, HFC and JMS 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
<b>56%</b>	AGM 84%			
		DIA 39%		
			HFC 55%	
		JMS 51%		
	MPC 62%			
	PP 63%			
	UHC 61%			

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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

**(10) Call Answer Timeliness (New Measure for DHMH in 2006)**

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, MPC, and UHC were able to report this numerator. JMS and PP were not able to report the measure.

**MCOs compared to the Maryland Average Reportable Rate (MARR)**

MARR	Higher Than	Lower Than	Similar To	Same As
68%		AGM 47%		
	DIA 87%			
	MPC 75%	HFC 58%		
	UHC 74%			

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
73%		AGM 47%		
	DIA 87%			
		HFC 58%		
			MPC 75%	
			UHC 74%	

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

**2006 MARR compared to the 2005 NMH**

Since this is a new measure for this year, there was no MARR to compare for 2005. The 2006 MARR was lower than the 2005 NMH.

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

**(11) Call Abandonment (New Measure for DHMH in 2006)**

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, MPC, and UHC were able to report this numerator. JMS was not able to 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
<b>6%</b>	AGM 16%			
		DIA 1%		
			HFC 5%	
			MPC 4%	
	PP 9%			
		UHC 3%		

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
<b>5%</b>	AGM 16%			
		DIA 1%		
				HFC 5%
			MPC 4%	
	PP 9%			
		UHC 3%		

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

**2006 MARR compared to the 2005 NMH**

Since this is a new measure for this year, there was no MARR to compare for 2005. The 2006 MARR was similar to the 2005 NMH.

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**(C) USE OF SERVICES DOMAIN:**

**(12) 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.

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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>	<i>Similar To</i>	<i>Same As</i>
<b>6%</b>		AGM 1%		
	DIA 19%			
			HFC 4%	
				JMS 6%
			MPC 4%	
		PP 1%		
			UHC 7%	

- DIA had a rate that was higher than the MARR.
- AGM, and PP had rates that were lower than the MARR.
- HFC, MPC and UHC rates that were similar to the MARR.
- JMS 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>	<i>Similar To</i>	<i>Same As</i>
<b>19%</b>		AGM 1%		
				DIA 19%
			HFC 4%	
			JMS 6%	
			MPC 4%	
			PP 1%	
		UHC 7%		

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was lower than the 2005 NMH.

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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 88%			
		DIA 48%		
	HFC 81%			
	JMS 79%			
	MPC 78%			
		PP 60%		
			UHC 75%	

- AGM, HFC, JMS and MPC had rates that were higher than the MARR.
- DIA 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
51%	AGM 88%			
		DIA 48%		
	HFC 81%			
	JMS 79%			
	MPC 78%			
	PP 60%			
	UHC 75%			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2005 MARR was higher than the 2005 NMH.

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

This measures members who turned 15 months old during the calendar year 2005, 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+ continuums 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
3%			AGM 1%	
	DIA 10%		HFC 1%	
			JMS 4%	
			MPC 2%	
			PP 2%	
			UHC 2%	

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
6%		AGM 1%		
	DIA 10%	HFC 1%		
			JMS 4%	
		MPC 2%		
		PP 2%		
		UHC 2%		

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was lower than the 2005 NMH.

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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
82%	AGM 93%			
		DIA 65%		
			HFC 81%	
			JMS 81%	
	MPC 85%			
			PP 83%	
			UHC 84%	

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
64%	AGM 93%			
			DIA 65%	
	HFC 81%			
	JMS 81%			
	MPC 85%			
	PP 83%			
	UHC 84%			

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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**(14) 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 2005, 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
<b>70%</b>	AGM 80%			
		DIA 49%		
		HFC 66%		
	JMS 84%			
				MPC 70%
				PP 70%
				UHC 70%

- 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 the same as the MARR.

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

NMH	Higher Than	Lower Than	Similar To	Same As
<b>62%</b>	AGM 80%			
		DIA 49%		
	HFC 66%			
	JMS 84%			
	MPC 70%			
	PP 70%			
	UHC 70%			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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**(15) Adolescent Well-Care Visits**

This measures members who were age 12 through 21 years during calendar year 2005 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 12<sup>th</sup> through 21<sup>st</sup> 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
52%	AGM 58%			
		DIA 35%		
		HFC 49%		
	JMS 72%			
			MPC 54%	
		PP 48%		
			UHC 50%	

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

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

NMH	Higher Than	Lower Than	Similar To	Same As
39%	AGM 58%			
		DIA 35%		
	HFC 49%			
	JMS 72%			
	MPC 54%			
	PP 48%			
			UHC 50%	

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than (better than) the 2005 NMH.

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**(16) 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**
<b>10.1</b>			<b>AGM 10.4</b>	
	<b>DIA 10.6</b>			
	<b>HFC 11.7</b>			
		<b>JMS 5.9</b>		
	<b>MPC 11.8</b>			
			<b>PP 9.9</b>	
			<b>UHC 10.3</b>	

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
<b>8.1</b>	<b>AGM 10.4</b>			
	<b>DIA 10.6</b>			
	<b>HFC 11.7</b>			
		<b>JMS 5.9</b>		
	<b>MPC 11.8</b>			
	<b>PP 9.9</b>			
	<b>UHC 10.3</b>			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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**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**
2.9				AGM 2.9
				DIA 2.9
			HFC 2.8	
			JMS 3.2	
			MPC 3.0	
			PP 3.0	
		UHC 2.7		

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.7			AGM 2.9	
			DIA 2.9	
			HFC 2.8	
	JMS 3.2			
			MPC 3.0	
			PP 3.0	
				UHC 2.7

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

**2006 MMA compared to the 2005 NMH**

- The 2006 MMA was similar to the 2005 NMH.

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**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**
7.4				AGM 7.4
	DIA 8.3			
	HFC 8.8			
		JMS 4.4		
	MPC 8.7			
				PP 7.3
			UHC 7.2	

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
5.9	AGM 7.4			
	DIA 8.3			
	HFC 8.8			
		JMS 4.4		
	MPC 8.7			
	PP 7.3			
	UHC 7.2			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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**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 2.5	
				HFC 2.4
			JMS 2.6	
				MPC 2.4
			PP 2.5	
		UHC 2.3		

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.3			AGM 2.5	
			DIA 2.5	
			HFC 2.4	
			JMS 2.6	
			MPC 2.4	
			PP 2.5	
				UHC 2.3

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

**2006 MMA compared to the 2005 NMH**

- The 2006 MMA was similar to the 2005 NMH.

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**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**
2.7			AGM 3.1	
		DIA 2.2		
			HFC 2.9	
		JMS 1.6		
			MPC 3.0	
				PP 2.7
			UHC 3.1	

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.2	AGM 3.1			
				DIA 2.2
	HFC 2.9			
		JMS 1.6		
	MPC 3.0			
	PP 2.7			
	UHC 3.1			

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR higher than the 2005 NMH.

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**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**
4.2			AGM 4.0	
			DIA 4.3	
			HFC 4.1	
	JMS 4.8			
			MPC 4.6	
			PP 4.3	
			UHC 3.7	

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
3.8			AGM 4.0	
	DIA 4.3			
			HFC 4.1	
	JMS 4.8			
	MPC 4.6			
	PP 4.3			
			UHC 3.7	

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

**2006 MMA compared to the 2005 NMH**

- The 2006 MMA was similar to the 2005 NMH.

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**(17) Births and Average Length of Stay, Newborns**

This measure reports information on total newborns, well newborns and complex newborns discharged during calendar year 2005.

**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.

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**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**
<b>3.6</b>				<b>AGM 3.6</b>
	<b>DIA 4.8</b>			
			<b>HFC 3.9</b>	
		<b>JMS 2.4</b>		
			<b>MPC 3.5</b>	
			<b>UHC 3.4</b>	<b>PP 3.6</b>

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
<b>2.8</b>	<b>AGM 3.6</b>			
	<b>DIA 4.8</b>			
	<b>HFC 3.9</b>			
			<b>JMS 2.4</b>	
	<b>MPC 3.5</b>			
	<b>PP 3.6</b>			
	<b>UHC 3.4</b>			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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**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**
<b>3.8</b>			<b>AGM</b> <b>3.9</b>	
			<b>DIA</b> <b>3.7</b>	
		<b>HFC</b> <b>3.1</b>		
	<b>JMS</b> <b>4.4</b>			
			<b>MPC</b> <b>4.2</b>	
				<b>PP</b> <b>3.8</b>
			<b>UHC</b> <b>3.4</b>	

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
<b>3.2</b>	<b>AGM</b> <b>3.9</b>			
	<b>DIA</b> <b>3.7</b>			
			<b>HFC</b> <b>3.1</b>	
	<b>JMS</b> <b>4.4</b>			
	<b>MPC</b> <b>4.2</b>			
	<b>PP</b> <b>3.8</b>			
			<b>UHC</b> <b>3.4</b>	

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

**2006 MMA compared to the 2005 NMH**

- The 2006 MMA was higher than the 2005 NMH.

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**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**
3.2				AGM 3.2
	DIA 4.1			
		JMS 2.1		
			HFC 3.6	
			MPC 3.1	
			PP 3.3	
			UHC 3.1	

- DIA had a rate that was 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.
- AGM had a rate that was the same as the MARR.

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
2.6	AGM 3.2			
	DIA 4.1			
	HFC 3.6			
		JMS 2.1		
	MPC 3.1			
	PP 3.3			
	UHC 3.1			

- 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.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was higher than the 2005 NMH.

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**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 2.3	
				DIA 2.2
				HFC 2.2
			JMS 2.4	
				MPC 2.2
			PP 2.0	
				UHC 2.2

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

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

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

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

**2006 MMA compared to the 2005 NMH**

- The 2006 MMA was similar to the 2005 NMH.

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**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**
0.4				AGM 0.4
			DIA 0.7	
			HFC 0.3	
				JMS 0.4
				MPC 0.4
			UHC 0.3	PP 0.4

- DIA, HFC and UHC had rates that were similar to the MARR.
- AGM, Jai Medical Systems Managed Care Organization, MPC and PP had rates that were the same as the MARR.

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

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

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was similar to the 2005 NMH.

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**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**
<b>16.5</b>	<b>AGM</b> <b>17.2</b>			
		<b>DIA</b> <b>13.1</b>		
		<b>HFC</b> <b>13.9</b>		
			<b>JMS</b> <b>16.1</b>	
	<b>MPC</b> <b>19.4</b>			
	<b>PP</b> <b>19.2</b>			
			<b>UHC</b> <b>16.3</b>	

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

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

NMH	Higher Than**	Lower Than**	Similar To**	Same As**
<b>14.8</b>	<b>AGM</b> <b>17.2</b>			
		<b>DIA</b> <b>13.1</b>		
		<b>HFC</b> <b>13.9</b>		
	<b>JMS</b> <b>16.1</b>			
	<b>MPC</b> <b>19.4</b>			
	<b>PP</b> <b>19.2</b>			
	<b>UHC</b> <b>16.3</b>			

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

**2006 MMA compared to the 2005 NMH**

- The 2006 MMA was higher than the 2005 NMH.

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**(D) HEALTH PLAN STABILITY DOMAIN:**

**(18) Practitioner Turnover**

This measure reports data on the percentage of primary care physicians affiliated with the MCO as of December 31 of 2004 who were not affiliated with the MCO as of December 31 of 2005. The measure also reports data on the percentage of non-physician primary care practitioners affiliated with the MCO as of December 31 of the 2004 who were not affiliated with the MCO as of December 31 of 2005.

For the Medicaid product line only, MCOs also report the same percentages for the following practitioners:

- OB/GYN and other prenatal care practitioners
- Chemical dependency practitioners
- Mental health practitioners
- Dentists.

**Significance:** This measure indicates the likelihood that a provider will stay with the plan over the long term and, therefore, the likelihood that patients will not have to change providers.

If providers leave a plan in large numbers, it may be a sign of poor management. When they are satisfied with the way the plan is run, they are probably more likely to stay in the network. However, a high rate in this measure may also signal that the plan is ending contracts with physicians who are believed not to adhere to the plan's standard of care. Therefore, purchasers should use this measure as a starting point for discussions with the health plan.

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

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**For the turnover rate for Primary Care Practitioners numerator:**

**MCOs compared to the Maryland Average Reportable Rate (MARR)**

It should be noted that for this measure a *lower* rate indicates better performance (i.e., low rates of provider turnover indicate better satisfaction in the provider network with the MCO).

MARR	Higher Than	Lower Than	Similar To	Same As
<b>6%</b>			<b>AGM</b> <b>7%</b>	
		<b>DIA</b> <b>2%</b>	<b>HFC</b> <b>7%</b>	
	<b>JMS</b> <b>10%</b>		<b>MPC</b> <b>4%</b>	
		<b>PP</b> <b>2%</b>	<b>UHC</b> <b>8%</b>	

- JMS had a rate that was higher than 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 2005 Mean (NMH)**

MARR	Higher Than	Lower Than	Similar To	Same As
<b>8%</b>			<b>AGM</b> <b>7%</b>	
		<b>DIA</b> <b>2%</b>	<b>HFC</b> <b>7%</b>	
			<b>JMS</b> <b>10%</b>	
		<b>MPC</b> <b>4%</b>		
		<b>PP</b> <b>2%</b>		
				<b>UHC</b> <b>8%</b>

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

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR was similar to the 2005 NMH.

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**For the turnover rate for OB/GYN Physicians numerator:**

It should be noted that for this measure a *lower* rate indicates better performance (i.e., low rates of provider turnover indicate better satisfaction in the provider network with the MCO).

**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>
8%			AGM 7%	
		DIA 4%		
	JMS 14%		HFC 10%	
		MPC 4%		
			PP 10%	
			UHC 10%	

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

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

NMH	<i>Higher Than</i>	<i>Lower Than</i>	<i>Similar To</i>	<i>Same As</i>
8%			AGM 7%	
		DIA 4%		
	JMS 14%		HFC 10%	
		MPC 4%		
			PP 10%	
			UHC 10%	

- JMS had a rate that was higher than (not as good as) the NMH.
- DIA and MPC had rates that were lower than (better than) the NMH.
- AGM, HFC, PP and UHC had rates that were similar to the NMH.

**2006 MARR compared to the 2005 NMH**

- The 2006 MARR the same as the 2005 NMH.

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**HealthChoice HEDIS 2006 Results**

The HealthChoice HEDIS 2006 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 2006 audits saw increased performance scores across most measures by those HealthChoice MCOs who have been audited since HDC was first awarded the contract. Each MCO understands that the audit provides them with a continuous learning opportunity as HEDIS specifications were further explained, best practices observed at other MCOs were shared, and operational changes were implemented. Since the audit is intrinsically linked with the DHMH Valued Based Purchasing initiative, the MCOs are striving for performance improvement in all required measures as well as preparing to report additional measures should they be required in the future. The HEDIS 2006 audits also included a new MCO that was not prepared for their audit from both a resource allocation as well as performance perspective. This situation is not unlike what was experienced by all MCOs during their first audit year but it was surprising, given the preparation time that was available.

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: Two of the seven MCOs could not report this measure. One MCO did not install their call center equipment until March 2005 and 12 months of data is required to report the measure. The other MCO did not capture the required data (number of calls answered within 30 seconds) and was not able to report the measure.
2. Call Abandonment: One MCO did not install their call center equipment until March 2005 and 12 months of data is required to report the measure.
3. Breast Cancer Screening – The rates for this measure stayed fairly steady despite the transition of the measure from hybrid to administrative only method of calculation. Only one of the reporting MCOs had a slight (2%) decrease in their rate.
4. Comprehensive Diabetes Care – Three of the MCOs scored lower than the National Medicaid HEDIS mean for the Eye Exam Screening numerator and two scored lower than the National Medicaid HEDIS mean for the Diabetic Nephropathy numerator. The latter was an improvement from the prior year.
5. Prenatal and Postpartum Care – With the exception of the new reporting MCO, all of the MCOs scored higher than the National Medicaid HEDIS mean for the Timeliness of Prenatal Care. However, three of the MCOs had decreases in their rates for the Postpartum Care from the rate reported in the prior year
6. Well-Child Visits in the First 15 Months of Life – There was some improvement in this measure and, except for the new reporting MCO, 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 31<sup>st</sup> as the anchor date. Identification of members noncompliant in the

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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. Concurrently, this review must consider HEDIS requirements so that installation is coordinated with these requirements. Such coordination could have prevented one MCO from receiving a Not Report of both of the Call Service measures.

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Table A

**HEALTHCHOICE MCO HEDIS 2006 MEASURES – REPORTED RATES**

Domain: Effectiveness of Care	AGM 2004	AGM 2005	AGM 2006	DIA 2004	DIA 2005	DIA 2006	HFC 2004	HFC 2005	HFC 2006	JMS 2004	JMS 2005	JMS 2006	MPC 2004	MPC 2005	MPC 2006	PP 2004	PP 2005	PP 2006	UHC 2004	UHC 2005	UHC 2006	MARR 2006	NMH 2005
<b>Childhood Immunization Rates</b>																							
Combo 2 (DTP, OPV or IPV, MMR, Hep B, Hib and VZV)	78%	80%	88%	NA	NA	NA	68%	73%	74%	75%	76%	77%	61%	66%	70%	68%	76%	80%	54%	65%	71%	77%	63%
Combo 3 (all of Combo 2 plus 4 PCV)**	NA**	NA**	72%	NA**	NA**	NA	NA**	NA**	44%	NA**	NA**	63%	NA**	NA**	44%	NA**	NA**	45%	NA**	NA**	38%	51%	NA
<b>Adolescent Immunization Rates</b>																							
Combo 2 (for MMR, Hep. B, and VZV)	42%	57%	76%	NA	NA	NA	35%	41%	49%	45%	53%	65%	32%	44%	43%	41%	46%	54%	26%	34%	40%	54%	38%
<b>Breast Cancer Screening Rates</b>	41%	46%	60%	NA	NA	NA	60%	52%	52%	58%	61%	68%	56%	52%	52%	53%	52%	50	52%	48%	46%	55%	54%
<b>Cervical Cancer Screening Rates</b>	63%	64%	68%	NA	NA	37%	65%	63%	61%	54%	60%	71%	63%	63%	62%	64%	69%	58%	58%	54%	57%	59%	64%
<b>Comprehensive Diabetic Care Rates</b>																							
HbA1c Testing	86%	83%	88%	NA	NA	68%	81%	79%	83%	86%	84%	86%	82%	81%	76%	80%	77%	85%	71%	75%	72%	80%	75%
Poor HbA1c Control	41%	44%	34%	NA	NA	52%	35%	43%	40%	37%	38%	39%	54%	51%	53%	49%	52%	39%	49%	42%	43%	43%	50%
Eye Exam	48%	50%	76%	NA	NA	10%	45%	39%	66%	55%	62%	74%	45%	41%	50%	38%	40%	52%	50%	50%	55%	55%	44%
LDL-C Screening	89%	92%	92%	NA	NA	58%	85%	81%	90%	94%	93%	94%	89%	85%	86%	80%	85%	89%	81%	83%	82%	84%	78%
LDL-C Level (< 130 numerator)	55%	63%	73%	NA	NA	29%	56%	55%	70%	71%	68%	72%	49%	51%	50%	47%	48%	65%	55%	58%	62%	60%	50%
LDL-C Level (< 100 numerator)	35%	40%	51%	NA	NA	13%	33%	46%	51%	48%	45%	51%	33%	32%	35%	32%	32%	50%	31%	38%	44%	42%	30%
Monitoring for Diabetic Nephro.	57%	58%	62%	NA	NA	32%	39%	39%	62%	85%	88%	73%	43%	48%	46%	48%	46%	51%	34%	44%	42%	53%	46%
<b>Use of Appropriate Meds For People With Asthma</b>																							
5 – 9 Years	NA	67%	88%	NA	NA	NA	NA	76%	91%	NA	68%	NA	NA	70%	90%	NA	68%	88%	NA	68%	92%	90%	63%
10 – 17 Years	NA	64%	88%	NA	NA	NA	NA	79%	85%	NA	56%	79%	NA	67%	89%	NA	66%	86%	NA	66%	90%	86%	62%
18 – 56 Years	NA	68%	87%	NA	NA	NA	NA	86%	91%	NA	71%	91%	NA	73%	75%	NA	56%	76%	NA	70%	86%	84%	64%
Combined Rate	NA	66%	87%	NA	NA	NA	NA	80%	89%	NA	66%	85%	NA	70%	84%	NA	64%	84%	NA	68%	89%	87%	64%

\*\* = New numerator for 2006, no data available for previous years.

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Table A

<b>HEALTHCHOICE MCO HEDIS 2006 MEASURES – REPORTED RATES</b>																							
<b>Domain: Access/Availability Of Care</b>	<b>AGM 2004</b>	<b>AGM 2005</b>	<b>AGM 2006</b>	<b>DIA 2004</b>	<b>DIA 2005</b>	<b>DIA 2006</b>	<b>HFC 2004</b>	<b>HFC 2005</b>	<b>HFC 2006</b>	<b>JMS 2004</b>	<b>JMS 2005</b>	<b>JMS 2006</b>	<b>MPC 2004</b>	<b>MPC 2005</b>	<b>MPC 2006</b>	<b>PP 2004</b>	<b>PP 2005</b>	<b>PP 2006</b>	<b>UHC 2004</b>	<b>UHC 2005</b>	<b>UHC 2006</b>	<b>MARR 2006</b>	<b>NMH 2005</b>
<i>Children and Adolescents' Access to Primary Care Practitioners Rates</i>																							
12 - 24 Months	96%	96%	98%	NA	NA	89%	95%	96%	94%	82%	88%	88%	94%	92%	95%	95%	95%	95%	95%	96%	95%	93%	92%
25 Months - 6 Years	88%	89%	91%	NA	NA	71%	85%	89%	89%	78%	84%	88%	86%	85%	87%	80%	82%	84%	87%	88%	88%	85%	82%
7 Years - 11 Years	88%	90%	90%	NA	NA	NA	78%	93%	92%	82%	86%	88%	88%	90%	88%	78%	83%	84%	89%	90%	90%	89%	83%
12 years – 19 Years	82%	85%	86%	NA	NA	71%	74%	90%	86%	76%	83%	86%	100%	86%	86%	75%	80%	80%	84%	85%	84%	83%	79%
<i>Adults' Access to Preventive/Ambulatory Health Services</i>																							
Ages 20 – 44	72%	75%	75%	NA	NA	62%	77%	75%	76%	66%	70%	71%	73%	70%	76%	76%	78%	78%	73%	76%	73%	73%	76%
Ages 45 – 64	81%	83%	83%	NA	NA	71%	85%	86%	85%	84%	85%	87%	81%	81%	84%	85%	86%	87%	85%	86%	85%	83%	81%
Ages 65+	NA	65%	NA	NA	NA	NA	NA	NA	NA	NA	NA	80%											
<i>TOPC and Postpartum Care Rates</i>																							
Timeliness of Prenatal Care (TOPC)	92%	94%	94%	NA	NA	68%	97%	90%	90%	83%	83%	83%	82%	86%	85%	82%	82%	82%	81%	87%	90%	85%	78%
Postpartum Care	65%	74%	84%	NA	NA	39%	58%	64%	55%	51%	55%	51%	58%	61%	62%	65%	61%	63%	61%	63%	61%	59%	56%
Call Answer Timeliness (New Measure)	NA	NA	47%	NA	NA	87%	NA	NA	58%	NA	NA	NR	NA	NA	75%	NA	NA	NR	NA	NA	74%	68%	73%
Call Abandonment (New Measure)	NA	NA	16%	NA	NA	1%	NA	NA	5%	NA	NA	NR	NA	NA	4%	NA	NA	9%	NA	NA	3%	6%	5%

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**Table A**

<b>HEALTHCHOICE MCO HEDIS 2006 MEASURES – REPORTED RATES</b>																							
<b>Domain: Use of Services</b>	<b>AGM 2004</b>	<b>AGM 2005</b>	<b>AGM 2006</b>	<b>DIA 2004</b>	<b>DIA 2005</b>	<b>DIA 2006</b>	<b>HFC 2004</b>	<b>HFC 2005</b>	<b>HFC 2006</b>	<b>JMS 2004</b>	<b>JMS 2005</b>	<b>JMS 2006</b>	<b>MPC 2004</b>	<b>MPC 2005</b>	<b>MPC 2006</b>	<b>PP 2004</b>	<b>PP 2005</b>	<b>PP 2006</b>	<b>UHC 2004</b>	<b>UHC 2005</b>	<b>UHC 2006</b>	<b>MARR 2006</b>	<b>NMH 2005</b>
<b>Frequency of Ongoing Prenatal Care</b>																							
Less than 21%	4%	2%	1%	NA	NA	19%	4%	2%	4%	5%	6%	6%	4%	4%	4%	5%	5%	1%	26%	9%	7%	6%	19%
Greater than 80%	77%	78%	88%	NA	NA	48%	68%	70%	81%	71%	66%	79%	70%	70%	78%	53%	44%	60%	39%	66%	75%	73%	51%
<b>Well-Child Visits in first 15 Mos. of Life Rates</b>																							
0 Visits	3%	1%	1%	NA	NA	10%	1%	2%	1%	11%	6%	4%	2%	4%	2%	2%	2%	2%	3%	0%	2%	3%	6%
5+ Visits	83%	85%	93%	NA	NA	65%	82%	83%	81%	70%	76%	81%	83%	81%	85%	74%	84%	83%	74%	79%	84%	82%	64%
<b>Well-Child Visits in 3rd, 4th, 5th and 6th Yr. of Life Rates</b>																							
	77%	79%	80%	NA	NA	49%	73%	75%	66%	70%	79%	84%	65%	68%	70%	65%	71%	70%	70%	68%	70%	70%	62%
<b>Adolescent Well-Care Visit Rate</b>	54%	57%	58%	NA	NA	35%	49%	55%	49%	54%	59%	72%	44%	48%	54%	43%	46%	48%	43%	50%	50%	52%	39%
<b>Discharge &amp; Average Length of Stay-Maternity Care</b>																						<b>MMA 2006</b>	
Total Deliveries – Discharges per 1000 Member Months	10.7	10.3	10.4	NA	NA	10.6	13.1	8.0	11.7	6.2	5.6	5.9	11.0	10.9	11.8	10.4	10.1	9.9	11.0	11.3	10.3	10.1	8.1
Average Length of Stay	2.9	2.9	2.9	NA	NA	2.9	2.8	3.1	2.8	2.8	3.2	3.2	2.7	2.7	3.0	2.7	2.9	3.0	2.7	2.7	2.7	2.9	2.7
Vaginal Deliveries – Discharges per 1000 Member Months	7.9	7.4	7.4	NA	NA	8.3	10.4	6.8	8.8	5.0	4.2	4.4	8.2	8.1	8.7	8.0	7.5	7.3	8.1	8.2	7.2	7.4	5.9
Average Length of Stay	2.4	2.4	2.5	NA	NA	2.5	2.4	2.9	2.4	2.4	2.5	2.6	2.3	2.3	2.4	2.4	2.6	2.5	2.3	2.2	2.3	2.4	2.3
C-Section Deliveries - Discharges per 1000 Member Months	2.8	2.9	3.1	NA	NA	2.2	2.7	1.2	2.9	1.3	1.4	1.6	2.7	2.8	3.0	2.4	2.7	2.7	3.0	3.1	3.1	2.7	2.2
Average Length of Stay	4.1	4.2	4.0	NA	NA	4.3	4.4	4.2	4.1	4.3	5.1	4.8	3.7	3.8	4.6	3.8	3.9	4.3	4.0	3.9	3.7	4.2	3.8
<b>Births and Average Length of Stay, Newborns</b>																						<b>MMA 2006</b>	
Total Newborns - Discharges/1000 Member Months	3.7	3.5	3.6	NA	NA	4.8	4.4	3.1	3.9	2.6	2.4	2.4	3.6	3.4	3.5	3.5	3.8	3.6	3.4	3.6	3.4	3.6	2.8
Average Length of Stay	3.9	4.2	3.9	NA	NA	3.7	3.0	3.0	3.1	4.1	4.4	4.4	3.3	3.9	4.2	3.0	3.4	3.8	3.9	3.3	3.4	3.8	3.2
Total Well Newborns - Discharges/1000 Member Months	3.3	3.1	3.2	NA	NA	4.1	4.0	3.0	3.6	2.1	1.8	2.1	3.3	3.1	3.1	3.1	3.4	3.3	3.1	3.3	3.1	3.2	2.6
Average Length of Stay	2.4	2.4	2.3	NA	NA	2.2	2.2	2.8	2.2	2.3	2.4	2.4	2.1	2.1	2.2	1.8	1.9	2.0	2.2	2.2	2.2	2.2	2.1
Total Complex Newborns - Discharges/1000 Member Months	0.4	0.4	0.4	NA	NA	0.7	0.4	0.1	0.3	0.4	0.5	0.4	0.3	0.3	0.4	0.3	0.4	0.4	0.3	0.3	0.3	0.4	0.2
Average Length of Stay	17.0	18.3	17.2	NA	NA	13.1	10.8	12.5	13.9	12.9	10.9	16.1	14.6	20.3	19.4	14.3	16.9	19.2	20.6	16.4	16.3	16.5	14.8

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

**Table A**

<b>HEALTHCHOICE MCO HEDIS 2006 MEASURES – REPORTED RATES</b>																							
<b>Domain: Health Plan Stability</b>	<b>AGM 2004</b>	<b>AGM 2005</b>	<b>AGM 2006</b>	<b>DIA 2004</b>	<b>DIA 2005</b>	<b>DIA 2006</b>	<b>HFC 2004</b>	<b>HFC 2005</b>	<b>HFC 2006</b>	<b>JMS 2004</b>	<b>JMS 2005</b>	<b>JMS 2006</b>	<b>MPC 2004</b>	<b>MPC 2005</b>	<b>MPC 2006</b>	<b>PP 2004</b>	<b>PP 2005</b>	<b>PP 2006</b>	<b>UHC 2004</b>	<b>UHC 2005</b>	<b>UHC 2006</b>	<b>MARR 2006</b>	<b>NMH 2005</b>
<b>Practitioner Turnover</b>																							
PCP Turnover	8%	7%	7%	NA	NA	2%	9%	9%	7%	2%	6%	10%	2%	3%	4%	2%	1%	2%	12%	9%	8%	6%	8%
OB/GYN Turnover	9%	7%	7%	NA	NA	4%	35%	19%	10%	20%	13%	14%	1%	5%	4%	15%	10%	10%	11%	12%	10%	8%	8%

AGM = AMERIGROUP Maryland, Inc.  
 DIA = Diamond Plan - the Medicaid product line of Coventry Health Care  
 JMS = Jai Medical Systems Managed Care Organization, Inc  
 UHC = UnitedHealthcare of the Mid-Atlantic, Inc.

HFC = Helix Family Choice, Inc.  
 MPC = Maryland Physicians Care  
 PP = Priority Partners

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