

*Michigan Department  
of Community Health*



**Rick Snyder, Governor  
James K. Haveman, Director**

# Michigan Medicaid HEDIS 2012 Results Statewide Aggregate Report

October 2012



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

<b>1. Executive Summary .....</b>	<b>1-1</b>
Introduction.....	1-1
Summary of Performance.....	1-2
<b>2. How to Get the Most From This Report.....</b>	<b>2-1</b>
Summary of Michigan Medicaid HEDIS 2012 Measures.....	2-1
Measure Audit Results .....	2-2
Changes to Measures .....	2-3
Percentile Ranking .....	2-6
Performance Levels.....	2-7
Performance Trend Analysis .....	2-8
Michigan Medicaid Overall Rates .....	2-8
Calculation Methods: Administrative Versus Hybrid.....	2-9
Interpreting Results .....	2-10
Understanding Sampling Error .....	2-11
Acronyms.....	2-12
<b>3. Child and Adolescent Care.....</b>	<b>3-1</b>
Introduction.....	3-1
Summary of Findings.....	3-1
Child and Adolescent Care Findings .....	3-3
<b>4. Women-Adult Care .....</b>	<b>4-1</b>
Introduction.....	4-1
Summary of Findings.....	4-1
Women-Adult Care Findings .....	4-2
<b>5. Access to Care.....</b>	<b>5-1</b>
Introduction.....	5-1
Summary of Findings.....	5-1
Access to Care Findings.....	5-3
<b>6. Obesity .....</b>	<b>6-1</b>
Introduction.....	6-1
Summary of Findings.....	6-1
Obesity Findings.....	6-2
<b>7. Pregnancy Care .....</b>	<b>7-1</b>
Introduction.....	7-1
Summary of Findings.....	7-1
Pregnancy Care Findings .....	7-2
Weeks of Pregnancy at Time of Enrollment .....	7-4
<b>8. Living With Illness .....</b>	<b>8-1</b>
Introduction.....	8-1
Summary of Findings.....	8-1
Living With Illness Findings .....	8-3

<b>9. Health Plan Diversity</b> .....	<b>9-1</b>
Introduction .....	9-1
Summary of Findings.....	9-1
Language Diversity of Membership .....	9-4
<b>10. Utilization</b> .....	<b>10-1</b>
Introduction .....	10-1
Summary of Findings.....	10-1
<b>11. HEDIS Reporting Capabilities</b> .....	<b>11-1</b>
Key Information Systems Findings .....	11-1
<b>Appendix A: Tabular Results</b> .....	<b>A-1</b>
<b>Appendix B: National HEDIS 2011 Medicaid Percentiles</b> .....	<b>B-1</b>
<b>Appendix C: Trend Tables</b> .....	<b>C-1</b>
<b>Appendix D: Performance Summary Stars</b> .....	<b>D-1</b>
<b>Appendix E: Mental Health</b> .....	<b>E-1</b>
<b>Appendix F: Glossary</b> .....	<b>F-1</b>

## Introduction

During 2011, the Michigan Department of Community Health (MDCH) contracted with 14 health plans to provide managed care services to Michigan Medicaid enrollees. MDCH expects its contracted Medicaid Health Plans (MHPs) to support health care claims systems, membership and provider files, and hardware/software management tools that facilitate accurate and reliable reporting of the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>)<sup>1-1</sup> measures. MDCH has contracted with Health Services Advisory Group, Inc. (HSAG), to analyze Michigan MHP HEDIS results objectively and evaluate each MHP's current performance level relative to national Medicaid percentiles. MDCH uses HEDIS rates for the annual Medicaid consumer guide as well as for the annual performance assessment.

To evaluate performance levels, MDCH implemented a system to provide an objective, comparative review of health plan quality-of-care outcomes and performance measures. One component of the evaluation system was based on HEDIS. MDCH selected 29 HEDIS measures from the standard Medicaid HEDIS reporting set to evaluate performance of the Michigan Medicaid health plans. These 29 measures were grouped under nine dimensions:

- ◆ Pediatric and Adolescent Care
- ◆ Women—Adult Care
- ◆ Access to Care
- ◆ Obesity
- ◆ Pregnancy Care
- ◆ Living With Illness
- ◆ Health Plan Diversity
- ◆ Utilization
- ◆ Mental Health

Performance levels for Michigan MHPs have been established for 51 rates for measures under most of the dimensions.<sup>1-2</sup> The performance levels have been set at specific, attainable rates and are based on national percentiles. MHPs meeting the high performance level (HPL) exhibit rates that are among the top in the nation. The low performance level (LPL) has been set to identify MHPs with the greatest need for improvement. Details describing these performance levels are presented in Section 2, How to Get the Most From This Report.

In addition, Section 7 (HEDIS Reporting Capabilities) provides a summary of the HEDIS data collection processes used by the Michigan MHPs and the audit findings in relation to the National Committee for Quality Assurance's (NCQA's) information system (IS) standards.

---

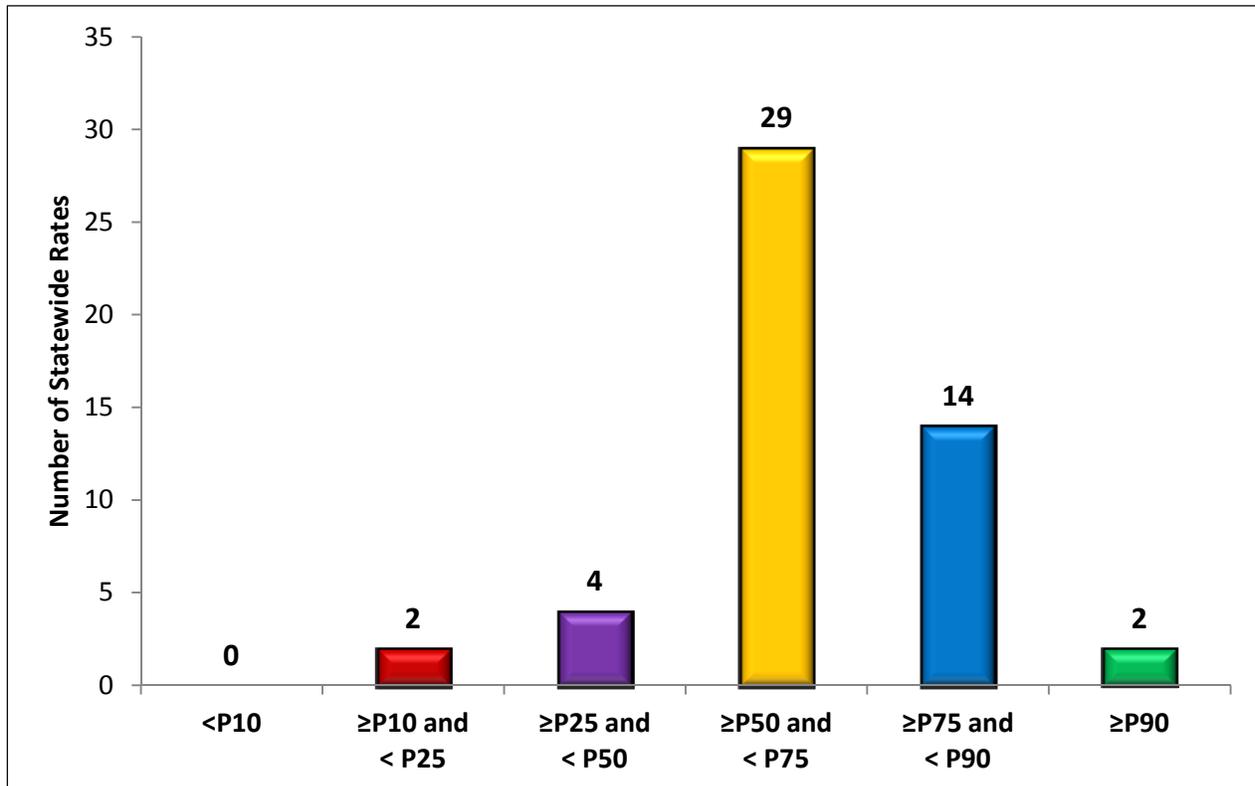
<sup>1-1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-2</sup> Performance levels were developed for all measures under *Child and Adolescent Care*, *Women-Adult Care*, *Access to Care*, *Obesity*, and *Living With Illness*, and select measures under *Utilization* and *Pregnancy Care*. Performance levels were not developed for all measures under *Health Plan Diversity* and *Mental Health*.

## Summary of Performance

Figure 1-1 compares the Michigan Medicaid program’s overall rates with the national HEDIS 2011 Medicaid percentiles. The bars represent the number of Michigan Medicaid statewide rates falling into each HEDIS percentile range.

**Figure 1-1—Michigan Medicaid Statewide Averages Compared to National Medicaid Percentiles**



Of the 51 statewide rates<sup>1-3</sup> that were comparable to national percentile data:

- ◆ Two (or 3.9 percent) were at or above the 10th percentile and below the 25th percentile (≥P10 and <P25).
- ◆ Four (or 7.8 percent) were at or above the 25th percentile and below the 50th percentile (≥P25 and <P50).
- ◆ 29 (or 56.9 percent) were at or above the 50th percentile and below the 75th percentile (≥P50 and <P75).

<sup>1-3</sup> With the exception of the *Ambulatory Care* measures, all statewide rates were weighted averages. For *Ambulatory Care*, straight average was reported throughout this report. The 51 measures identified in Figure 1-1 included all measures under *Child and Adolescent Care*, *Women-Adult Care*, *Access to Care*, *Obesity*, and *Living With Illness*, and select measures under *Utilization (Ambulatory Care measures)* and *Pregnancy Care (Prenatal and Postpartum Care measures)*. The three *Medical Assistance With Smoking and Tobacco Use Cessation* measures were not included because they did not have national percentiles. It is important to note that for *Comprehensive Diabetes Care—Poor HbA1c Control* rate, where a lower rate represents a higher performance, the percentiles were reversed to align with performance (e.g., if the *Comprehensive Diabetes Care—Poor HbA1c Control* rate was between the 10th and 25th percentiles, it would be inverted to be between the 75th and 90th percentiles to represent the level of performance).

- ◆ 14 (or 27.5 percent) were at or above the 75th percentile and below the 90th percentile ( $\geq P75$  and  $< P90$ ).
- ◆ Two (or 3.9 percent) were at or above the 90th percentile ( $\geq P90$ ).

A summary of statewide performance for each dimension is presented below:

- ◆ **Child and Adolescent Care:** The Michigan Medicaid program performed fairly well for HEDIS 2012: All but one measures reported an improvement from last year. Statistically significant improvement was noted in *Appropriate Testing for Children with Pharyngitis*, *Follow-Up Care for Children Prescribed ADHD Medication*, and most of the *Childhood Immunization Status* measures. Of the 18 measures in this dimension, 15 ranked at or above the national Medicaid 50th percentile, with five ranked at or above the national Medicaid 75th percentile.
- ◆ **Women--Adult Care:** The HEDIS 2012 Michigan Medicaid program performance was favorable compared to the national HEDIS 2011 Medicaid percentiles. All measures met or exceeded the national 50th percentile and four measures (*Cervical Cancer Screening* and three sub-measures under *Chlamydia Screening in Women*) reported a statewide rate that met or exceeded the national 75th percentile. Although all measures reported an increase in rate, only one measure (*Chlamydia Screening in Women—Total*) exhibited statistically significant improvement. For all these measures, changes in rates at each plan were not statistically significant. Nonetheless, all statewide rates were at or above the national Medicaid 50th percentile, with four at or above the 75th percentile.
- ◆ **Access to Care:** The HEDIS 2012 statewide performance was fairly comparable with the national average performance ranges. All statewide rates met or exceeded the national Medicaid 50th percentile, with one meeting or exceeding the national Medicaid 90th percentile. When compared to last year's performance, all measures except *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* improved.
- ◆ **Obesity:** The HEDIS 2012 statewide performance was comparable to the national average performance ranges. All statewide rates met or exceeded the national Medicaid 50th percentile, with one meeting or exceeding the national Medicaid 75th percentile and the other meeting or exceeding the 90th percentile. All the measures improved when compared to last year's performance. Three of the four measures reported a statistically significant improvement. More specifically, the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile* measure reported an increase of 15 percentage points and the *Adult BMI Assessment* an increase of 9.5 percentage points.
- ◆ **Pregnancy Care:** The HEDIS 2012 statewide performance showed slight, statistically nonsignificant changes in rates from HEDIS 2011. Almost all the plans had no statistically significant changes in these measures. One measure ranked at or above the national Medicaid 75th percentile.
- ◆ **Living With Illness:** The Michigan Medicaid program's performance in this dimension was comparable to the national average performance ranges but did not demonstrate significant improvement from last year. Most measures under this dimension reported only slight changes from HEDIS 2011. The one measure (*Use of Appropriate Medications for People With*

*Asthma—Total*) that reported a statistically significant decrease in rate (3.6 percentage points) could be related to changes in the HEDIS specifications between the two years. With the exception of this measure, all HEDIS measures with national benchmarks ranked at or above the national Medicaid 50th percentile.

- ◆ **Health Plan Diversity:** Although measures under this dimension are not performance measures, changes observed in the results may provide insights on how select characteristics of members affect the MHP's provision of services and care. Comparing the 2011 and 2012 statewide rates for the *Race/Ethnicity Diversity of Membership* measures, the 2012 rates saw an increased proportion of Michigan MHP members in the *American-Indian and Alaska Native, Asian, Unknown, or Declined* categories. The proportion of members reporting as *Hispanic* also increased. For the *Language Diversity of Membership* measures at the statewide level, fewer members in HEDIS 2012 reported English as the spoken language they preferred for health care and for written materials. Conversely, more members reported in the *Unknown* category for these measures. Most plans reported that all of their members listed *Unknown* in all three of the *Language Diversity of Membership* measures.
- ◆ **Utilization:** HEDIS 2012 statewide rates for both *Ambulatory Care* measures (*Outpatient Visits* and *Emergency Department Visits*) reported slight increases (no more than 5 percent from last year) in utilization in HEDIS 2012. For the *Inpatient Utilization* measures, although the statewide rates for average length of stay has increased for all inpatient service types (*Total Inpatient, Medicine, Surgery, and Maternity*), increase in discharges per 1,000 member months was only reported for *Medicine* (an increase of 10.8 percent).
- ◆ **Mental Health:** The MHPs submitted results for the two measures (*Antidepressant Medication Management* and *Mental Health Utilization: Total*) within this dimension in a separate file other than IDSS. For the *Antidepressant Medication Management* measures, 2011 Medicaid statewide rates were not available because all plans reported this measure as NB (no benefit). Compared to the 2010 rates, the 2012 rates showed an improvement of at least 15 percentage points. Both the *Acute Phase* and *Continuation Phase* measures ranked at the top 10th and top 25th national Medicaid percentiles, respectively. The *Mental Health Utilization* measures were newly added this year. The 2012 Medicaid statewide rates show that in general, mental health utilization among MHP members was below the national 50th percentile.

## 2. How to Get the Most From This Report

### Summary of Michigan Medicaid HEDIS 2012 Measures

HEDIS includes a standard set of measures that can be reported by health plans nationwide. MDCH selected 29 HEDIS measures from the standard Medicaid set. These measures are grouped into nine dimensions of care for Michigan Medicaid enrollees:

- ◆ Pediatric and Adolescent Care
- ◆ Women—Adult Care
- ◆ Access to Care
- ◆ Obesity
- ◆ Pregnancy Care
- ◆ Living With Illness
- ◆ Health Plan Diversity
- ◆ Utilization
- ◆ Mental Health

This approach to the analysis is designed to encourage MHPs to consider the measures as a whole rather than in isolation, and to consider the strategic and tactical changes required to improve overall performance. The measures and their corresponding dimensions are shown in Table 2-1.

Table 2-1—Michigan Medicaid HEDIS 2012 Measures by Dimension	
Dimension	MDCH HEDIS 2012 Measures
Child and Adolescent Care	<ol style="list-style-type: none"> <li>1. <i>Childhood Immunization Status (Combinations 2-10)</i></li> <li>2. <i>Immunizations for Adolescents (Combination 1)</i></li> <li>3. <i>Well-Child Visits in the First 15 Months of Life (Six or More Visits)</i></li> <li>4. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i></li> <li>5. <i>Adolescent Well-Care Visits</i></li> <li>6. <i>Lead Screening in Children</i></li> <li>7. <i>Appropriate Treatment for Children With Upper Respiratory Infection</i></li> <li>8. <i>Appropriate Testing for Children With Pharyngitis</i></li> <li>9. <i>Follow-Up Care for Children Prescribed ADHD Medication</i></li> </ol>
Women—Adult Care	<ol style="list-style-type: none"> <li>10. <i>Breast Cancer Screening</i></li> <li>11. <i>Cervical Cancer Screening</i></li> <li>12. <i>Chlamydia Screening in Women (16-20 Years, 21-24 Years, Total)</i></li> </ol>
Access to Care	<ol style="list-style-type: none"> <li>13. <i>Children’s and Adolescents’ Access to Primary Care Practitioners (12-24 Months, 25 Months-6 Years, 7-11 Years, 12-19 Years)</i></li> <li>14. <i>Adults’ Access to Preventive/Ambulatory Health Services (20-44 Years, 45-64 Years, 65+ Years, Total)</i></li> </ol>
Obesity	<ol style="list-style-type: none"> <li>15. <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile (Total), Counseling for Nutrition (Total), Counseling for Physical Activity (Total)</i></li> <li>16. <i>Adult BMI Assessment</i></li> </ol>

**Table 2-1—Michigan Medicaid HEDIS 2012 Measures by Dimension**

Dimension	MDCH HEDIS 2012 Measures
Pregnancy Care	17. <i>Prenatal and Postpartum Care (Timeliness of Prenatal Care, Postpartum Care)</i> 18. <i>Weeks of Pregnancy at Time of Enrollment</i> 19. <i>Frequency of Ongoing Prenatal Care</i>
Living with Illness	20. <i>Comprehensive Diabetes Care (HbA1c Testing, HbA1c Poor Control, HbA1c Control (&lt;8.0%), HbA1c Control (&lt;7.0%), Eye Exam, LDL-C Screening, LDL-C Level &lt; 100 mg/dL, Medical Attention for Nephropathy, Blood Pressure Control (&lt;140/80 mm Hg), Blood Pressure Control (&lt;140/90 mm Hg))</i> 21. <i>Use of Appropriate Medications for People With Asthma—Total</i> 22. <i>Controlling High Blood Pressure</i> 23. <i>Medical Assistance With Smoking and Tobacco Use Cessation (Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, Discussing Cessation Strategies)</i>
Health Plan Diversity	24. <i>Race/Ethnicity Diversity of Membership</i> 25. <i>Language Diversity of Membership</i>
Utilization	26. <i>Ambulatory Care (Outpatient Visits per 1,000 Member Months, ED Visits per 1,000 Member Months)</i> 27. <i>Inpatient Utilization—General Hospital/Acute Care: Total (Total Inpatient, Medicine, Surgery, Maternity)</i>
Mental Health	28. <i>Antidepressant Medication Management (Effective Acute Phase Treatment and Effective Continuation Phase Treatment)</i> 29. <i>Mental Health Utilization: Total (Any Service, Inpatient, Intensive Outpatient/Partial Hospitalization, Outpatient/ED)</i>

## Measure Audit Results

Through the audit process, each measure reported by an MHP is assigned an NCQA-defined audit result. Measures can receive one of four predefined audit results: *Reportable*, *Small Denominator (<30) (NA)*, *Not Reportable (NR)*, and *No Benefit (NB)*. An audit result of *Reportable* indicates that the MHP complied with all HEDIS specifications to produce an unbiased, reportable rate or rates, which can be released for public reporting. Although an MHP may have complied with all applicable specifications, the denominator identified may be considered too small (<30) to report a valid rate. In this case, the measure would be assigned an *NA* audit result. An audit result of *NR* indicates that the rate could not be publicly reported because the measure deviated from HEDIS specifications such that the reported rate was significantly biased, an MHP chose not to report the measure, or an MHP was not required to report the measure. A *No Benefit* audit result indicates that the MHP did not offer the health benefit as described in the measure.

It should be noted that NCQA allows health plans to “rotate” select HEDIS measures in some circumstances. A “rotation” schedule enables health plans to use the audited and reportable rate from the prior year. This strategy allows health plans with higher rates for some measures to focus resources on other measures’ rates. Rotated measures must have been audited in the prior year and must have received a *Report* audit designation. Only hybrid measures are eligible to be rotated. The health plans that met the HEDIS criteria for hybrid measure rotation could exercise that option if they chose to do so. Ten MHPs chose to rotate at least one measure in HEDIS 2012. Following

NCQA methodology, rotated measures were assigned the same reported rates from measurement year 2010 and were included in the calculations for the Michigan Medicaid weighted averages.<sup>2-1</sup>

## Changes to Measures

For HEDIS 2012, NCQA made modifications to some of the measures included in this report, outlined as follows:

### Well-Child Visits in the First 15 Months of Life

- ◆ Added HCPCS Codes G0438 and G0439 to Table W15-A.

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

- ◆ Added HCPCS Codes G0438 and G0439 to Table W15-A.

### Adolescent Well-Care Visits

- ◆ Added HCPCS Codes G0438 and G0439 to Table W15-A.

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

- ◆ Added HCPCS Codes G0438 and G0439 to Table W15-A.

### Appropriate Testing for Children With Pharyngitis

- ◆ Added LOINC Code 60489-2 to Table CWP-D.

### Breast Cancer Screening

- ◆ Deleted ICD-9 Diagnosis Codes V76.11, V76.12 from Table BCS-A.
- ◆ Replaced “Modifier .50” with “Modifier 50” in Table BCS-B.

### Cervical Cancer Screening

- ◆ Deleted ICD-9 Diagnosis Codes V72.32, V76.2 from Table CCS-A.

### Chlamydia Screening in Women

- ◆ Deleted ICD-9 Diagnosis Code V26.52 from Table CHL-B.
- ◆ Added LOINC Codes 45194-8, 61390-1, 61391-9, 61392-7, 61393-5, 61394-3, 61395-0, 61396-8, 61372-9, 61373-7, 61374-5, 61375-2, 61376-0, 61377-8, 61378-6, 61379-4, 61380-2, 61381-0, 61382-8, 61383-6, 61384-4, 61385-1, 61386-9, 61387-7, 61388-5, 61389-3 to Table CHL-B.
- ◆ Added LOINC Code 45194-8 to Table CHL-D.

### Children and Adolescents’ Access to Primary Care Practitioners

- ◆ Added HCPCS Codes G0438, G0439 to Table CAP-A.

---

<sup>2-1</sup> Key measures that were eligible for rotation in HEDIS 2012 were *Cervical Cancer Screening, Controlling High Blood Pressure, Frequency of Ongoing Prenatal Care, Prenatal and Postpartum Care, and Weeks of Pregnancy at Time of Enrollment.*

### Adults' Access to Preventive/Ambulatory Health Service

- ◆ Added HCPCS Codes G0438, G0439 to Table AAP-A.

### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- ◆ Deleted ICD-9 Diagnosis Codes V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, and V70.9 from Table WCC-A.
- ◆ Clarified that members with a diagnosis of pregnancy during the measurement year must be excluded from the denominator for all rates, if optional exclusions are applied.
- ◆ Revised the Hybrid Specification to include a requirement that height and weight must be taken during the measurement year.
- ◆ Clarified that documentation related solely to screen time is not compliant for the *Counseling for Physical Activity* indicator.
- ◆ Removed the note regarding member-reported BMIs. Refer to General Guideline 39 for additional information about member-reported data.

### Adult BMI Assessment

- ◆ Deleted ICD-9 Diagnosis Codes V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 from Table ABA-A.
- ◆ Deleted HCPCS Codes G8417–G8420 from Table ABA-B.
- ◆ Revised the Hybrid Specification to include a requirement that weight must be documented during the measurement year or the year prior to the measurement year.

### Prenatal and Postpartum Care

- ◆ Moved CPT Code 99500 from Part A to Part D in Table PPC-C Decision Rule 2.
- ◆ Added LOINC Codes 972-0, 978-7, and 1305-2 to Table PPC-C (Decision Rules 2 and 3).
- ◆ Deleted CPT Code 99500 and HCPCS Codes H1000–H1005 from Table PPC-C Decision Rule 3; this eliminates redundancy because members with these codes are identified in Decision Rule 4.
- ◆ Moved CPT Code 99500 from Part A to Part C in Table PPC-C Decision Rule 4.
- ◆ Moved CPT Code 99500 from Part C to Part A in Table PPC-D.
- ◆ Clarified in the *Note* section that the most recent estimated date of delivery (EDD) should be used if multiple dates are documented and that a single date (date of delivery or EDD) must be used to define the start and end of the first trimester.
- ◆ Clarified in the *Note* section that postpartum visits with physician assistants, nurse practitioners, midwives, and registered nurses are acceptable.
- ◆ Clarified in the *Note* section that the intent of the measure is to assess whether prenatal and preventive care was rendered on a routine, outpatient basis.

### Comprehensive Diabetes Care

- ◆ Added LOINC Code 62388-4 to Table CDC-D.
- ◆ Deleted CPT Codes 90920, 90921, 90924, 90925 from Table CDC-K.
- ◆ Deleted HCPCS Codes G0314–G0319, G0322, G0323, G0326, G0327 from Table CDC-K.

- ◆ Deleted ICD-9 Diagnosis Code V56 from Tables CDC-K and CDC-P.
- ◆ Added codes for CHF to Table CDC-P (the measure previously referred to Table RCA-A, which has been deleted).
- ◆ Added CPT Codes 92134, 92227, 92228 to Table CDC-G.
- ◆ Deleted ICD-9 Diagnosis Code V72.0 from Table CDC-G.
- ◆ Added azilsartan to “Angiotensin II inhibitors” description in Table CDC-L.
- ◆ Added aliskiren-hydrochlorothiazide-amlodipine to the “Antihypertensive combinations” description in Table CDC-L.
- ◆ Clarified BP Control criteria for the Administrative Specification.
- ◆ Clarified that members who meet the Optional Exclusion criteria must be excluded from the denominator for all rates, if optional exclusions are applied.
- ◆ Clarified reduction of sample size in the Hybrid Specification.
- ◆ Clarified that “Documentation of a renal transplant” meets criteria for the *Medical Attention for Nephropathy* indicator.

### **Use of Appropriate Medications for People With Asthma**

- ◆ Increased the upper age limit to 64 and added new age stratifications.
- ◆ Deleted ICD-9 Diagnosis Code 493.2 from Table ASM-A.
- ◆ Added required exclusions (formerly optional exclusions) to eligible population criteria.
- ◆ Added mometasone-formoterol to “Inhaled steroid combinations” description in Tables ASM-C and ASM-D.
- ◆ Added a new data element to Table ASM-1/2 to capture the required exclusions.

### **Controlling High Blood Pressure**

- ◆ Deleted ICD-9 Diagnosis Code V56 from Table CBP-C.

### **Ambulatory Care**

- ◆ Deleted CPT Code 99432 from Table AMB-A.

## Percentile Ranking

The Percentile Ranking tables presented depict each MHP's rank based on its rate as compared to the NCQA's national HEDIS 2011 Medicaid percentiles.

- ★★★★★ —indicates the MHP's rate is at or above the 90th percentile
- ★★★★ —indicates the MHP's rate is at or above the 75th percentiles but below the 90th percentiles
- ★★★ —indicates the MHP's rate is at or above the 50th percentiles but below the 75th percentiles
- ★★ —indicates the MHP's rate is at or above the 25th percentiles but below the 50th percentiles
- ★ —indicates the MHP's rate is below the 25th percentiles
- NA —indicates Small Denominator (i.e., <30)
- NR —indicates Not Reportable (i.e., biased, or MHP chose not to report)
- NB —indicates No Benefit
- NC —indicates Not Comparable (i.e., measure not comparable to national percentiles or national percentiles not available)

For the *Comprehensive Diabetes Care—Poor HbA1c Control* rates, where lower rates represent higher performance, the percentiles were rotated. For example, if the *Comprehensive Diabetes Care—Poor HbA1c Control* rate fell between the 10th and 25th percentiles, the percentiles would be inverted so that the rate would fall between the 75th and 90th percentiles.

For all measures except those under *Health Plan Diversity*, as well as *Ambulatory Care* measures under *Utilization*, MHP percentile ranking results are suggestive of their performance level. An MHP's rate that was at or above the 90th percentile would suggest better performance and an MHP's rate below the 25th percentile a poorer performance. For all other measures under *Utilization*, since high/low visit counts reported in the interactive data submission system (IDSS) files did not take into account the demographic and clinical conditions of an eligible population, an MHP's percentile ranking does not denote better or worse performance. MHP percentile ranking results for measures under *Health Plan Diversity* provide insights on how member race/ethnicity or language characteristics compared to national distribution and are not suggestive of plan performance.

## Performance Levels

The purpose of identifying performance levels is to compare the quality of services provided to Michigan Medicaid managed care beneficiaries to national percentiles and ultimately improve the Michigan Medicaid statewide performance for the measures. Comparative information in this report is based on NCQA's national HEDIS 2011 Medicaid percentiles, which are the most recent data available from NCQA. For all measures except those under *Health Plan Diversity*, as well as *Ambulatory Care* measures under *Utilization*, the statewide rates were compared to the High Performance Level (HPL) and Low Performance Level (LPL). The HPL represents current high performance in national Medicaid managed care, and the LPL represents low performance nationally.

For most measures included in this report, the 90th percentile indicates the HPL and the 25th percentile represents the LPL. This means that Michigan MHPs with reported rates above the 90th percentile (HPL) rank in the top 10 percent of all MHPs nationally. Similarly, MHPs reporting rates below the 25th percentile (LPL) rank in the bottom 25 percent of all MHPs nationally.

For inverse measures such as *Comprehensive Diabetes Care—Poor HbA1c Control*, since lower rates indicate better performance, the 10th percentile (rather than the 90th percentile) represents excellent performance and the 75th percentile (rather than the 25th percentile) represents below average performance.

The results displayed in this report were rounded to the first decimal place to be consistent with the display of national percentiles. There are some instances in which the rounded rate may appear the same; however, the more precise rates are not identical. In these instances, the hierarchy of the scores in the graphs is displayed in the correct order.

MHPs should focus their efforts on reaching and/or maintaining the HPL for each measure based on their percentile rankings, rather than comparing themselves to other Michigan MHPs.

## Performance Trend Analysis

Appendix C includes trend tables for each of the MHPs. Where applicable, each measure’s HEDIS 2010, 2011, and 2012 rates are presented along with trend analysis results comparing the HEDIS 2011 and 2012 rates. Statistically significant differences using Pearson’s Chi-square tests are displayed. The trends are shown in the following example with specific notations:

2011–2012 Health Plan Trend	Interpretation for measures other than <i>Ambulatory Care</i>
+2.5	The 2012 rate is 2.5 percentage points <b>higher</b> than the HEDIS 2011 rate.
-2.5	The 2012 rate is 2.5 percentage points <b>lower</b> than the HEDIS 2011 rate.
+2.5	The 2012 rate is 2.5 percentage points <b>statistically significantly higher</b> than the HEDIS 2011 rate.
-2.5	The 2012 rate is 2.5 percentage points <b>statistically significantly lower</b> than the HEDIS 2011 rate.

Please note that due to lack of variances reported in the IDSS file, statistical tests across years were not performed for *Weeks of Pregnancy at Time of Enrollment* and *Frequency of Ongoing Prenatal Care* under *Pregnancy Care*, as well as all measures under the *Health Plan Diversity, Utilization, or Mental Health* dimensions. Nonetheless, difference in rates will still be reported without statistical test results.

## Michigan Medicaid Overall Rates

For all measures except those under *Ambulatory Care*, the Michigan Medicaid weighted average rate (MWA) was used to represent Michigan Medicaid statewide performance. For *Ambulatory Care* measures, an unweighted average rate was calculated. Comparatively, the use of a weighted average, based on an MHP’s eligible population for that measure, provides the most representative rate for the overall Michigan Medicaid population. Weighting the rate by an MHP’s eligible population size ensures that a rate for an MHP with 125,000 members, for example, has a greater impact on the overall Michigan Medicaid rate than a rate for an MHP with only 10,000 members. Rates reported as *NA* was included in the calculations of these averages; rates reported as *NR* or *NB* were not included.

## Calculation Methods: Administrative Versus Hybrid

### **Administrative Method**

The administrative method requires MHPs to identify the eligible population (i.e., the denominator) using administrative data, derived from claims and encounters (i.e., statistical claims). In addition, the numerator(s), or services provided to the members in the eligible population, are derived solely from administrative data. Medical records cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed. There are measures in each of the dimensions of care in which HEDIS methodology requires that the rates be derived using only the administrative method, and medical record review is not permitted.

The administrative method is cost-efficient but can produce lower rates due to incomplete data submission by capitated providers. For example, an MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The MHP chooses to perform the administrative method and finds that 4,000 members out of the 10,000 had evidence of a postpartum visit using administrative data. The final rate for this measure, using the administrative method, would be 4,000/10,000, or 40 percent.

### **Hybrid Method**

The hybrid method requires MHPs to identify the eligible population using administrative data and then extract a systematic sample of members from the eligible population, which becomes the denominator. Administrative data are used to identify services provided to those members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces higher rates because the completeness of documentation in the medical record exceeds what is typically captured in administrative data; however, the medical record review component of the hybrid method is considered more labor intensive. For example, an MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The MHP chooses to use the hybrid method. After randomly selecting 411 eligible members, the MHP finds that 161 members had evidence of a postpartum visit using administrative data. The MHP then obtains and reviews medical records for the 250 members who did not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 were found to have a postpartum visit recorded in the medical record. Therefore, the final rate for this measure, using the hybrid method, would be  $(161 + 54)/411$ , or 52 percent.

## Interpreting Results

HEDIS results can differ among MHPs and even across measures for the same MHP.

The following questions should be asked when examining these data:

1. How accurate are the results?
2. How do Michigan Medicaid rates compare to national percentiles?
3. How are Michigan MHPs performing overall?

### 1. How accurate are the results?

All Michigan MHPs are required by MDCH to have their HEDIS results confirmed through an NCQA HEDIS Compliance Audit<sup>TM, 2-2</sup>. As a result, any rate included in this report has been verified as an unbiased estimate of the measure. NCQA's HEDIS protocol is designed so that the hybrid method produces results with a sampling error of  $\pm 5$  percent at a 95 percent confidence level.

How sampling error affects the accuracy of results is best explained using an example. Suppose an MHP uses the hybrid method to derive a *Postpartum Care* rate of 52 percent. Because of sampling error, the true rate is actually  $\pm 5$  percent of this rate—somewhere between 47 percent and 57 percent at a 95 percent confidence level. If the target is a rate of 55 percent, it cannot be said with certainty whether the true rate between 47 percent and 57 percent meets or does not meet the target level.

To prevent such ambiguity, this report uses a standardized methodology that requires the reported rate to be at or above the threshold level to be considered as meeting the target. For internal purposes, MHPs should understand and consider the issue of sampling error when evaluating HEDIS results.

### 2. How do Michigan Medicaid rates compare to national percentiles?

For each measure, an MHP ranking presents the reported rate in order from highest to lowest, with bars representing the established HPL, LPL, and the national HEDIS 2011 Medicaid 50th percentile. In addition, the 2010, 2011, and 2012 Michigan Medicaid weighted averages are presented for comparison purposes.

Michigan MHPs with reported rates above the 90th percentile (HPL) rank in the top 10 percent of all MHPs nationally. Similarly, MHPs reporting rates below the 25th percentile (LPL) rank in the bottom 25 percent nationally for that measure.

### 3. How are Michigan MHPs performing overall?

For each dimension, a performance profile analysis compares the 2012 Michigan Medicaid weighted average for each rate with the 2010 and 2011 Michigan Medicaid weighted averages and the HEDIS 2011 Medicaid 50th percentile.

---

<sup>2-2</sup> NCQA HEDIS Compliance Audit<sup>TM</sup> is a trademark of the National Committee for Quality Assurance (NCQA).

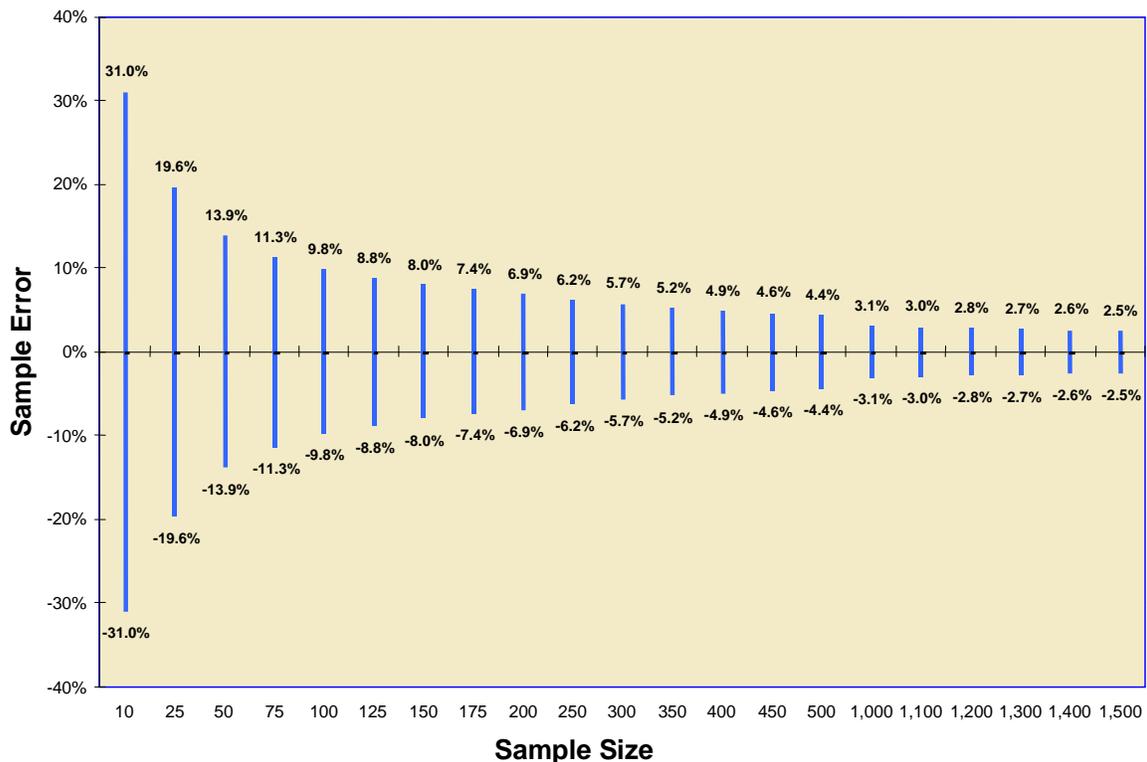
## Understanding Sampling Error

Correct interpretation of results for measures collected using the HEDIS hybrid methodology requires an understanding of sampling error. It is rarely possible, logistically or financially, to perform medical record review for the entire eligible population for a given measure. Measures collected using the HEDIS hybrid method include only a sample from the eligible population, and statistical techniques are used to maximize the probability that the sample results reflect the experience of the entire eligible population.

For results to be generalized to the entire eligible population, the process of sample selection must be such that everyone in the eligible population has an equal chance of being selected. The HEDIS hybrid method prescribes a systematic sampling process selecting at least 411 members of the eligible population. MHPs may use a 5 percent, 10 percent, 15 percent, or 20 percent oversample to replace invalid cases (e.g., a male selected for *Postpartum Care*).

Figure 2-1 shows that if 411 MHP members are included in a measure, the margin of error is approximately  $\pm 4.9$  percentage points. Note that the data in this figure are based on the assumption that the size of the eligible population is greater than 2,000. The smaller the sample included in the measure, the larger the sampling error.

**Figure 2-1—Relationship of Sample Size to Sample Error**



As Figure 2-1 shows, sample error gets smaller as the sample size gets larger. Consequently, when sample sizes are very large and sampling errors are very small, almost any difference is statistically significant. This does not mean that all such differences are important. On the other hand, the

difference between two measured rates may not be statistically significant, but may, nevertheless, be important. The judgment of the reviewer is always a requisite for meaningful data interpretation.

## Acronyms

Figures in the following sections of the report show overall health plan performance for each of the measures. Below is the name code for each of the health plan abbreviations used in the figures.

Table 2-2—2012 Michigan MHPs	
Acronym	Medicaid Health Plan Name
<b>BCC</b>	Blue Cross Complete of Michigan
<b>CSM</b>	CareSource Michigan
<b>COV</b>	CoventryCares of Michigan, Inc.
<b>HPP</b>	HealthPlus Partners
<b>MCL</b>	McLaren Health Plan
<b>MER</b>	Meridian Health Plan of Michigan
<b>MID</b>	Midwest Health Plan
<b>MOL</b>	Molina Healthcare of Michigan
<b>PHP</b>	Physicians Health Plan—FamilyCare
<b>PRI</b>	Priority Health Government Programs, Inc.
<b>PRO</b>	ProCare Health Plan
<b>THC</b>	Total Health Care, Inc.
<b>UNI</b>	UnitedHealthcare Community Plan
<b>UPP</b>	Upper Peninsula Health Plan

In addition to the plans’ acronyms, following are some additional abbreviations used in the tables or charts.

Table 2-3—Acronyms in Tables and Graphs	
Acronym	Description
<b>MWA</b>	Michigan Medicaid Weighted Average
<b>MA</b>	Michigan Medicaid Average
<b>P50</b>	National HEDIS Medicaid 50th Percentile
<b>HPL</b>	High Performance Level
<b>LPL</b>	Low Performance Level

### Introduction

The Child and Adolescent Care dimension encompasses the following MDCH measures:

- ◆ *Childhood Immunization Status—Combination 2*
- ◆ *Childhood Immunization Status—Combination 3*
- ◆ *Childhood Immunization Status—Combination 4*
- ◆ *Childhood Immunization Status—Combination 5*
- ◆ *Childhood Immunization Status—Combination 6*
- ◆ *Childhood Immunization Status—Combination 7*
- ◆ *Childhood Immunization Status—Combination 8*
- ◆ *Childhood Immunization Status—Combination 9*
- ◆ *Childhood Immunization Status—Combination 10*
- ◆ *Immunizations for Adolescents—Combination 1*
- ◆ *Well-Child Visits in the First 15 Months of Life—Six or More Visits*
- ◆ *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- ◆ *Adolescent Well-Care Visits*
- ◆ *Lead Screening in Children*
- ◆ *Appropriate Treatment for Children With Upper Respiratory Infection*
- ◆ *Appropriate Testing for Children With Pharyngitis*
- ◆ *Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase*
- ◆ *Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase*

### Summary of Findings

Table 3-1 presents statewide performance for the measures under the Child and Adolescent Care dimension. It lists the HEDIS 2012 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2011.

Table 3-1—Michigan Medicaid HEDIS 2012 Statewide Rate Trend Child and Adolescent Care				
Measure	Statewide Rate		Number of MHPs	
	HEDIS 2012 Weighted Average	2011–2012 Trend	With Significant Improvement in 2012	With Significant Decline in 2012
<i>Childhood Immunization Status</i>				
<i>Combination 2</i>	79.3%	+1.1	1	1
<i>Combination 3</i>	75.7%	+1.4	2	0

**Table 3-1—Michigan Medicaid HEDIS 2012 Statewide Rate Trend  
Child and Adolescent Care**

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2012 Weighted Average	2011–2012 Trend	With Significant Improvement in 2012	With Significant Decline in 2012
<i>Combination 4</i>	35.9%	+5.0	5	0
<i>Combination 5</i>	54.8%	+8.0	12	0
<i>Combination 6</i>	36.4%	+3.2	4	1
<i>Combination 7</i>	28.1%	+6.5	8	0
<i>Combination 8</i>	20.5%	+3.7	3	1
<i>Combination 9</i>	28.9%	+5.3	7	0
<i>Combination 10</i>	17.1%	+4.5	4	0
<i>Immunizations for Adolescents— Combination 1</i>	75.1%	+22.2	13	0
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	75.3%	+3.0	1	1
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	78.6%	+0.6	1	0
<i>Adolescent Well-Care Visits</i>	61.7%	+2.9	0	0
<i>Lead Screening in Children</i>	78.1%	+0.1	1	1
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	83.9%	-1.0	1	4
<i>Appropriate Testing for Children With Pharyngitis</i>	61.2%	+6.3	9	0
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>				
<i>Initiation Phase</i>	39.7%	+3.0	3	0
<i>Continuation and Maintenance Phase</i>	49.5%	+7.6	1	0

2011–2012 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decrease from the prior year.

Legend    <P10    ≥P10 and < P25    ≥P25 and < P50    ≥P50 and < P75    ≥P75 and < P90    ≥P90

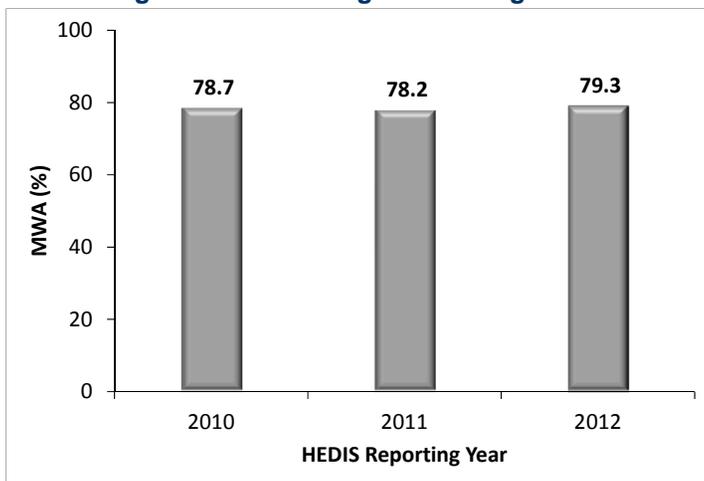
Table 3-1 shows that all but one measures under the Child and Adolescent Care dimension reported an improvement from last year. Statistically significant improvement was noted in *Appropriate Testing for Children with Pharyngitis*, *Follow-Up Care for Children Prescribed ADHD Medication*, and most of the *Childhood Immunization Status* measures. Of the 18 measures in this dimension, 15 ranked at or above the national Medicaid 50th percentile, with five ranking at or above the national Medicaid 75th percentile.

## Child and Adolescent Care Findings

### Childhood Immunization Status—Combination 2

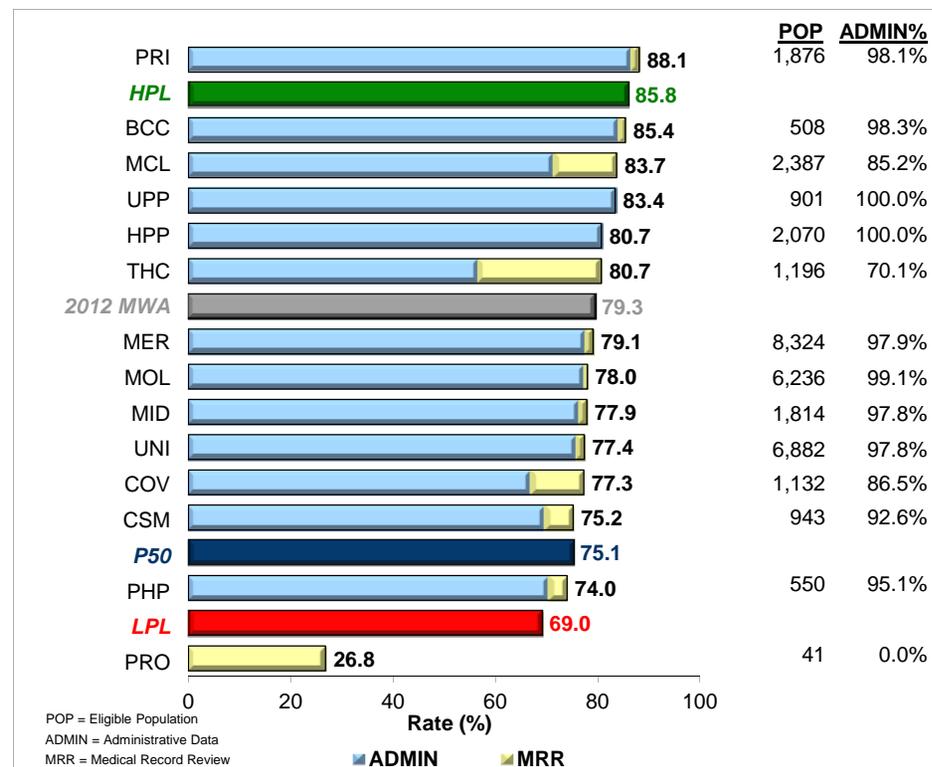
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); and one chicken pox (VZV) vaccines by their second birthday.

**Figure 3-1—Childhood Immunization Status—Combination 2  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.1 percentage points and exceeded the national HEDIS Medicaid 50th percentile by 4.2 percentage points. One MHP performed above the HPL and one performed below the LPL. One plan reported this indicator completely with medical record data.

**Figure 3-2—Childhood Immunization Status—Combination 2  
Health Plan Ranking**

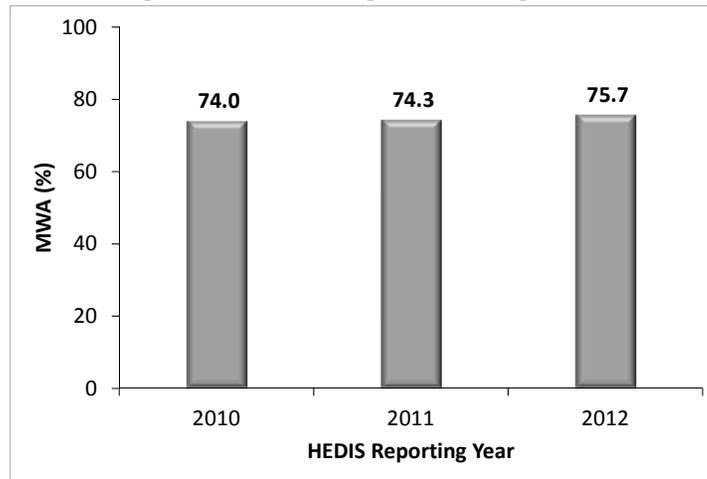


HPP and UPP chose to use the administrative method for this hybrid measure.

### Childhood Immunization Status—Combination 3

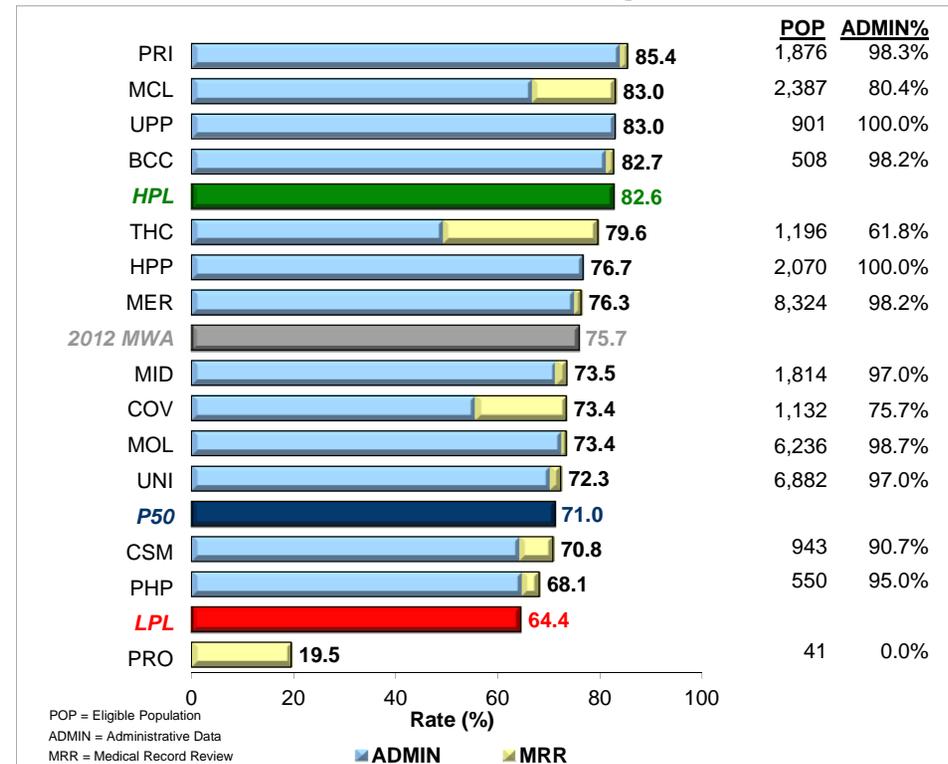
The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.

**Figure 3-3—Childhood Immunization Status—Combination 3 Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.4 percentage points and exceeded the national HEDIS Medicaid 50th percentile by 4.7 percentage points. Four MHPs performed above the HPL and one performed below the LPL. One plan reported this indicator completely with medical record data.

**Figure 3-4—Childhood Immunization Status—Combination 3 Health Plan Ranking**

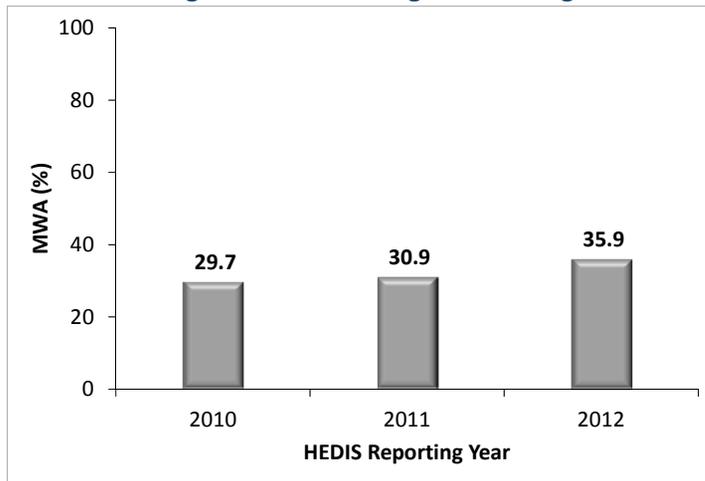


HPP and UPP chose to use the administrative method for this hybrid measure.

### Childhood Immunization Status—Combination 4

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two hepatitis A (HepA) vaccines by their second birthday.

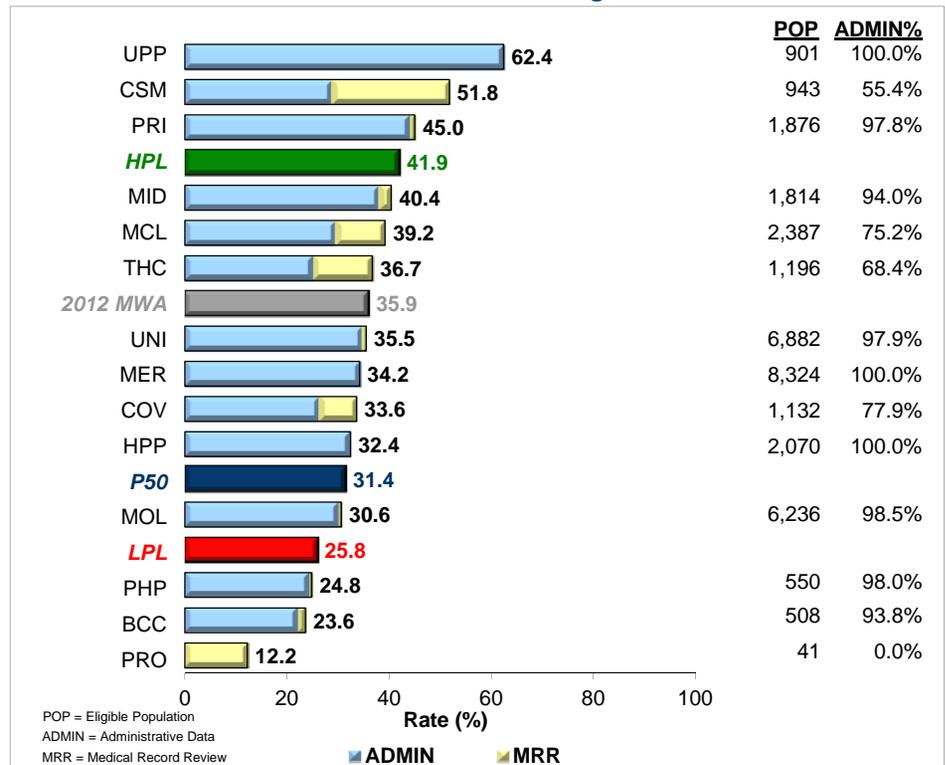
**Figure 3-5—Childhood Immunization Status—Combination 4  
Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 5.0 percentage points. The 2012 weighted average (MWA) exceeded the national HEDIS Medicaid 50th percentile by 4.5 percentage points. Three MHPs performed above the HPL and three performed below the LPL. One plan reported this measure completely with medical record data.

**Figure 3-6—Childhood Immunization Status—Combination 4  
Health Plan Ranking**

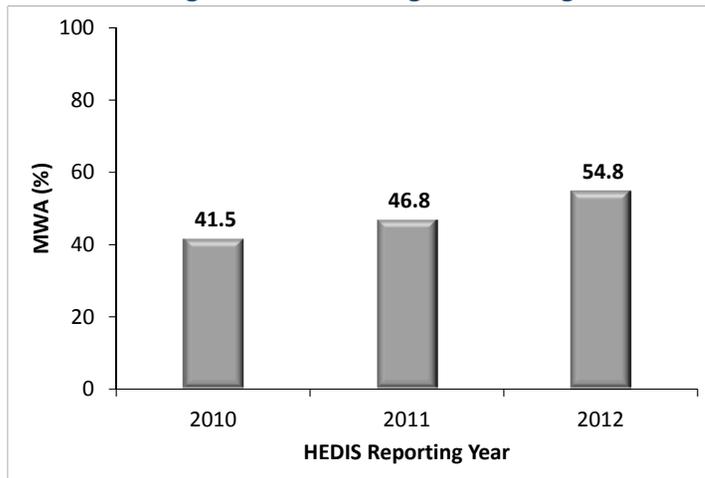


HPP and UPP chose to use the administrative method for this hybrid measure.

### Childhood Immunization Status—Combination 5

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two or three rotavirus (RV) vaccines by their second birthday.

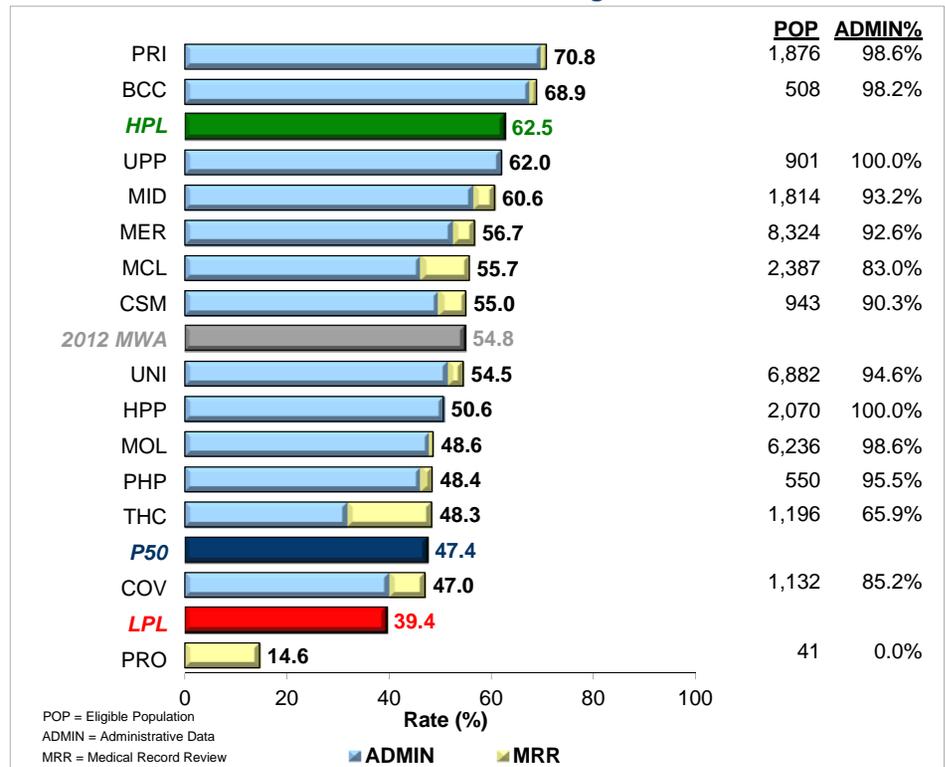
**Figure 3-7—Childhood Immunization Status—Combination 5 Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 8.0 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 7.4 percentage points. Two MHPs performed above the HPL and one performed below the LPL. One plan reported this measure completely with medical record data.

**Figure 3-8—Childhood Immunization Status—Combination 5 Health Plan Ranking**

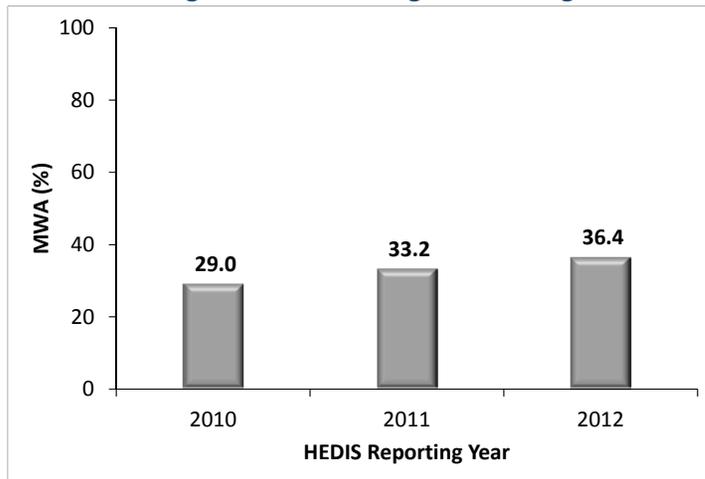


HPP and UPP chose to use the administrative method for this hybrid measure.

### Childhood Immunization Status—Combination 6

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); and two influenza (flu) vaccines by their second birthday.

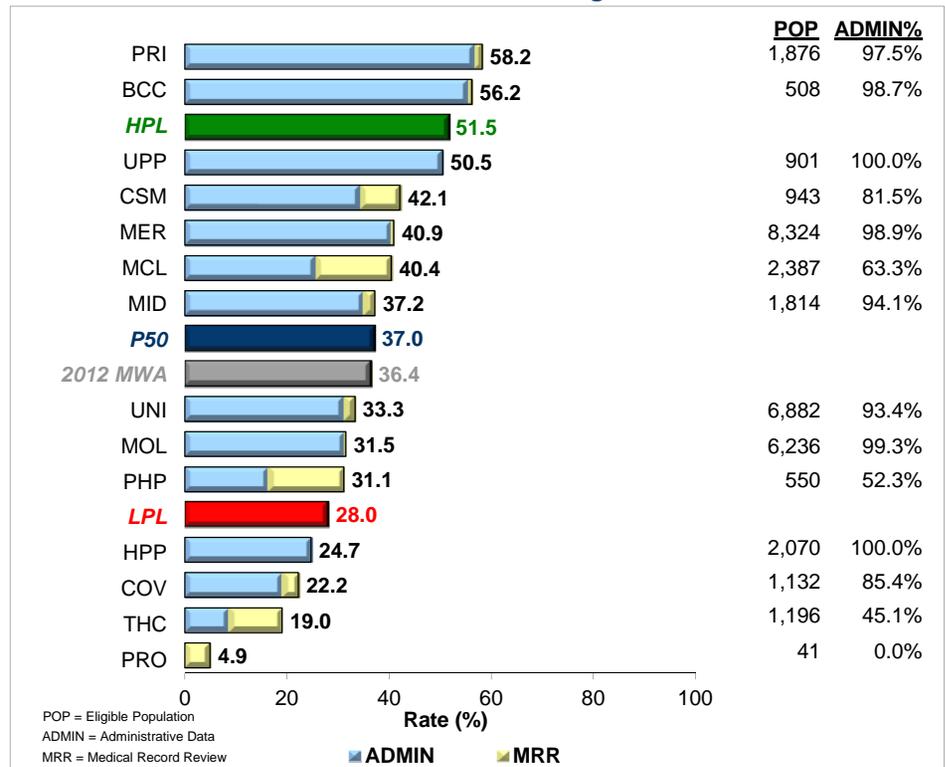
**Figure 3-9—Childhood Immunization Status—Combination 6 Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 3.2 percentage points. The 2012 MWA was 0.6 percentage points below the national HEDIS Medicaid 50th percentile. Two MHPs performed above the HPL and four performed below the LPL. One plan reported this measure completely with medical record data.

**Figure 3-10—Childhood Immunization Status—Combination 6 Health Plan Ranking**

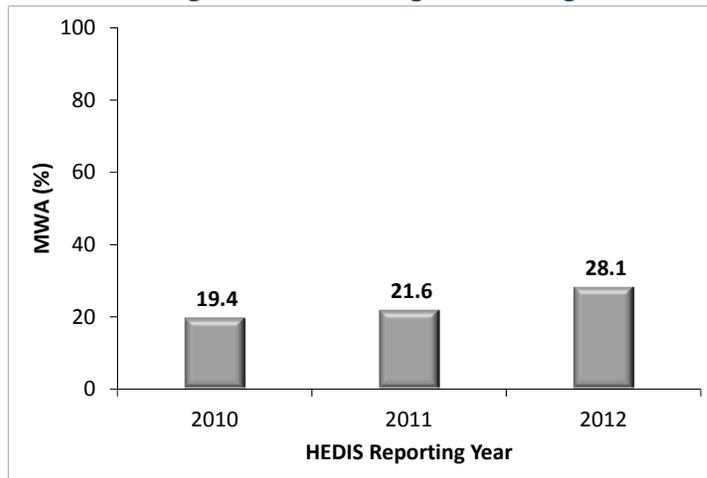


HPP and UPP chose to use the administrative method for this hybrid measure.

### Childhood Immunization Status—Combination 7

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); and two or three rotavirus (RV) vaccines by their second birthday.

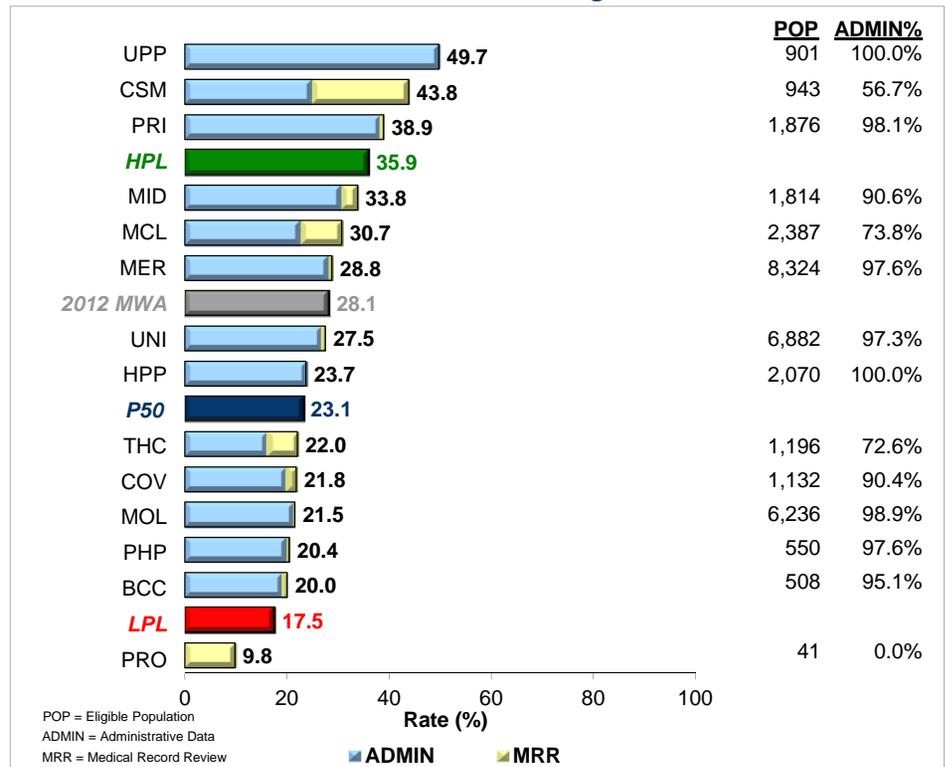
**Figure 3-11—Childhood Immunization Status—Combination 7 Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 6.5 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 5.0 percentage points. Three MHPs performed above the HPL and one performed below the LPL. One plan reported this measure completely with medical record data.

**Figure 3-12—Childhood Immunization Status—Combination 7 Health Plan Ranking**

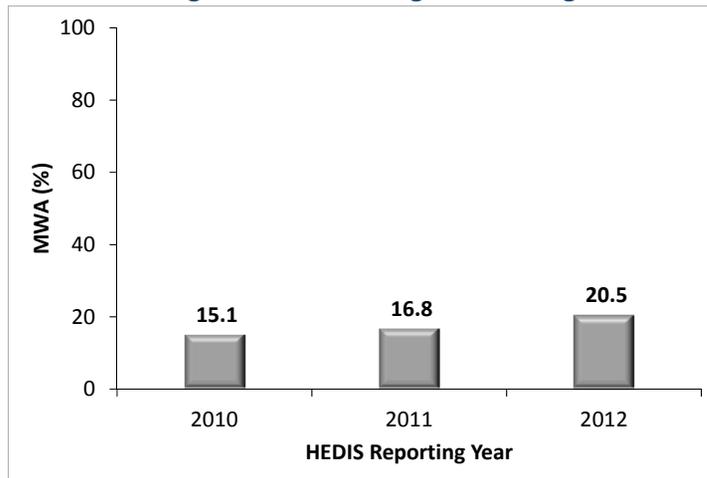


HPP and UPP chose to use the administrative method for this hybrid measure.

### Childhood Immunization Status—Combination 8

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); and two influenza (flu) vaccines by their second birthday.

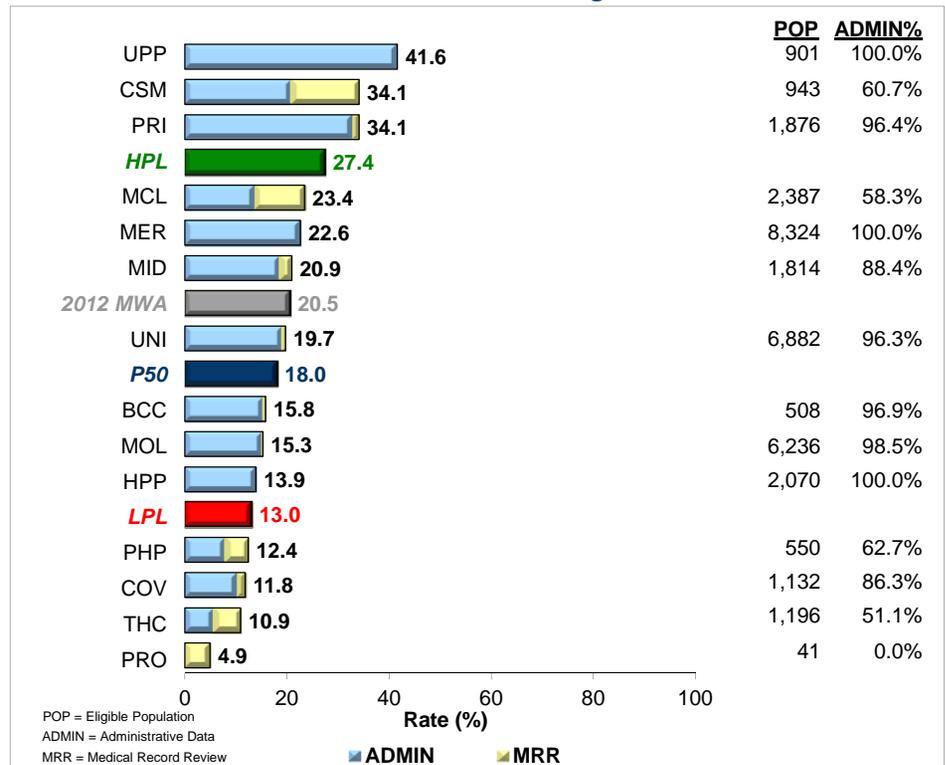
**Figure 3-13—Childhood Immunization Status—Combination 8 Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 3.7 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 2.5 percentage points. Three MHPs performed above the HPL and four performed below the LPL. One plan reported this measure completely with medical record data.

**Figure 3-14—Childhood Immunization Status—Combination 8 Health Plan Ranking**

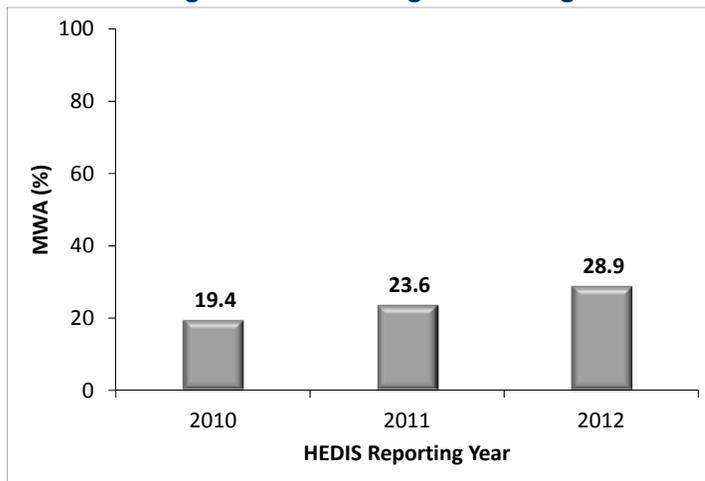


HPP and UPP chose to use the administrative method for this hybrid measure.

**Childhood Immunization Status—Combination 9**

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

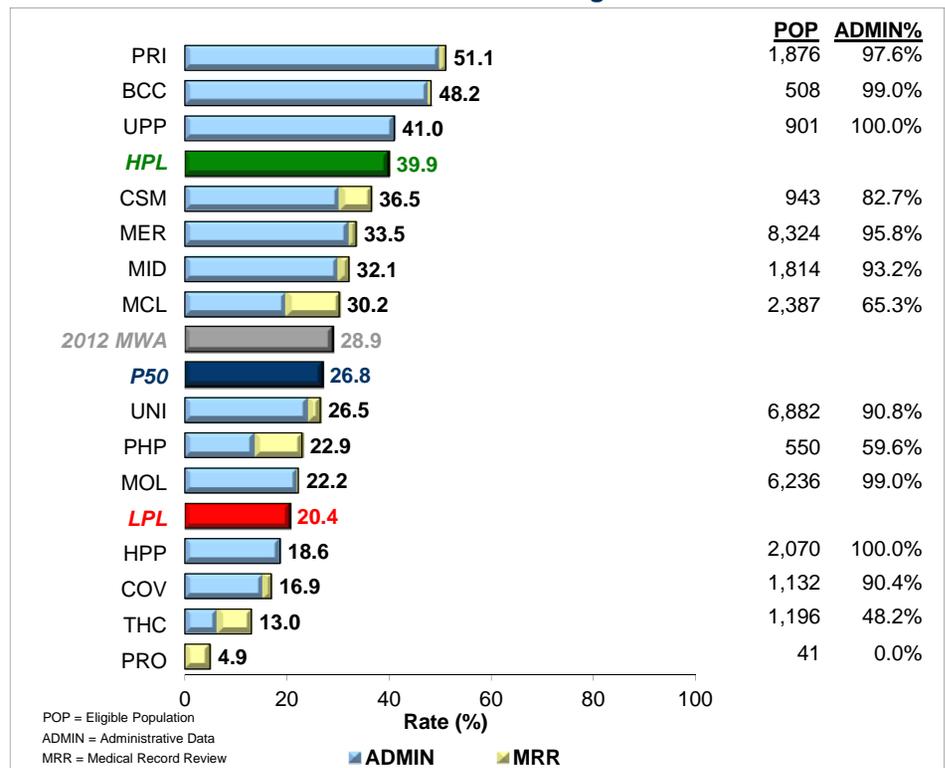
**Figure 3-15—Childhood Immunization Status—Combination 9  
Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 5.3 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 2.1 percentage points. Three MHPs performed above the HPL and four performed below the LPL. One plan reported this measure completely with medical record data.

**Figure 3-16—Childhood Immunization Status—Combination 9  
Health Plan Ranking**

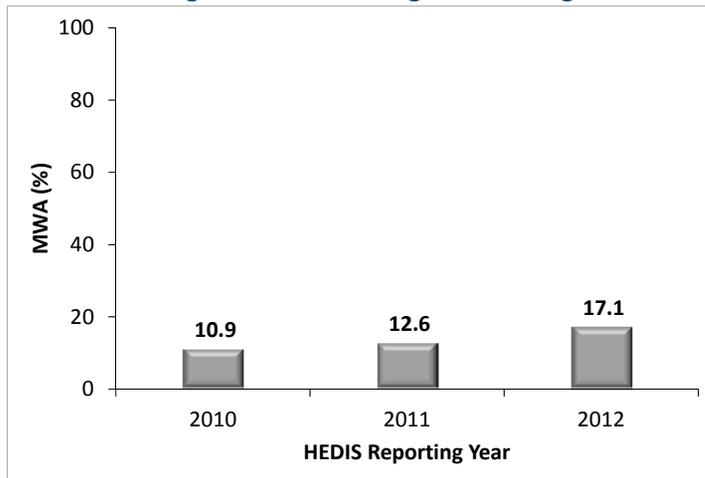


HPP and UPP chose to use the administrative method for this hybrid measure.

**Childhood Immunization Status—Combination 10**

The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

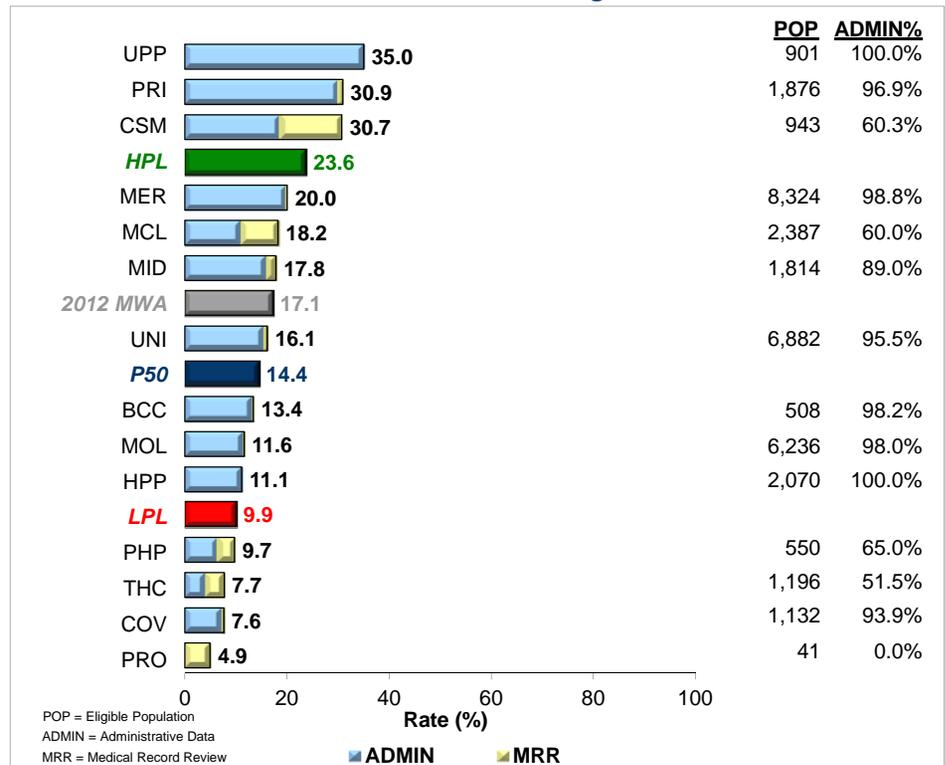
**Figure 3-17—Childhood Immunization Status—Combination 10 Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 4.5 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 2.7 percentage points. Three MHPs performed above the HPL and four performed below the LPL. One plan reported this measure completely with medical record data.

**Figure 3-18—Childhood Immunization Status—Combination 10 Health Plan Ranking**

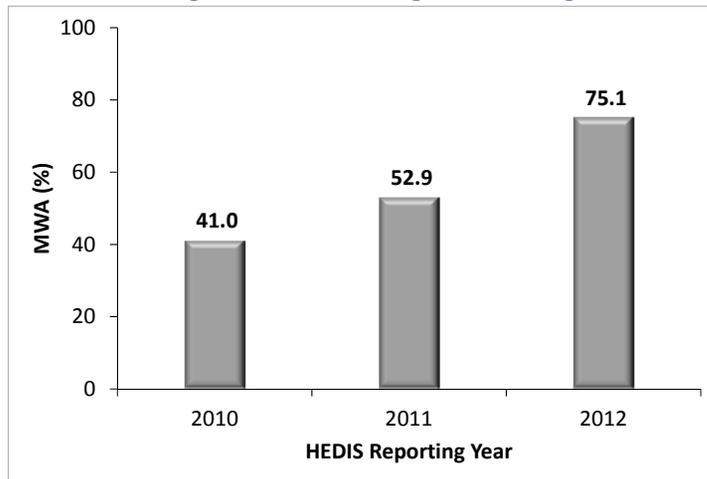


HPP and UPP chose to use the administrative method for this hybrid measure.

### Immunizations for Adolescents—Combination 1

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria, and acellular pertussis vaccine (Tdap) or one tetanus and diphtheria toxoids vaccine (Td) by their 13th birthday.

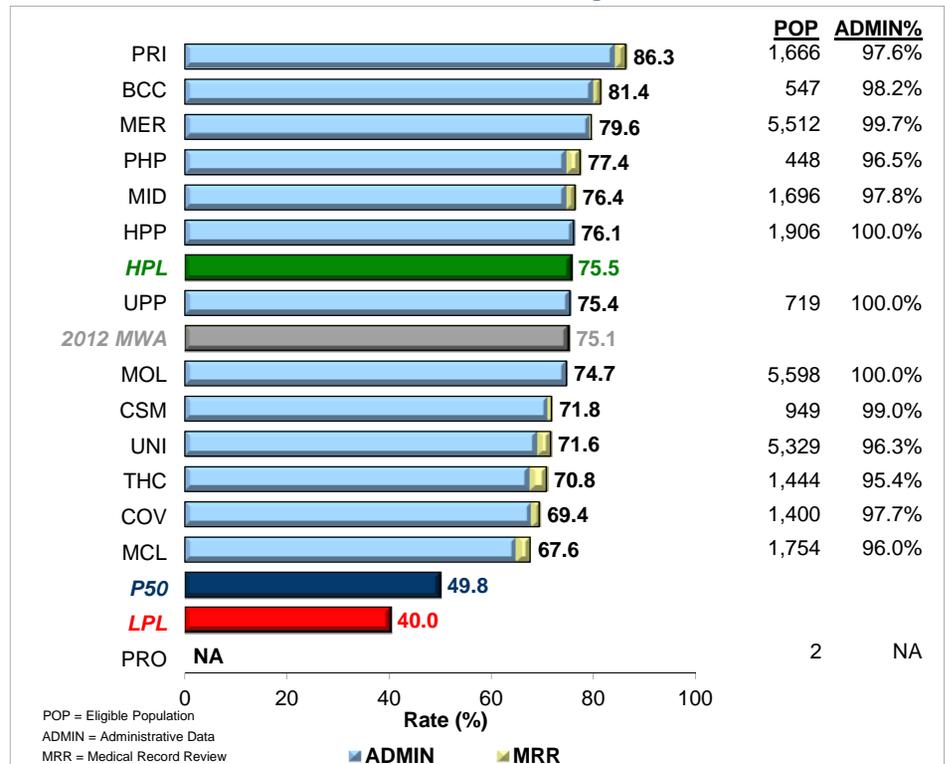
**Figure 3-19—Immunizations for Adolescents—Combination 1 Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 22.2 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 25.3 percentage points. Six MHPs performed above the HPL and none performed below the LPL. One plan did not have a large enough population to report a rate for this measure.

**Figure 3-20—Immunizations for Adolescents—Combination 1 Health Plan Ranking**

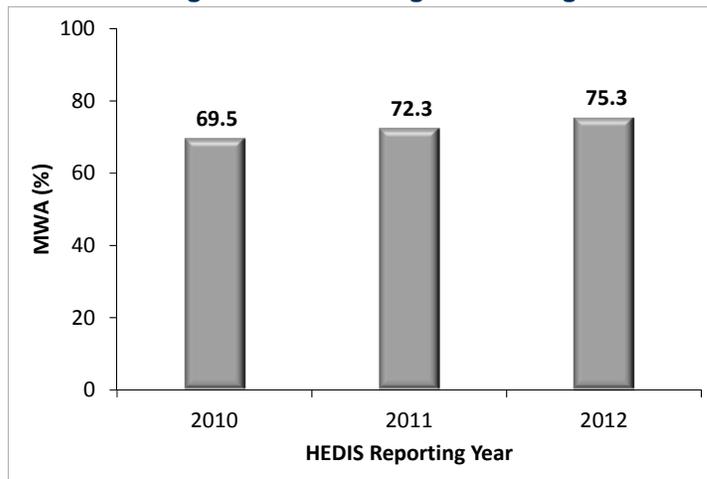


HPP, MOL, and UPP chose to use the administrative method for this hybrid measure.

### Well-Child Visits in the First 15 Months of Life—Six or More Visits

The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life: no well-child visits; one well-child visit; two well-child visits; three well-child visits; four well-child visits; five well-child visits; and six or more well-child visits.

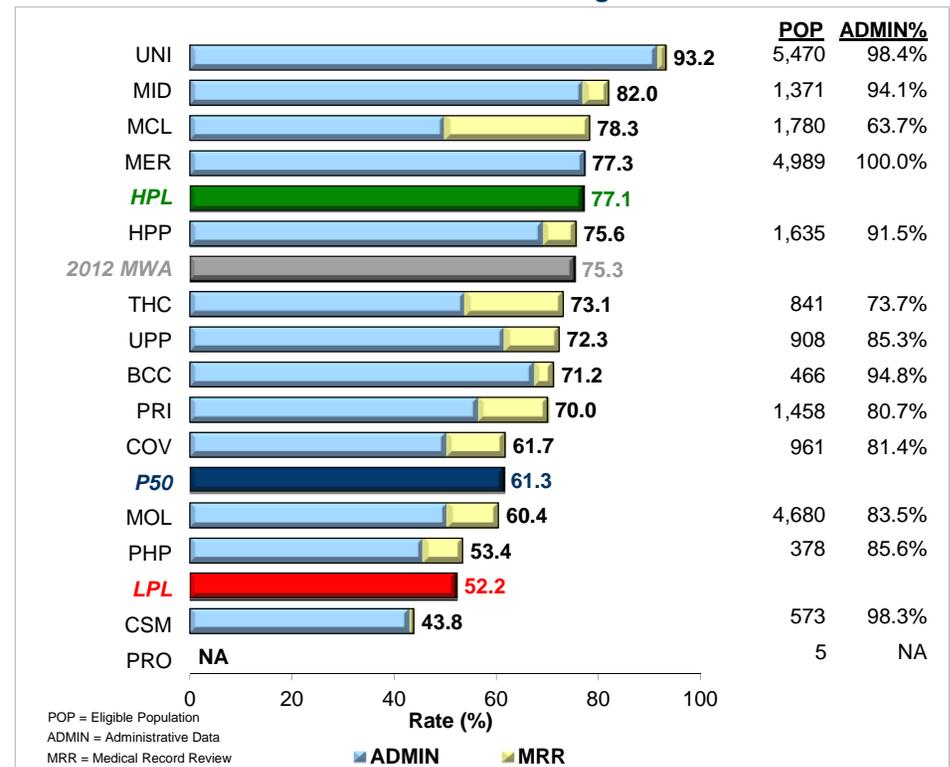
**Figure 3-21—Well-Child Visits in the First 15 Months of Life—Six or More Visits  
Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 3.0 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 14.0 percentage points. Four MHPs performed above the HPL and one performed below the LPL. One plan did not have a large enough population to report a rate for this measure.

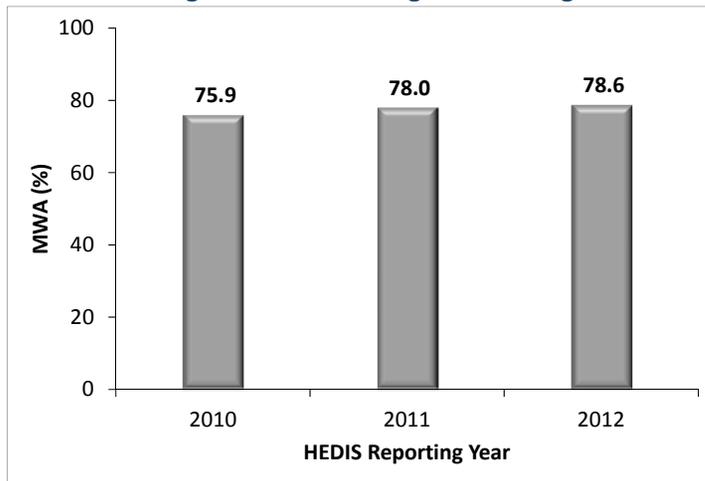
**Figure 3-22—Well-Child Visits in the First 15 Months of Life—Six or More Visits  
Health Plan Ranking**



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

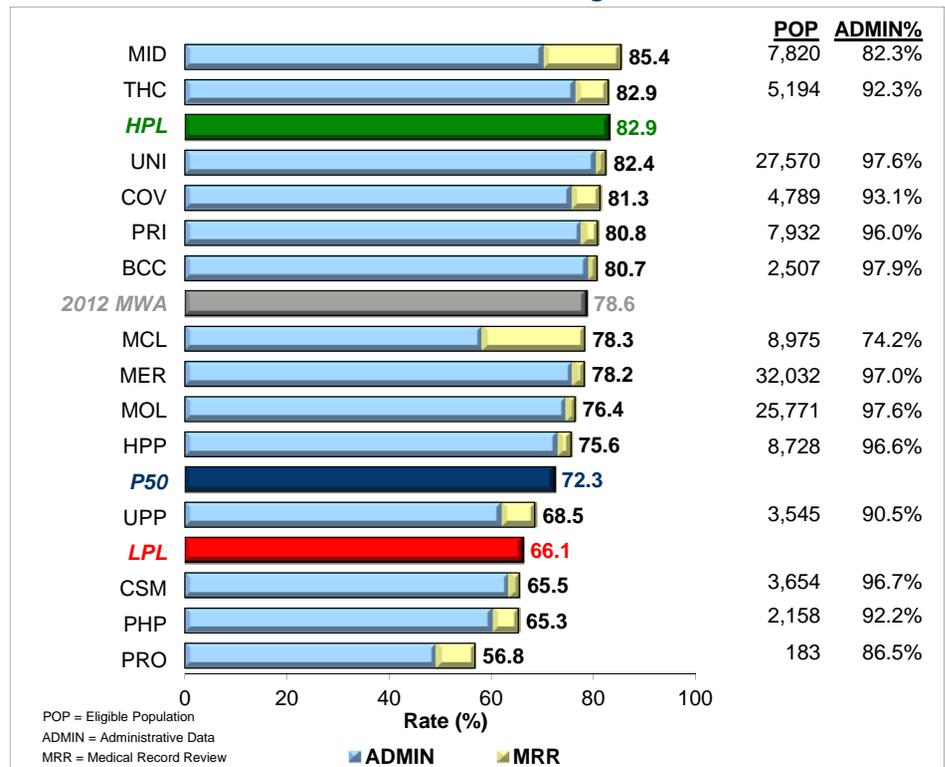
The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

**Figure 3-23—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.6 percentage points and exceeded the national HEDIS Medicaid 50th percentile by 6.3 percentage points. Two MHPs performed above the HPL and three performed below the LPL.

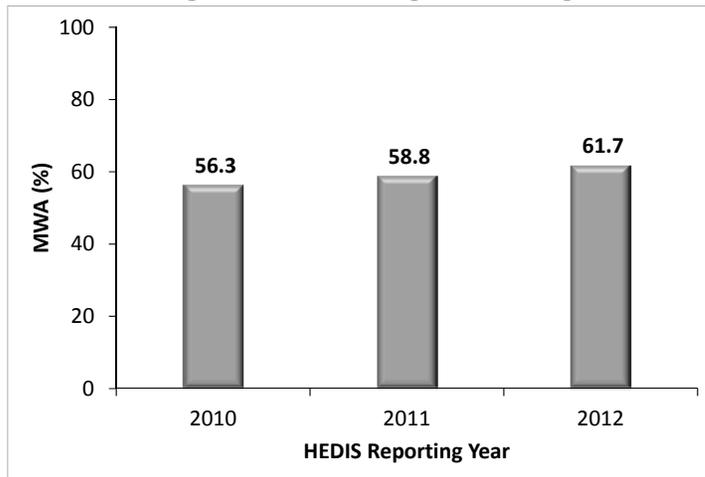
**Figure 3-24—Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Health Plan Ranking**



**Adolescent Well-Care Visits**

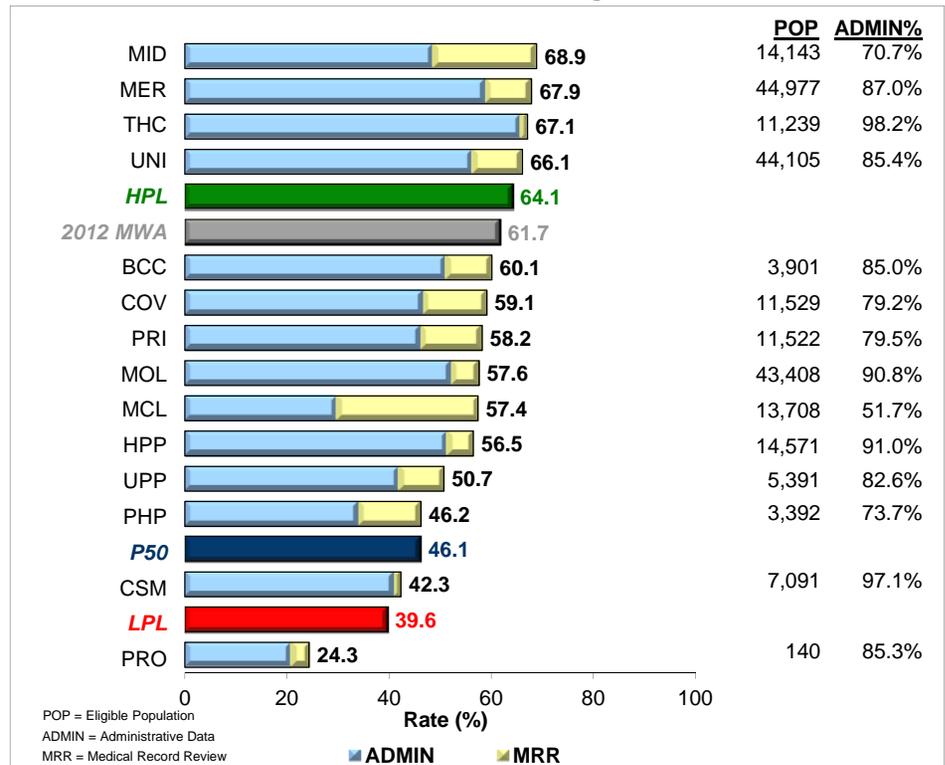
The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

**Figure 3-25—Adolescent Well-Care Visits  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 2.9 percentage points and exceeded the national HEDIS Medicaid 50th percentile by 15.6 percentage points. Four MHPs performed above the HPL and one performed below the LPL.

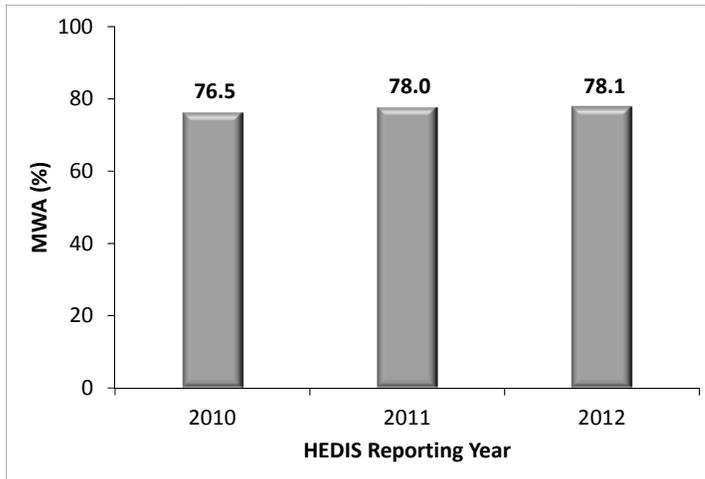
**Figure 3-26—Adolescent Well-Care Visits  
Health Plan Ranking**



### Lead Screening in Children

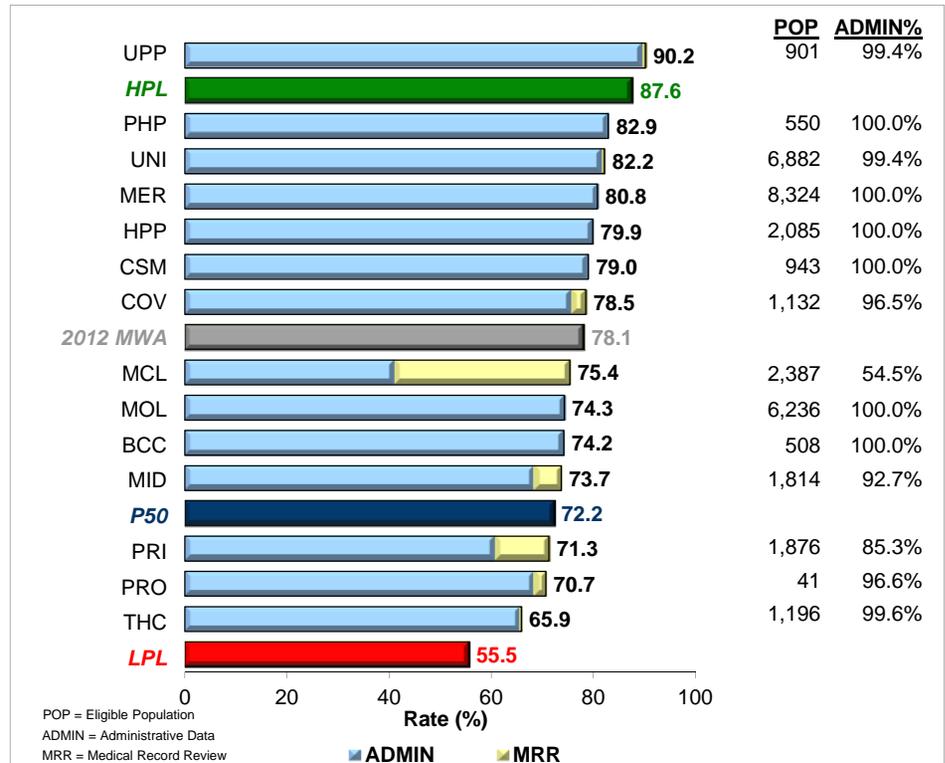
The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

**Figure 3-27—Lead Screening in Children Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.1 percentage points and exceeded the national HEDIS Medicaid 50th percentile by 5.9 percentage points. One MHP performed above the HPL and none performed below the LPL.

**Figure 3-28—Lead Screening in Children Health Plan Ranking**

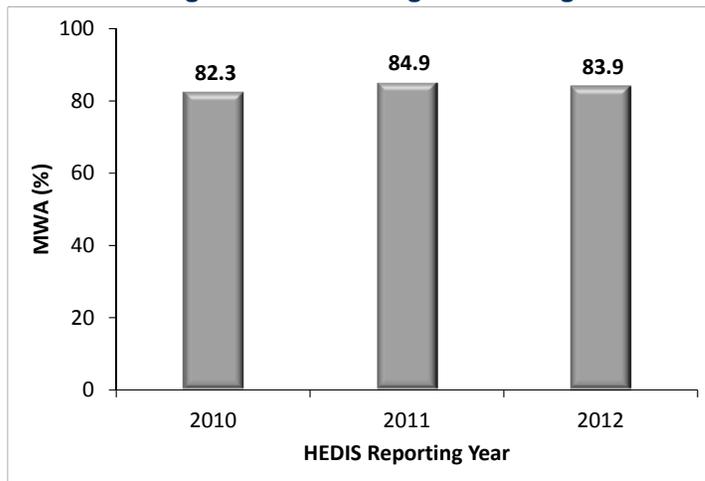


BCC, CSM, HPP, MER, and PHP chose to use the administrative method for this hybrid measure.

**Appropriate Treatment for Children With Upper Respiratory Infection**

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

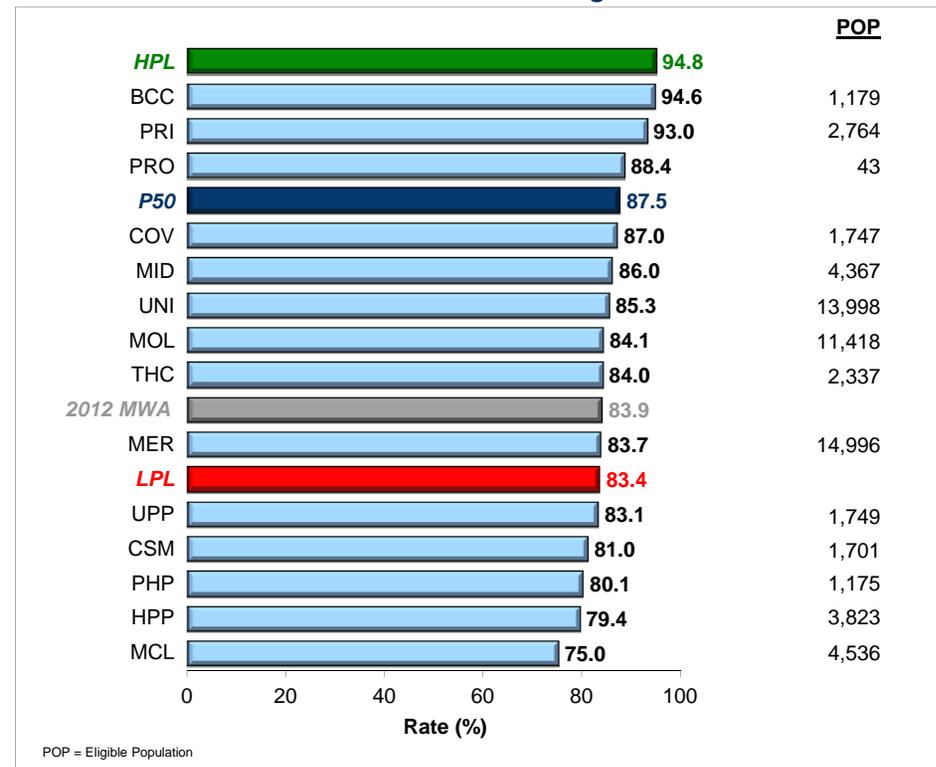
**Figure 3-29—Appropriate Treatment for Children With Upper Respiratory Infection Michigan Medicaid Weighted Averages**



Decline from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had a statistically significant decline of 1.0 percentage point. The 2012 MWA performed below the national HEDIS Medicaid 50th percentile by 3.6 percentage points. None of the MHPs performed above the HPL and five performed below the LPL.

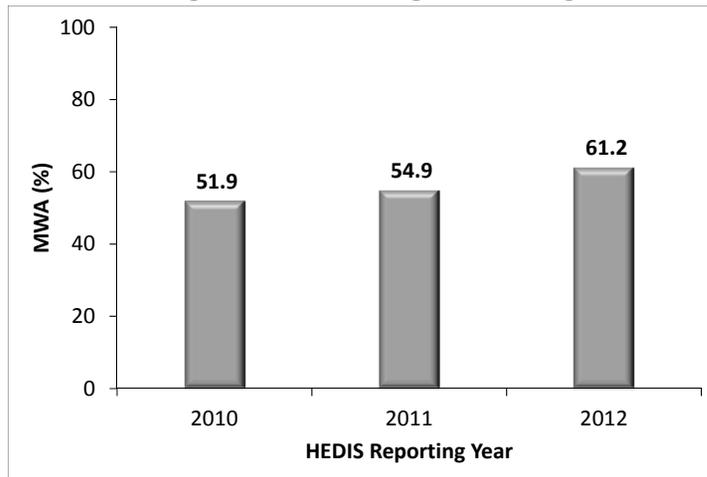
**Figure 3-30—Appropriate Treatment for Children With Upper Respiratory Infection Health Plan Ranking**



### Appropriate Testing for Children With Pharyngitis

The percentage of children 2–18 years of age who were diagnosed with pharyngitis, were dispensed and antibiotic, and received a group A streptococcus (strep) test for the episode.

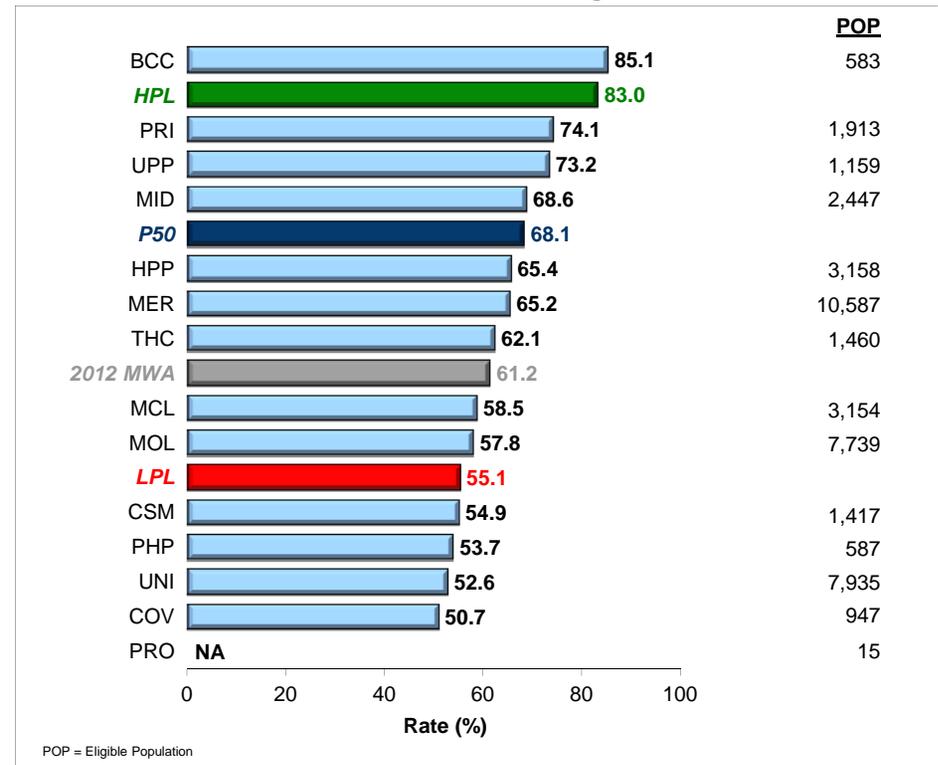
**Figure 3-31—Appropriate Testing for Children With Pharyngitis  
Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 6.3 percentage points. The 2012 MWA performed below the national HEDIS Medicaid 50th percentile by 6.9 percentage points. One MHP performed above the HPL and four performed below the LPL. One plan did not have a large enough population to report a rate for this measure.

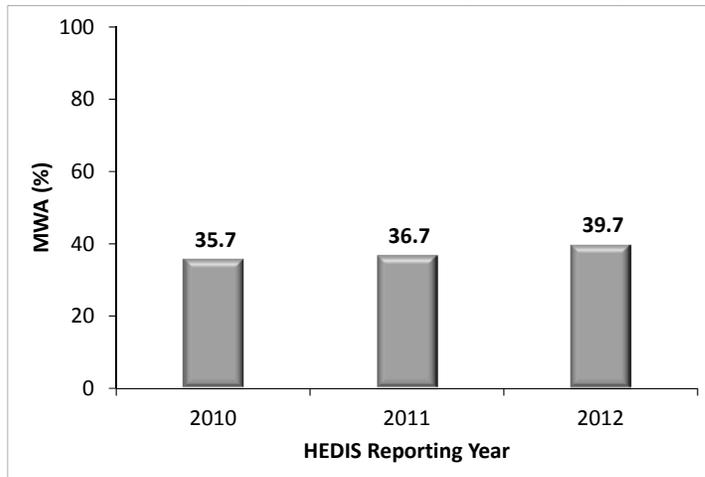
**Figure 3-32—Appropriate Testing for Children With Pharyngitis  
Health Plan Ranking**



**Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase**

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed, and who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.

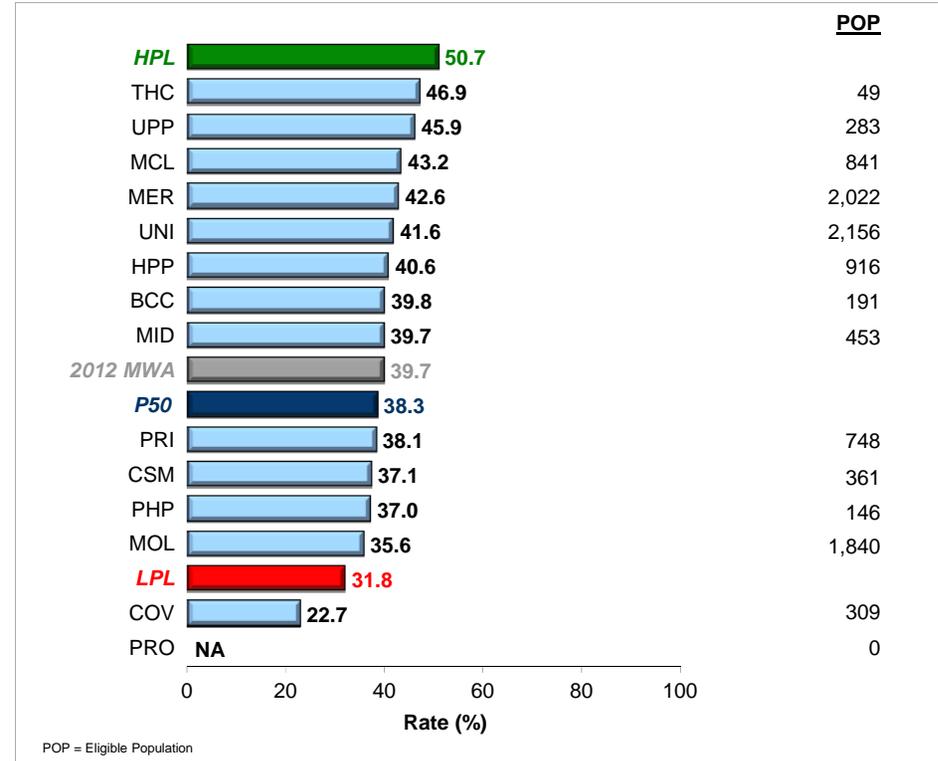
**Figure 3-33—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase  
Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 3.0 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 1.4 percentage points. No MHP performed above the HPL and one performed below the LPL. One plan did not have a large enough population to report a rate for this measure.

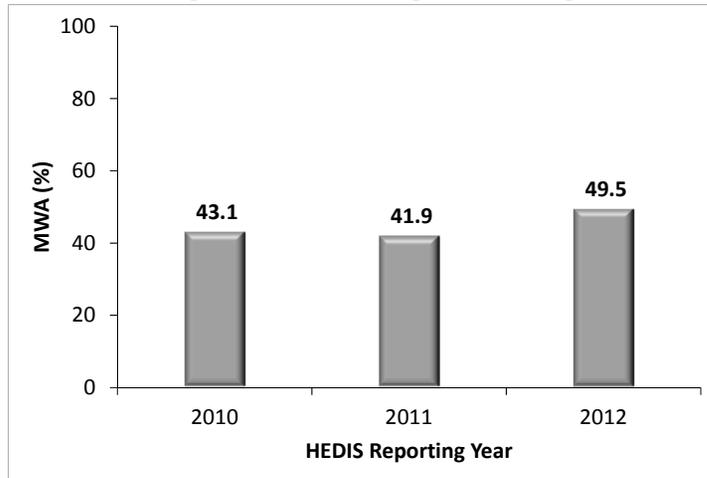
**Figure 3-34—Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase  
Health Plan Ranking**



### Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed; who remained on the medication for at least 210 days; and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended.

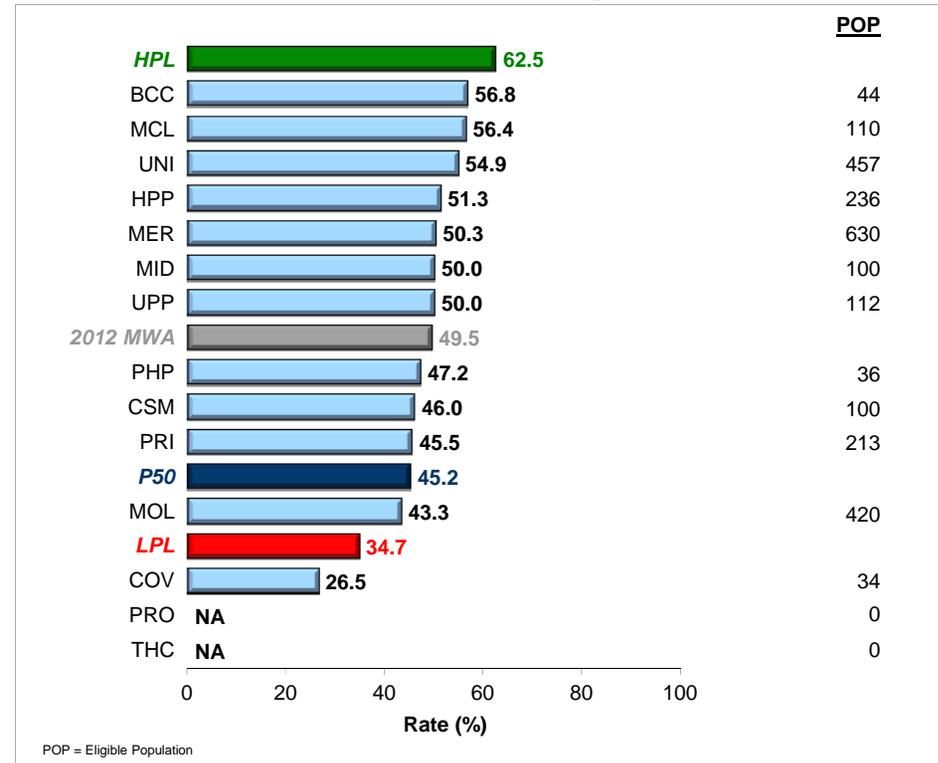
**Figure 3-35—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average had statistically significant improvement and increased by 7.6 percentage points. The 2012 MWA exceeded the national HEDIS Medicaid 50th percentile by 4.3 percentage points. No MHP performed above the HPL and one performed below the LPL. Two plans did not have a large enough population to report a rate for this measure.

**Figure 3-36—Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase Health Plan Ranking**



## Introduction

The Women–Adult Care dimension encompasses the following MDCH measures:

- ◆ *Breast Cancer Screening*
- ◆ *Cervical Cancer Screening*
- ◆ *Chlamydia Screening in Women—16 to 20 Years*
- ◆ *Chlamydia Screening in Women—21 to 24 Years*
- ◆ *Chlamydia Screening in Women—Total*

## Summary of Findings

Table 4-1 presents statewide performance for the measures under the Women–Adult Care dimension. It lists the HEDIS 2012 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2011.

Table 4-1—Michigan Medicaid HEDIS 2012 Statewide Rate Trend Women–Adult Care				
Measure	Statewide Rate		Number of MHPs	
	HEDIS 2012 Weighted Average	2011–2012 Trend	With Significant Improvement in 2012	With Significant Decline in 2012
<i>Breast Cancer Screening</i>	57.0%	+0.7	2	1
<i>Cervical Cancer Screening</i>	75.5%	+1.2	1	0
<i>Chlamydia Screening in Women</i>				
<i>Ages 16 to 20 Years</i>	61.7%	+1.0	1	1
<i>Ages 21 to 24 Years</i>	69.5%	+1.1	0	0
<i>Total</i>	64.5%	+1.0	2	1

2011–2012 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decrease from the prior year.

Legend <P10 ≥P10 and < P25 ≥P25 and < P50 ≥P50 and < P75 ≥P75 and < P90 ≥P90

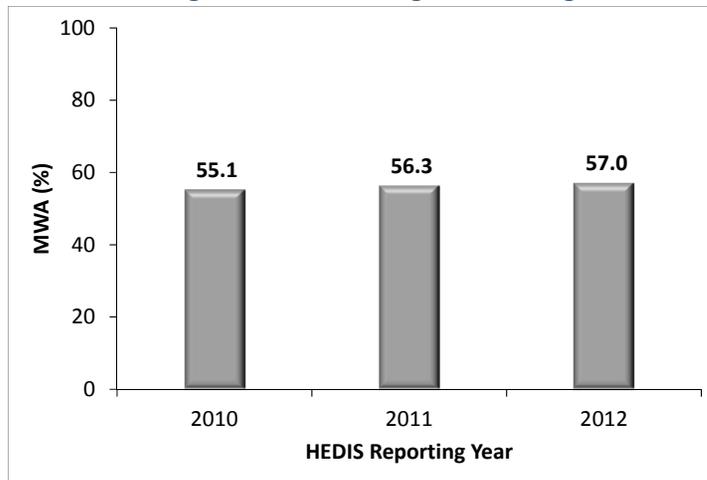
Table 4-1 shows that although all measures under Women—Adult Care reported an increase in rate, only one measure (*Chlamydia Screening in Women—Total*) exhibited statistically significant improvement. For all these measures, changes in rates at each plan were not statistically significant. Nonetheless, all statewide rates were at or above the national Medicaid 50th percentile, with four at or above the 75th percentile.

## Women-Adult Care Findings

### Breast Cancer Screening

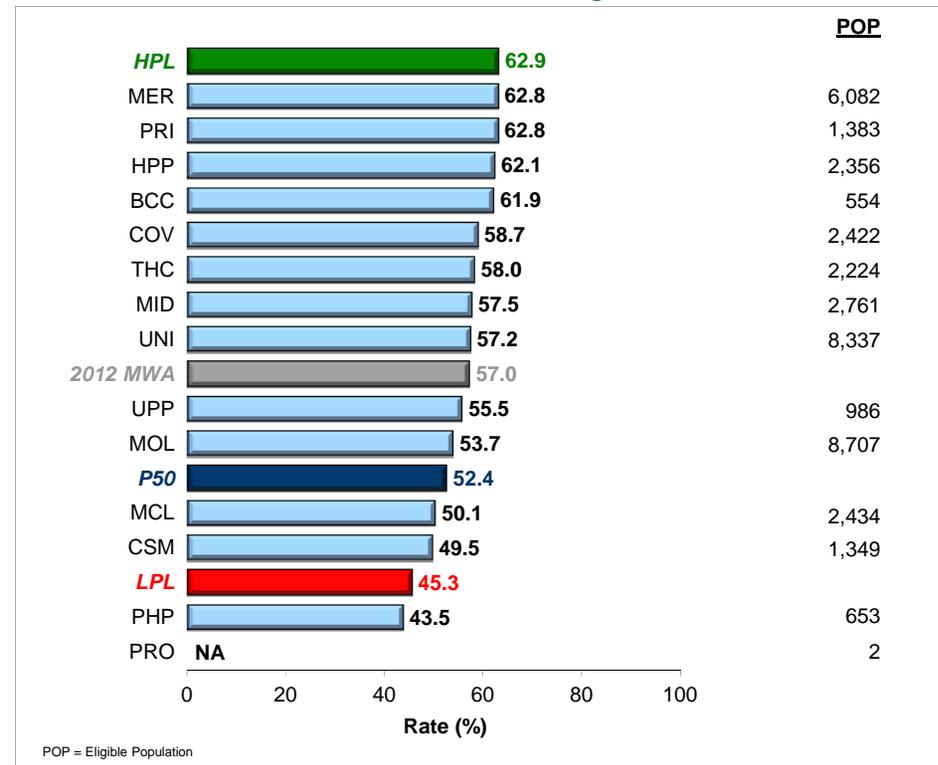
The *Breast Cancer Screening* measure is reported using only the administrative rate. This measure calculates the percentage of women 40–69 years of age who had a mammogram to screen for breast cancer during the measurement year and the year prior to the measurement year.

**Figure 4-1—Breast Cancer Screening Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.7 percentage points. Ten MHPs and the weighted average exceeded the national HEDIS 2011 Medicaid 50th percentile. One MHP performed below the LPL and one MHP did not have a large enough population to report a rate for this measure.

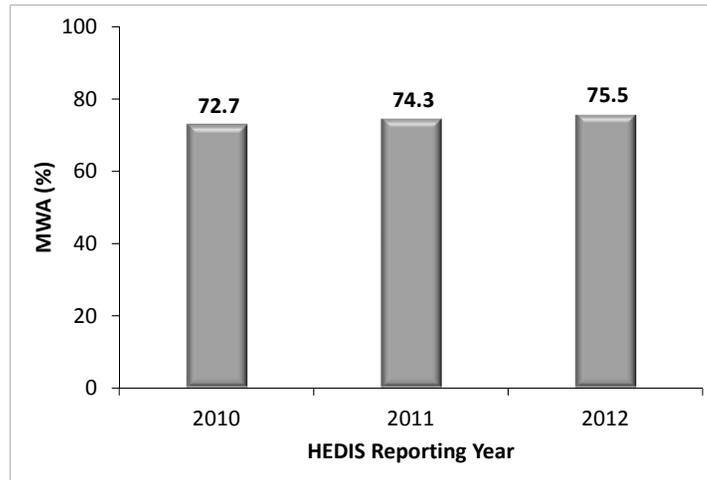
**Figure 4-2—Breast Cancer Screening Health Plan Ranking**



### Cervical Cancer Screening

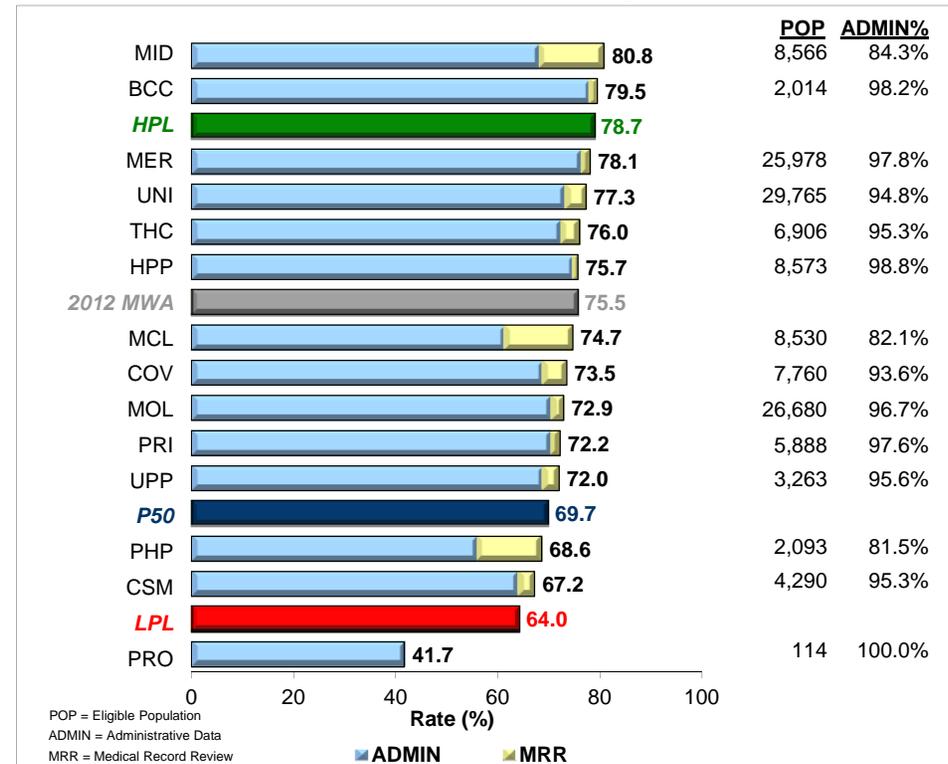
The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.

**Figure 4-3—Cervical Cancer Screening Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.2 percentage points and exceeded the national HEDIS Medicaid 50th percentile by 5.8 percentage points. Two MHPs performed above the HPL and one performed below the LPL. Most plans relied more heavily on administrative data than medical records for this measure.

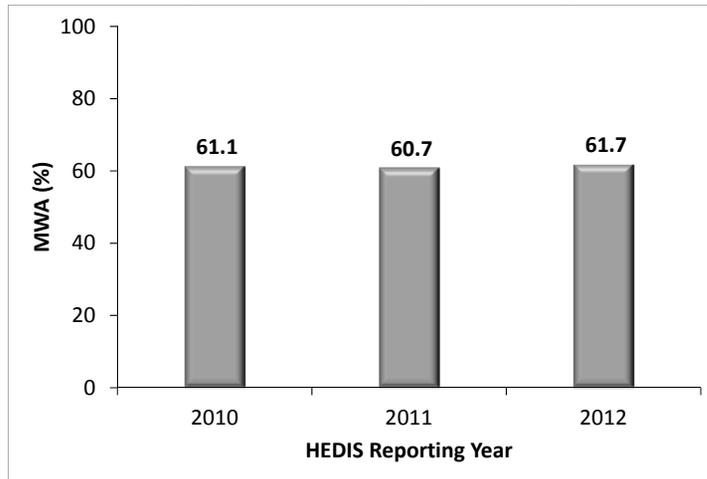
**Figure 4-4—Cervical Cancer Screening Health Plan Ranking**



### Chlamydia Screening in Women—16–20 Years

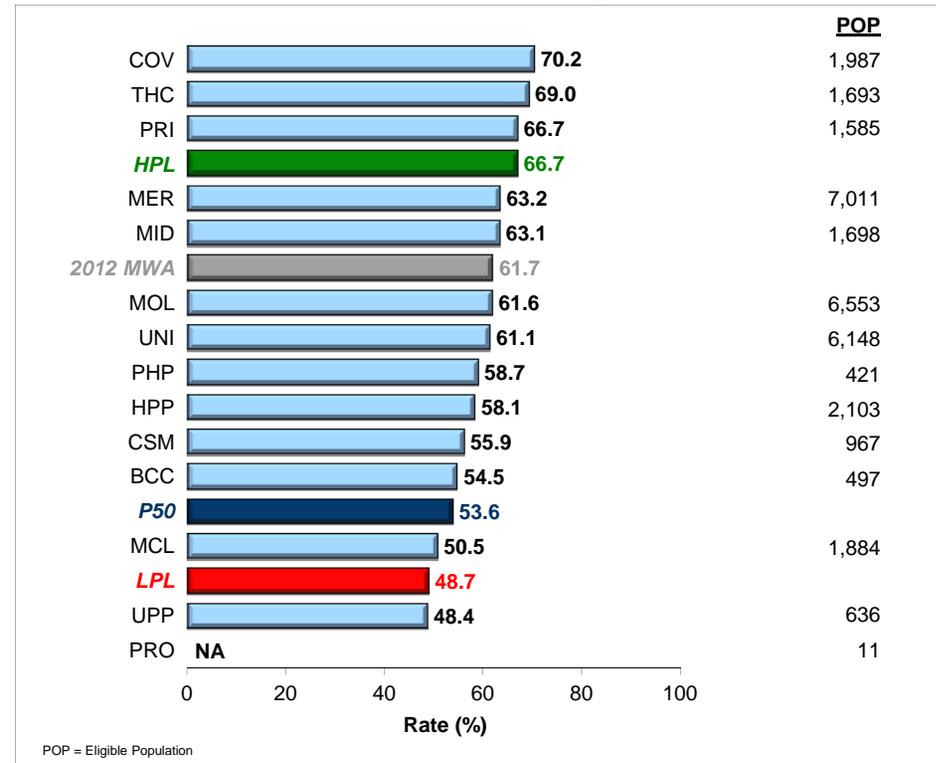
The percentage of women 16–20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

**Figure 4-5—Chlamydia Screening in Women—16–20 Years  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.0 percentage point and exceeded the national HEDIS 2011 Medicaid 50th percentile by 8.1 percentage points. Three MHPs performed above the HPL and one MHP performed below the LPL. One MHP did not have a large enough population to report a rate for this indicator.

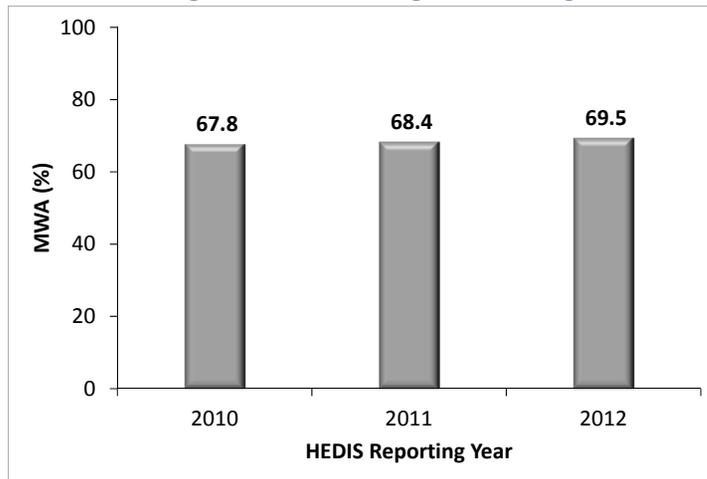
**Figure 4-6—Chlamydia Screening in Women—16–20 Years  
Health Plan Ranking**



### Chlamydia Screening in Women—21–24 Years

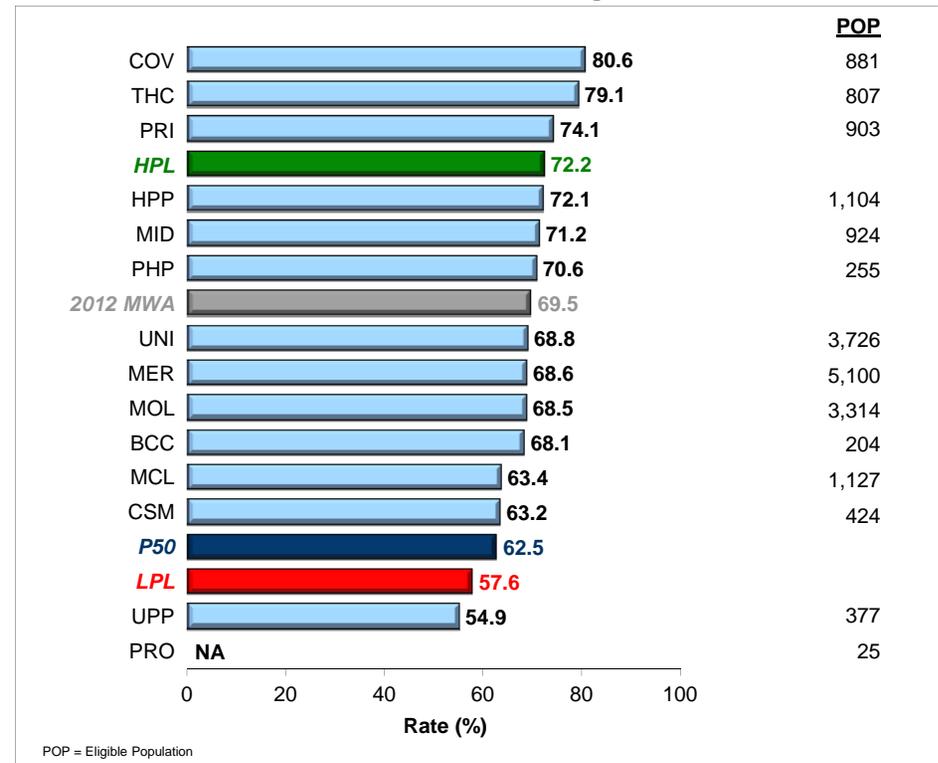
The percentage of women 21–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

**Figure 4-7—Chlamydia Screening in Women—21–24 Years  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.1 percentage points and exceeded the national HEDIS 2011 Medicaid 50th percentile by 7.0 percentage points. Three MHPs performed above the HPL and one MHP performed below the LPL. One MHP did not have a large enough population to report a rate for this indicator.

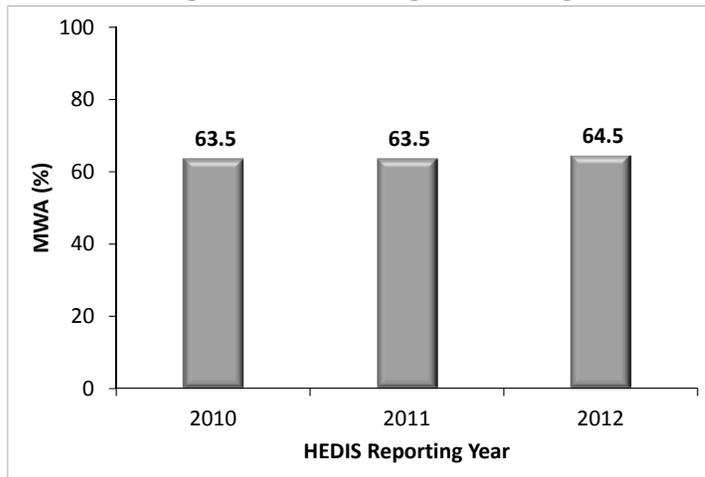
**Figure 4-8—Chlamydia Screening in Women—21–24 Years  
Health Plan Ranking**



### Chlamydia Screening in Women—Total

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

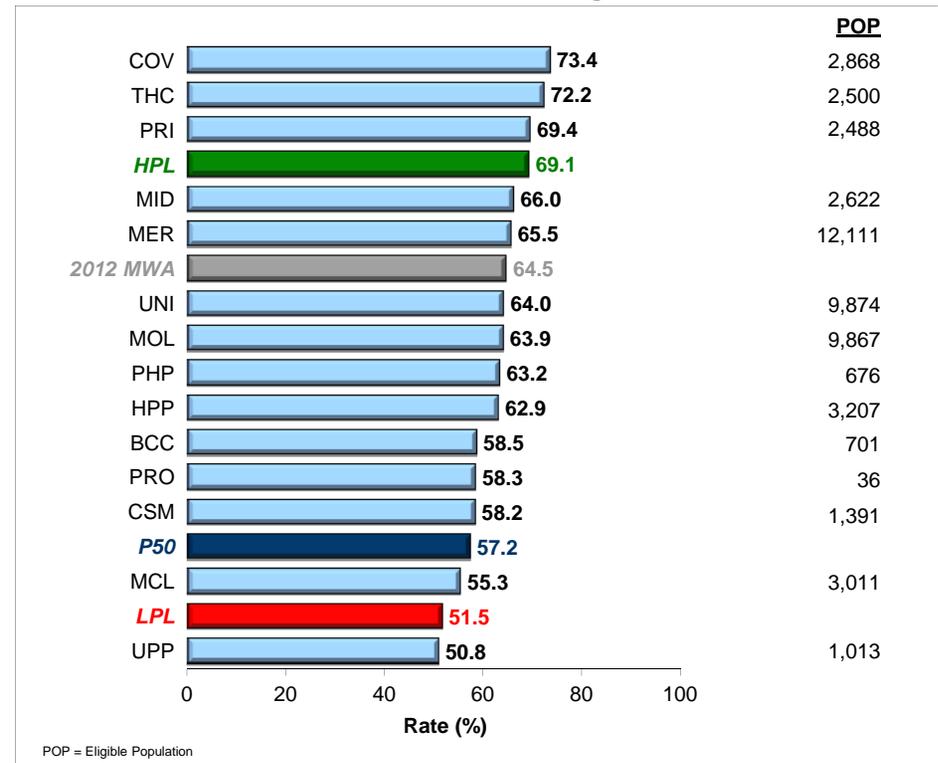
**Figure 4-9—Chlamydia Screening in Women—Total Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average showed statistically significant improvement of 1.0 percentage point and exceeded the national HEDIS 2011 Medicaid 50th percentile by 7.3 percentage points. Three MHPs performed above the HPL and one MHP performed below the LPL.

**Figure 4-10—Chlamydia Screening in Women—Total Health Plan Ranking**



## Introduction

The Access to Care dimension encompasses the following MDCH measures:

- ◆ *Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 24 Months*
- ◆ *Children’s and Adolescents’ Access to Primary Care Practitioners—25 Months to 6 Years*
- ◆ *Children’s and Adolescents’ Access to Primary Care Practitioners—7 to 11 Years*
- ◆ *Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 19 Years*
- ◆ *Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years*
- ◆ *Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years*
- ◆ *Adults’ Access to Preventive/Ambulatory Health Services—65+ Years*
- ◆ *Adults’ Access to Preventive/Ambulatory Health Services—Total*

## Summary of Findings

Table 5-1 presents statewide performance for the measures under the Access to Care dimension. It lists the HEDIS 2012 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2011.

Table 5-1—Michigan Medicaid HEDIS 2012 Statewide Rate Trend Access to Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2012 Weighted Average	2011–2012 Trend	With Significant Improvement in 2012	With Significant Decline in 2012		
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>						
<i>Ages 12 to 24 Months</i>	97.1%	+0.4	2	0		
<i>Ages 25 Months to 6 Years</i>	90.3%	+0.5	6	2		
<i>Ages 7 to 11 Years</i>	91.8%	+0.7	5	1		
<i>Ages 12 to 19 Years</i>	90.6%	+1.1	7	1		
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>						
<i>Ages 20 to 44 Years</i>	83.6%	+0.4	3	4		
<i>Ages 45 to 64 Years</i>	89.7%	+0.6	1	0		
<i>Ages 65+ Years</i>	92.5%	+3.4	0	0		
<i>Total</i>	85.5%	+0.5	4	5		
2011–2012 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decrease from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

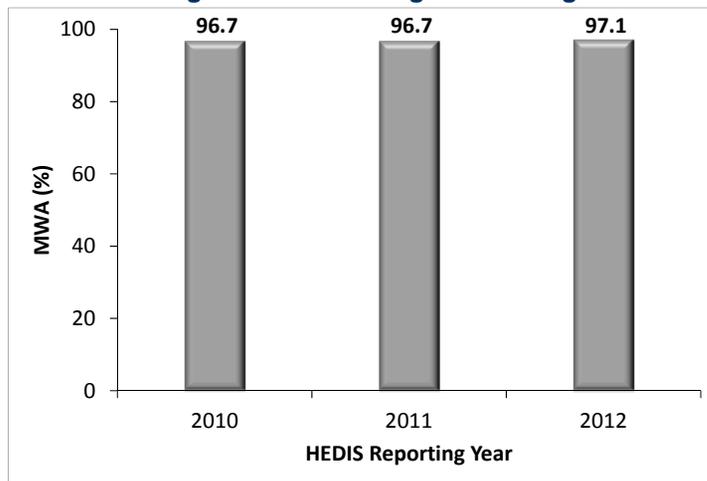
Table 5-1 shows that all measures under Access to Care improved from last year. Although the *Adults' Access to Preventive/Ambulatory Health Services—Ages 65+ Years* had the greatest increase in rate (3.4 percentage points), this increase was not statistically significant, probably due to a small denominator even at the statewide level. This measure is also the only one ranking at the top 10th percentile of the national HEDIS benchmark. All other measures ranked between the 50th percentile and 75th percentile.

## Access to Care Findings

### Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 24 Months

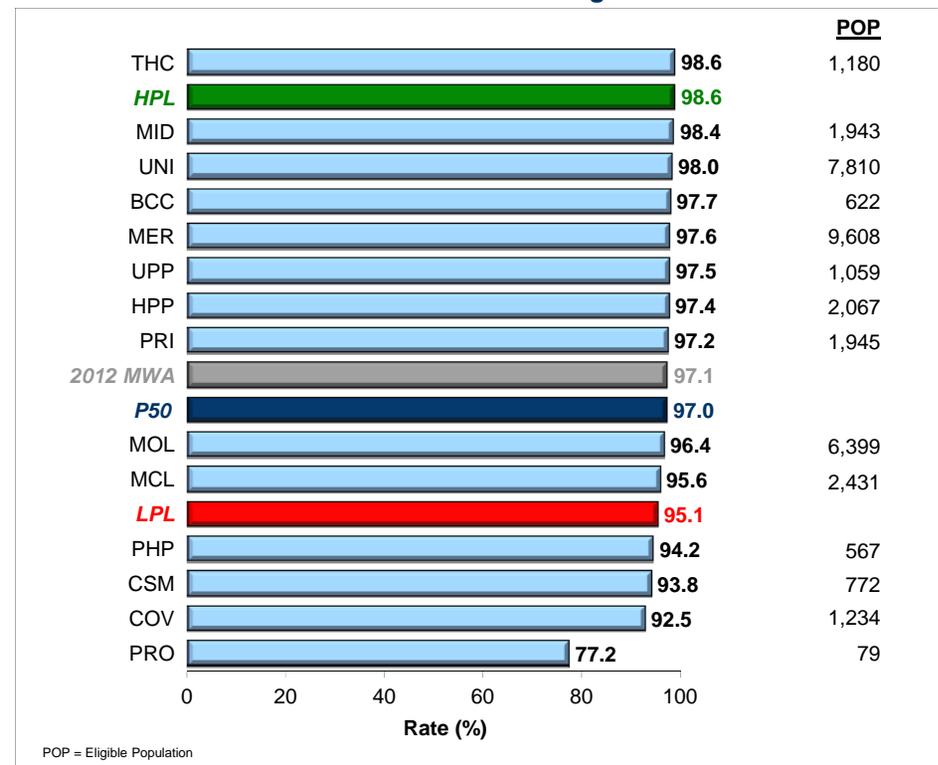
The *Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 24 Months* measure calculates the percentage of children 12 to 24 months of age who had a visit with a PCP during the measurement year.

**Figure 5-1—Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 24 Months  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.4 percentage points. One MHP performed above the HPL and seven MHPs and the weighted average exceeded the national HEDIS 2011 Medicaid 50th percentile. Four MHPs performed below the LPL.

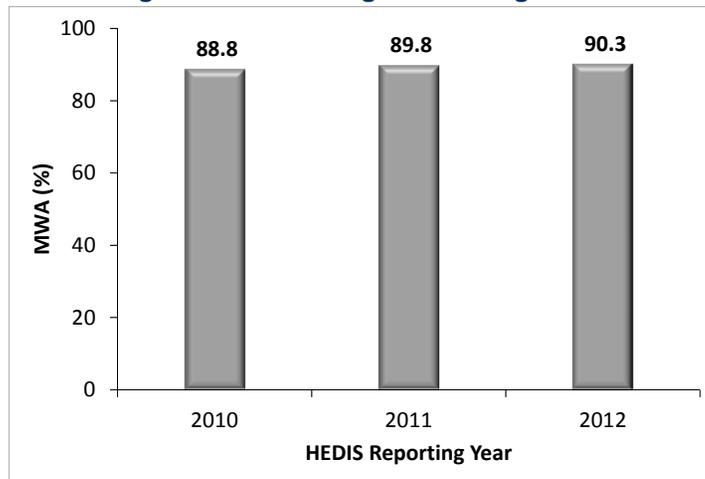
**Figure 5-2—Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 24 Months  
Health Plan Ranking**



### Children’s and Adolescents’ Access to Primary Care Practitioners—25 Months to 6 Years

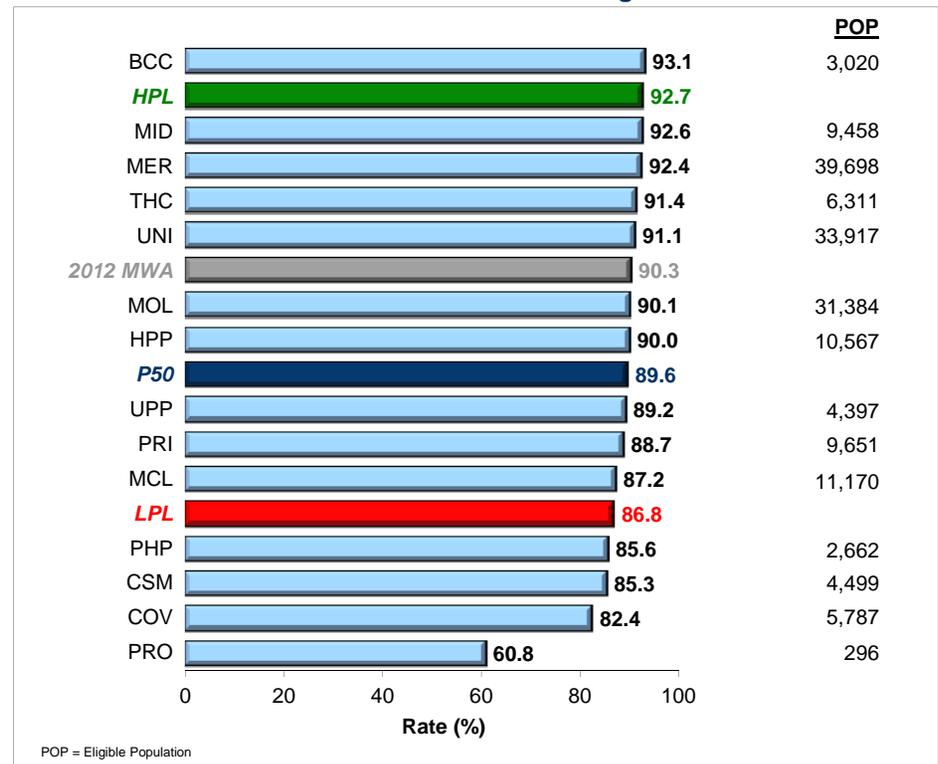
The *Children’s and Adolescents’ Access to Primary Care Practitioners—25 Months to 6 Years* measure calculates the percentage of children 25 months to 6 years of age who had a visit with a PCP during the measurement year.

**Figure 5-3—Children’s and Adolescents’ Access to Primary Care Practitioners—25 Months to 6 Years Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.5 percentage points. One MHP performed above the HPL and six MHPs and the weighted average exceeded the national HEDIS 2011 Medicaid 50th percentile. Four MHPs performed below the LPL.

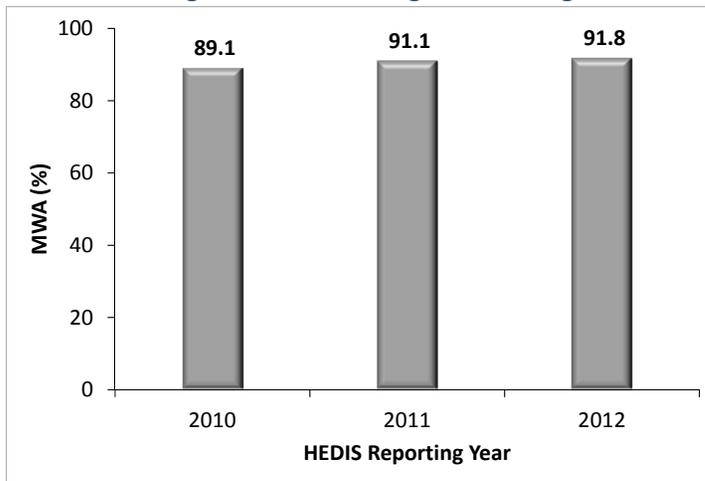
**Figure 5-4—Children’s and Adolescents’ Access to Primary Care Practitioners—25 Months to 6 Years Health Plan Ranking**



### Children’s and Adolescents’ Access to Primary Care Practitioners—7 to 11 Years

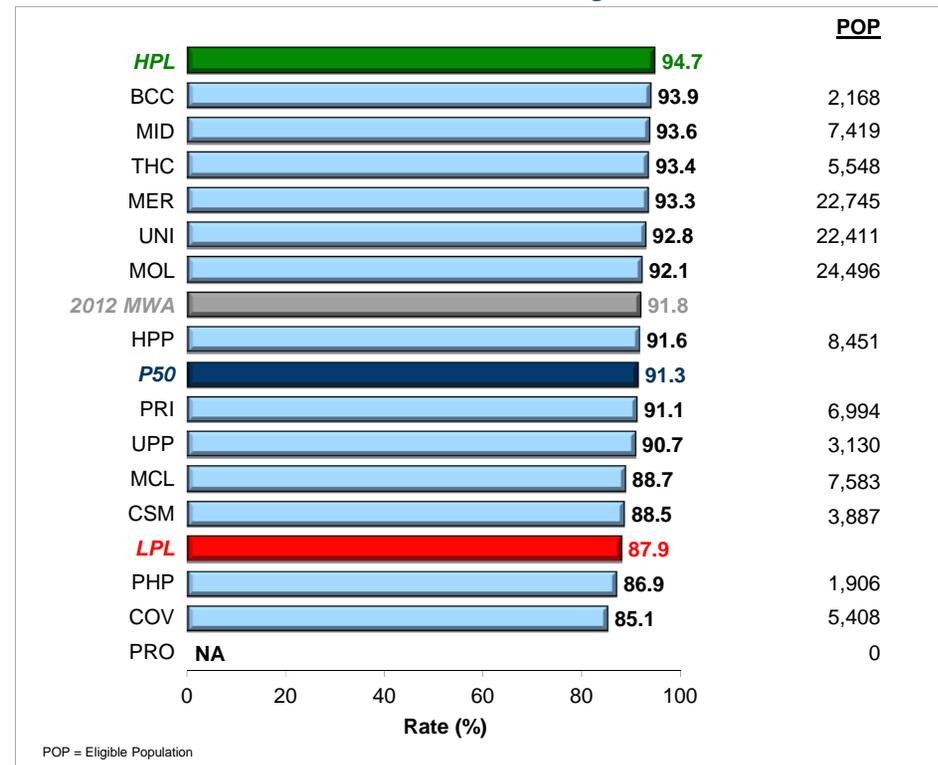
The *Children’s and Adolescents’ Access to Primary Care Practitioners—7 to 11 Years* measure calculates the percentage of children 7 to 11 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.

**Figure 5-5—Children’s and Adolescents’ Access to Primary Care Practitioners—7 to 11 Years  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.7 percentage points. None of the MHPs exceeded the HPL but seven MHPs and the weighted average exceeded the national HEDIS 2011 Medicaid 50th percentile. Two MHPs performed below the LPL and one MHP did not have a large enough population to report a rate for this indicator.

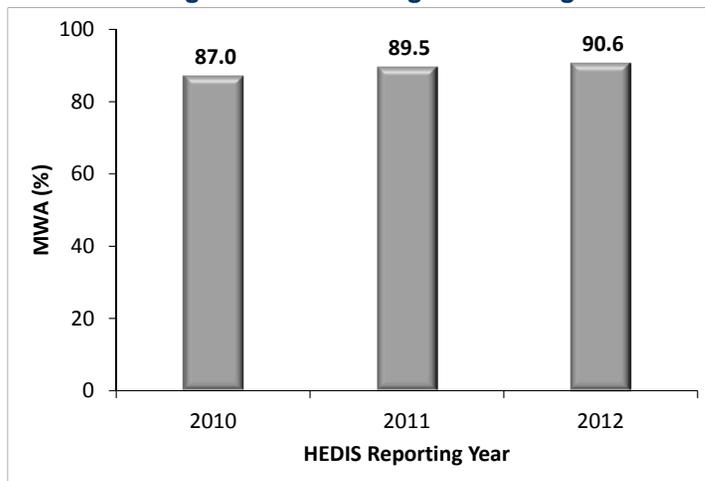
**Figure 5-6—Children’s and Adolescents’ Access to Primary Care Practitioners—7 to 11 Years  
Health Plan Ranking**



### Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 19 Years

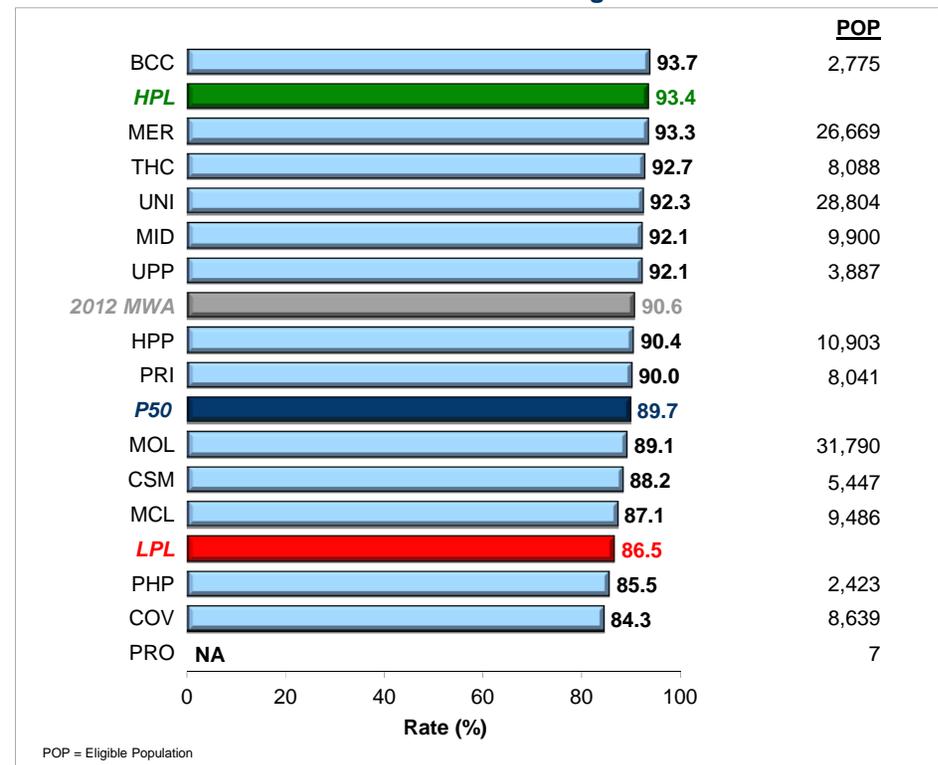
The *Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 19 Years* measure calculates the percentage of adolescents 12 to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.

**Figure 5-7—Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 19 Years  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.1 percentage points. One MHP performed above the HPL and seven MHPs and the weighted average exceeded the national HEDIS 2011 Medicaid 50th percentile. Two MHPs performed below the LPL and one MHP did not have a large enough population to report a rate for this indicator.

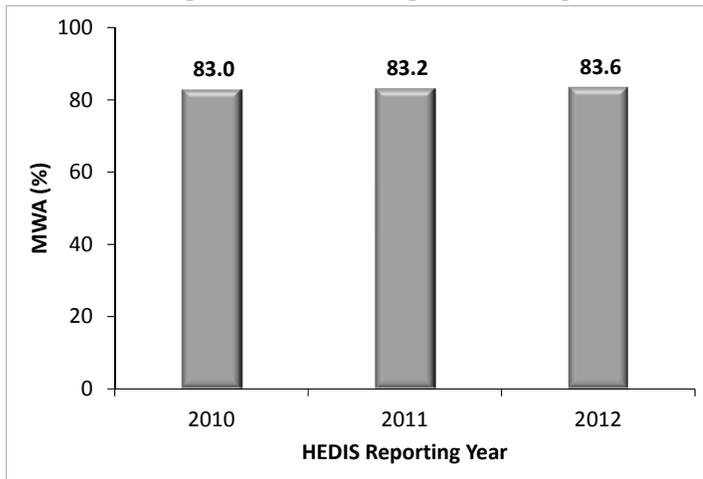
**Figure 5-8—Children’s and Adolescents’ Access to Primary Care Practitioners—12 to 19 Years  
Health Plan Ranking**



**Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years**

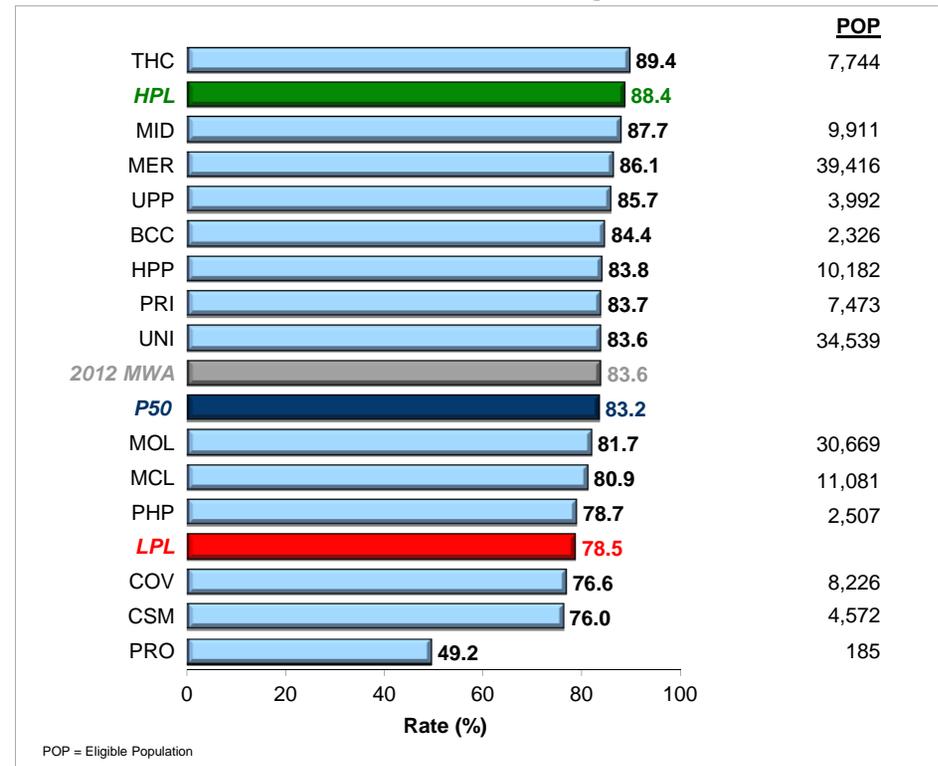
The *Adult's Access to Preventive/Ambulatory Health Services—20 to 44 Years* measure calculates the percentage of members 20 to 44 years of age who had an ambulatory or preventive care visit.

**Figure 5-9—Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.4 percentage points. One MHP performed above the HPL and seven MHPs and the weighted average exceeded the national HEDIS 2011 Medicaid 50th percentile. Three MHPs performed below the LPL.

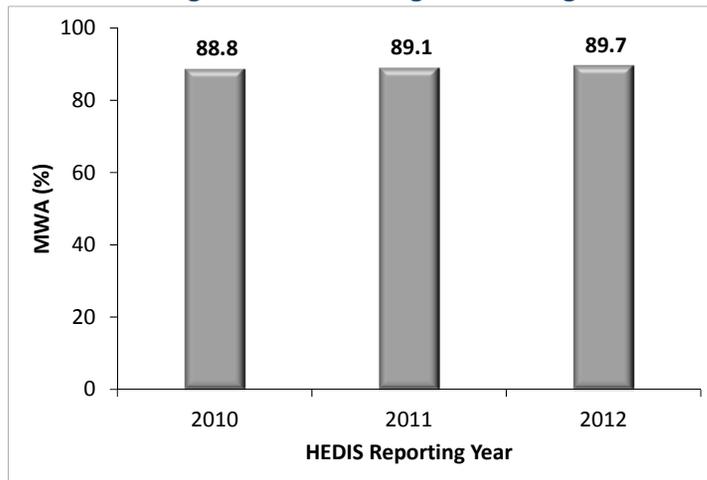
**Figure 5-10—Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years  
Health Plan Ranking**



### Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years

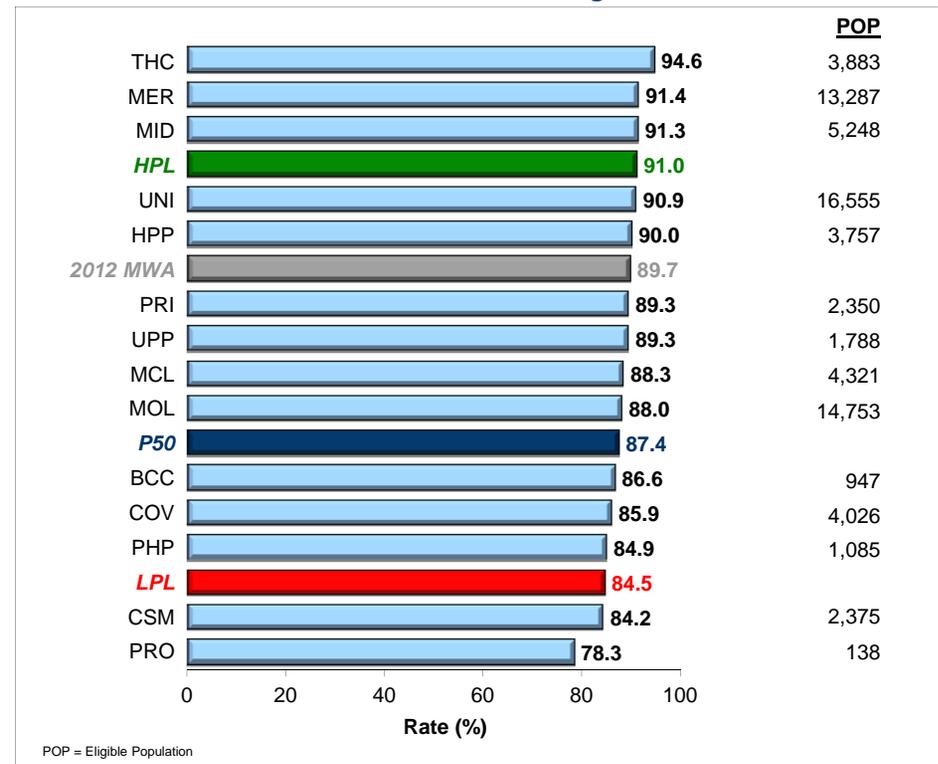
The Adult's Access to Preventive/Ambulatory Health Services—45 to 64 Years measure calculates the percentage of members 45 to 64 years of age who had an ambulatory or preventative care visit.

**Figure 5-11—Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.6 percentage points. Three MHPs exceeded the HPL and six MHPs and the weighted average exceeded the national HEDIS 2011 Medicaid 50th percentile. Two MHPs performed below the LPL.

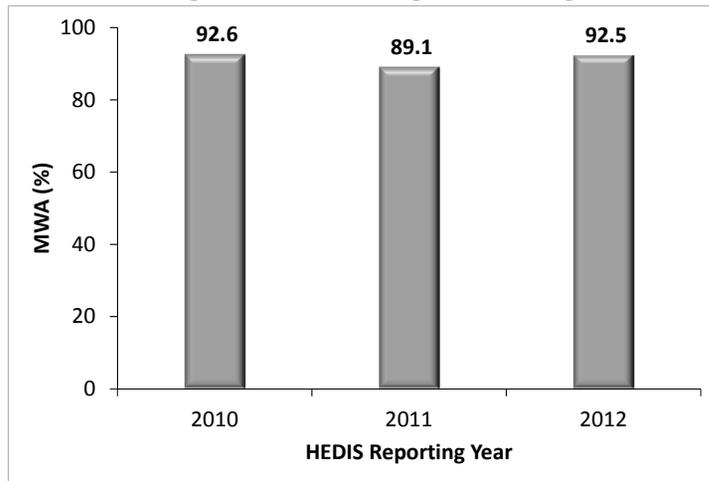
**Figure 5-12—Adults' Access to Preventive/Ambulatory Health Services—45 to 64 Years  
Health Plan Ranking**



### Adults' Access to Preventive/Ambulatory Health Services—65+ Years

The Adults' Access to Preventive/Ambulatory Health Services—65+ Years measure calculates the percentage of members 65+ years of age who had an ambulatory or preventive care visit.

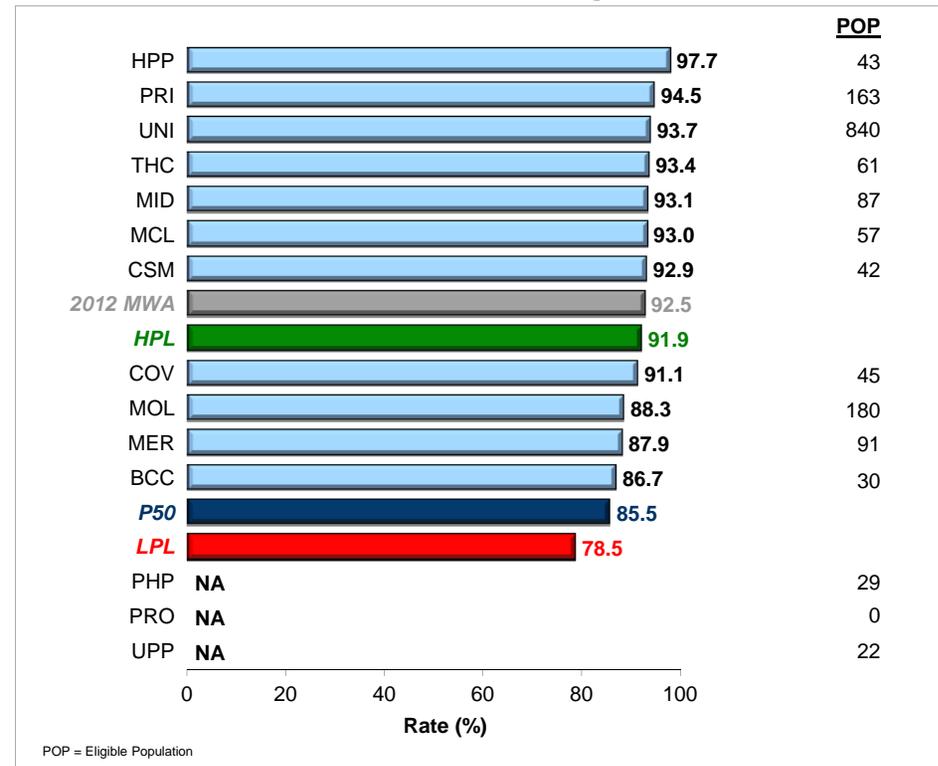
**Figure 5-13—Adults' Access to Preventive/Ambulatory Health Services—65+ Years**  
Michigan Medicaid Weighted Averages



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 Michigan Medicaid weighted average showed statistically significant improvement of 3.4 percentage points. Seven MHPs and the MWA exceeded the HPL and four MHPs performed better than the national HEDIS 2011 Medicaid 50th percentile. None of the MHPs performed below the LPL and three MHPs did not have large enough populations to report rates for this indicator.

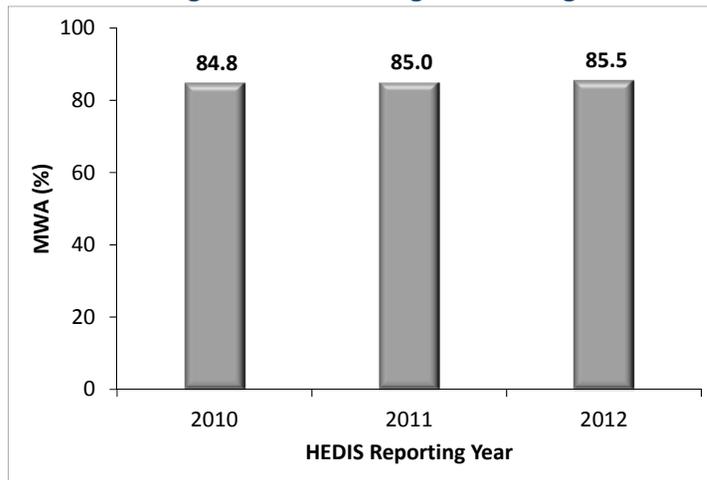
**Figure 5-14—Adults' Access to Preventive/Ambulatory Health Services—65+ Years**  
Health Plan Ranking



### Adults' Access to Preventive/Ambulatory Health Services—Total

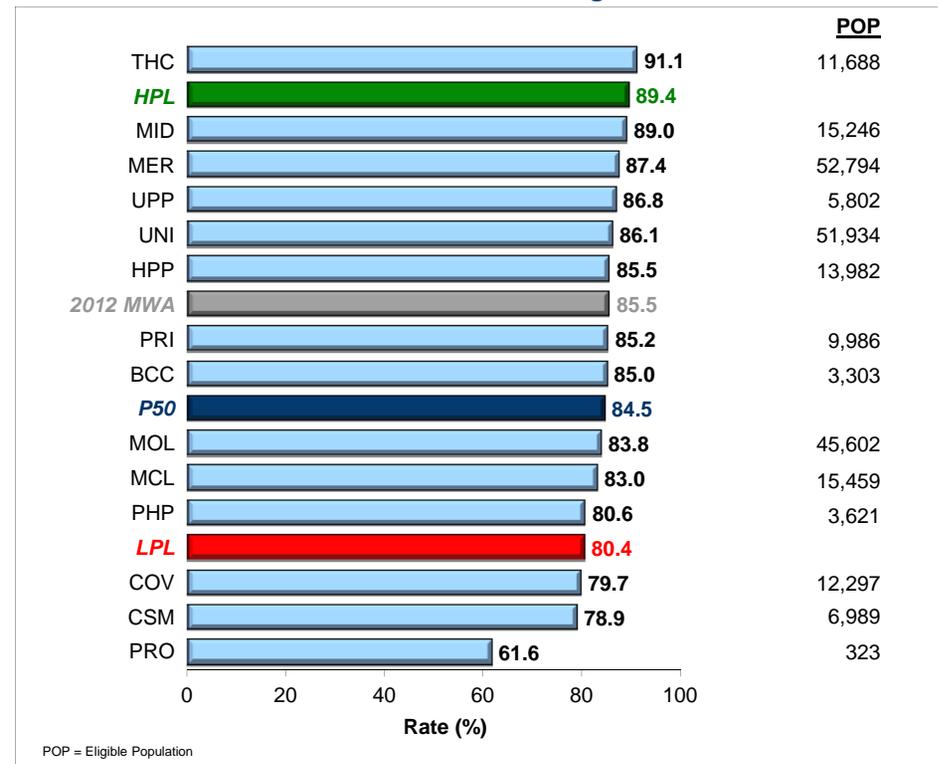
The *Adults' Access to Preventive/Ambulatory Health Services—Total* measure calculates the percentage of total members who had an ambulatory or preventive care visit.

**Figure 5-15—Adults' Access to Preventive/Ambulatory Health Services —Total  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.5 percentage points. One MHP performed above the HPL and seven MHPs and the weighted average exceeded the national HEDIS 2011 Medicaid 50th percentile. Three MHPs performed below the LPL.

**Figure 5-16—Adults' Access to Preventive/Ambulatory Health Services —Total  
Health Plan Ranking**



## Introduction

The Obesity dimension encompasses the following MDCH measures:

- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total*
- ◆ *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total*
- ◆ *Adult BMI Assessment*

## Summary of Findings

Table 6-1 presents statewide performance for the measures under the Obesity dimension. It lists the HEDIS 2012 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2011.

Table 6-1—Michigan Medicaid HEDIS 2012 Statewide Rate Trend Obesity						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2012 Weighted Average	2011–2012 Trend	With Significant Improvement in 2012	With Significant Decline in 2012		
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>						
<i>BMI Percentile—Total</i>	61.6%	+15.0	10	0		
<i>Counseling for Nutrition—Total</i>	58.0%	+4.0	5	2		
<i>Counseling for Physical Activity—Total</i>	47.3%	+2.4	5	2		
<i>Adult BMI Assessment</i>	72.5%	+9.5	11	0		
2011–2012 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decrease from the prior year.						
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

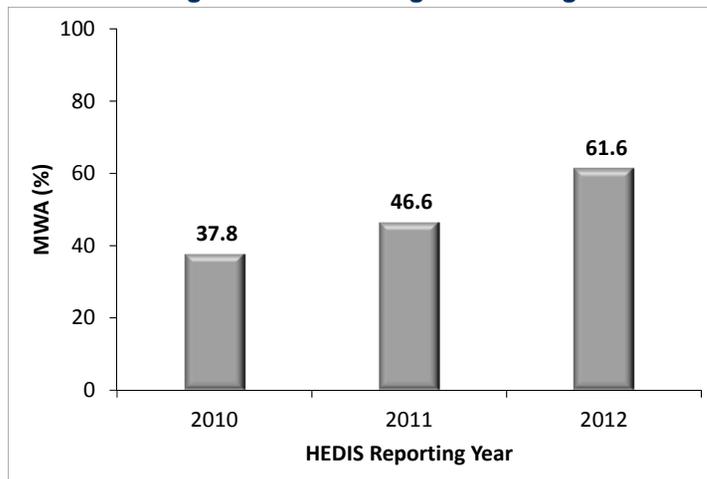
Table 6-1 shows that all the measures under the Obesity dimension improved from last year. Three of the four measures reported a statistically significant improvement, with two showing an increase of at least 5 percentage points. All the measures ranked at or above the national Medicaid 50th percentile, with one ranking within the top 10th percentile (*Adult BMI Assessment*), and another within the top 25th percentile (*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total*).

## Obesity Findings

### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total

*BMI Percentile* calculates the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation during the measurement year.

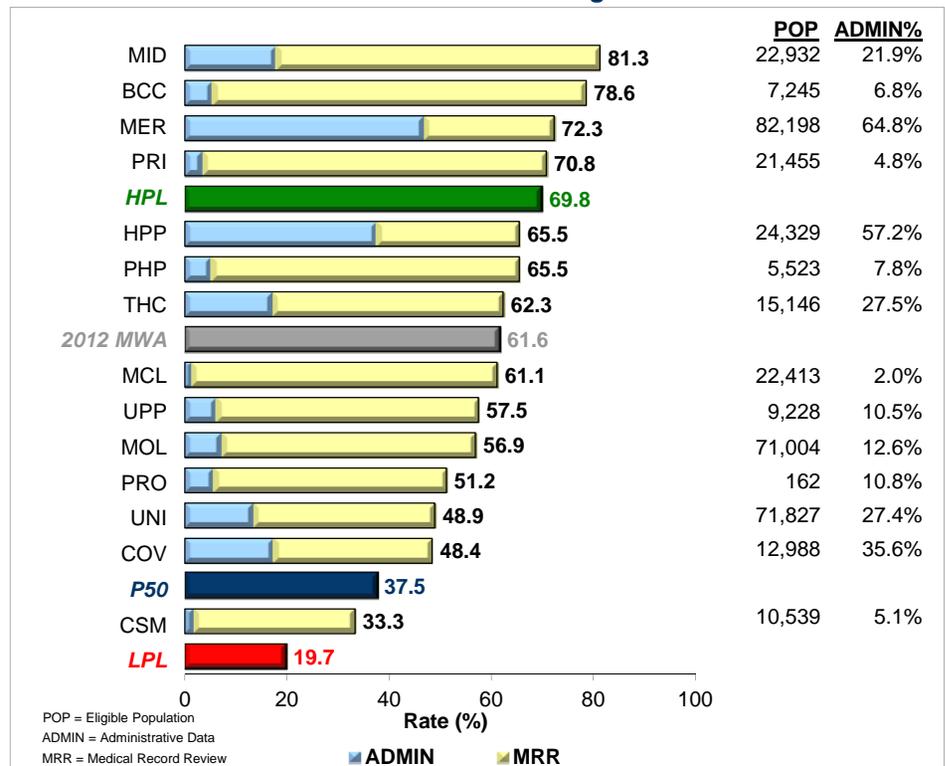
**Figure 6-1—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 weighted average showed statistically significant improvement of 15 percentage points and exceeded the national Medicaid HEDIS 2011 50th percentile by 24.1 percentage points. Four MHPs exceeded the HPL and none of the MHPs fell below the LPL. This measure relied heavily on medical record review.

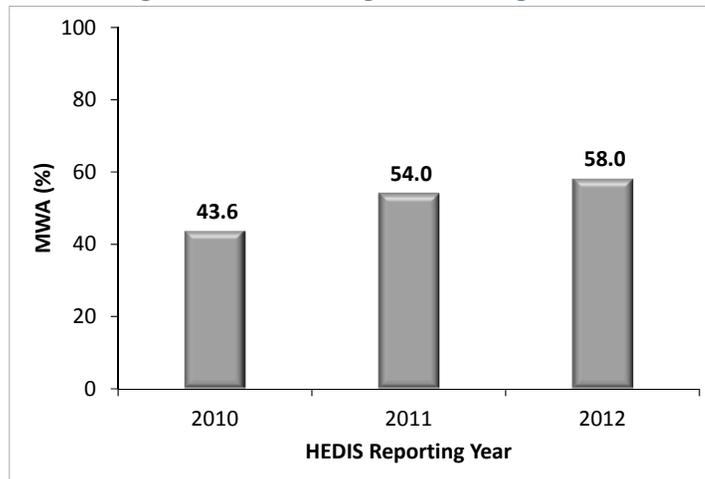
**Figure 6-2—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total Health Plan Ranking**



**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total**

The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total* measure calculates the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.

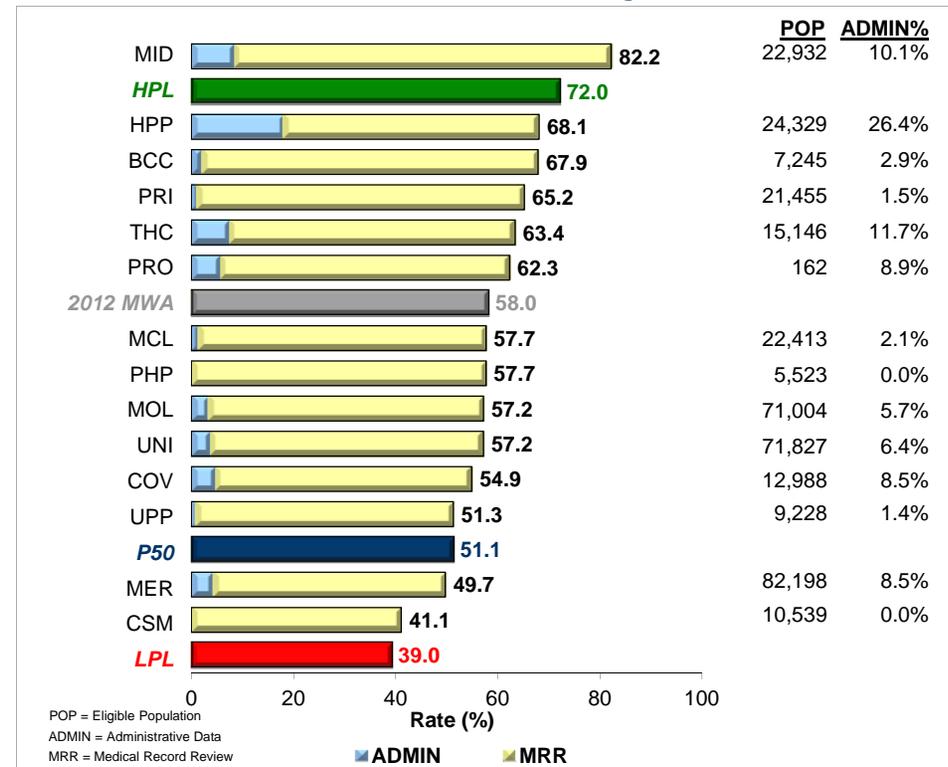
**Figure 6-3—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 weighted average increased significantly by 4.0 percentage points and exceeded the national Medicaid HEDIS 2011 50th percentile by 6.9 percentage points. One MHP exceeded the HPL and none of the MHPs fell below the LPL. This measure relied heavily on medical record review.

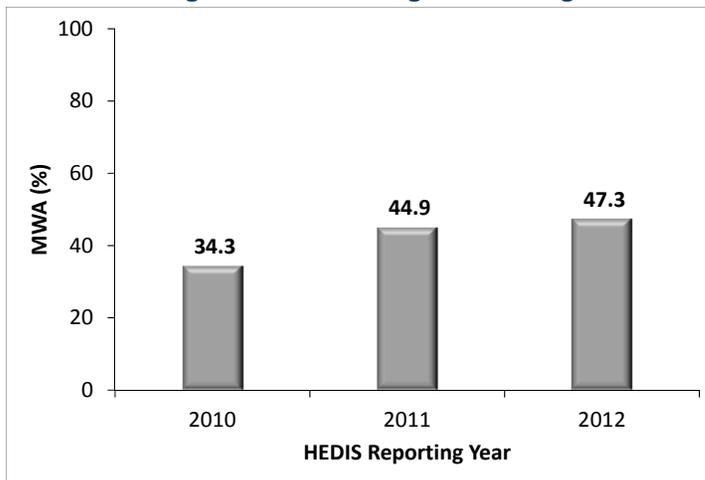
**Figure 6-4—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total Health Plan Ranking**



### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total

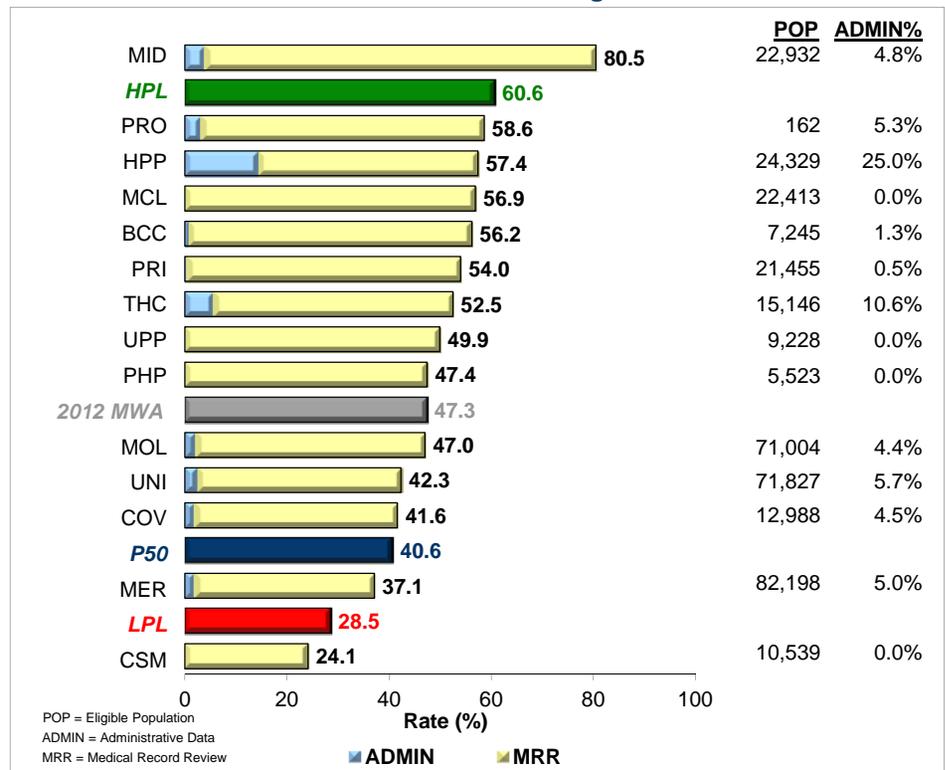
The *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total* measure calculates the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.

**Figure 6-5—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Michigan Medicaid Weighted Averages**



The HEDIS 2012 weighted average increased by 2.4 percentage points and exceeded the national Medicaid HEDIS 2011 50th percentile by 6.7 percentage points. One MHP exceeded the HPL and one of MHP fell below the LPL. This measure relied heavily on medical record review.

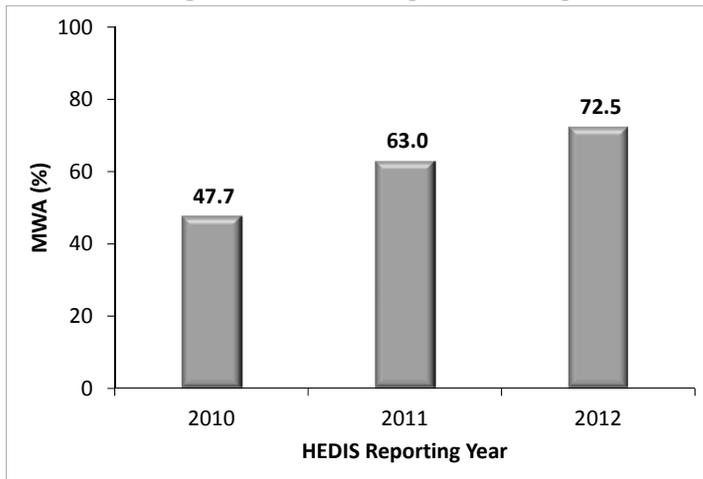
**Figure 6-6—Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total Health Plan Ranking**



### Adult BMI Assessment

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

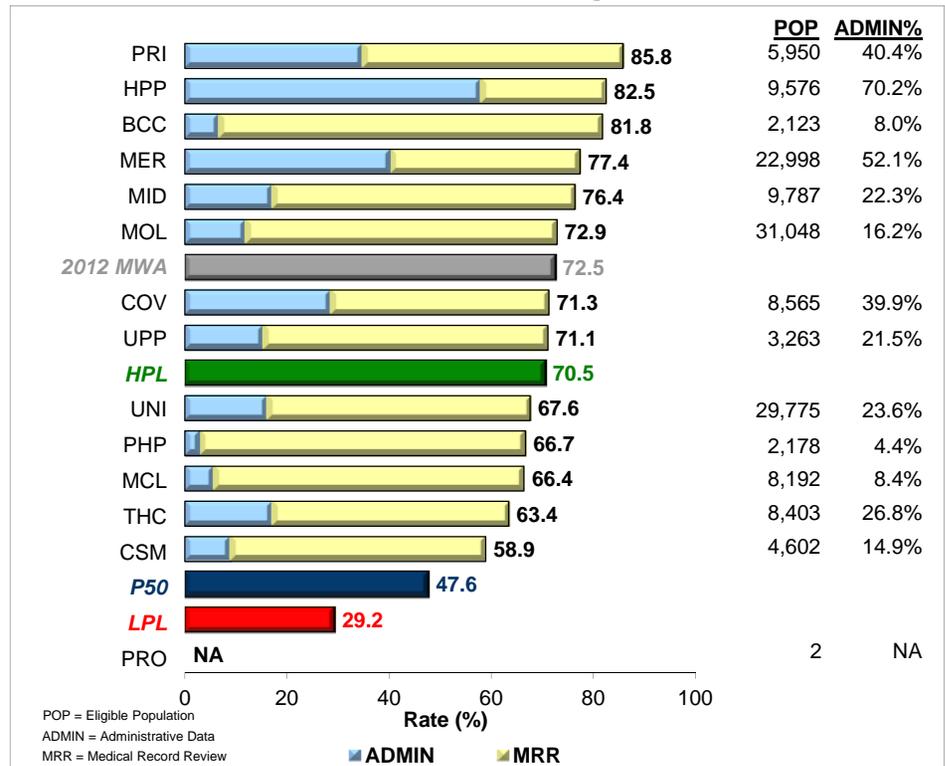
**Figure 6-7—Adult BMI Assessment Michigan Medicaid Weighted Averages**



Improvement from HEDIS 2011 to HEDIS 2012 was statistically significant.

The HEDIS 2012 weighted average increased significantly by 9.5 percentage points and exceeded HPL by 2.0 percentage points. Eight MHPs exceeded the HPL and six of those exceeded the MWA. None of the MHPs fell below the LPL and one plan did not have a large enough population to report a rate. This measure relied heavily on medical record review.

**Figure 6-8—Adult BMI Assessment Health Plan Ranking**



## Introduction

The Pregnancy Care dimension encompasses the following MDCH measures:

- ◆ *Prenatal and Postpartum Care—Timeliness of Prenatal Care*
- ◆ *Prenatal and Postpartum Care—Postpartum Care*
- ◆ *Weeks of Pregnancy at Time of Enrollment*
- ◆ *Frequency of Ongoing Prenatal Care*

## Summary of Findings

Table 7-1 presents statewide performance for the *Prenatal and Postpartum Care* measures under the Pregnancy Care dimension. It lists the HEDIS 2012 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2011. Performance for *Weeks of Pregnancy at Time of Enrollment* and *Frequency of Ongoing Prenatal Care* is not presented in the table because these measures were not reported in the HEDIS 2011 Aggregate Report.

Table 7-1—Michigan Medicaid HEDIS 2012 Statewide Rate Trend Pregnancy Care						
Measure	Statewide Rate		Number of MHPs			
	HEDIS 2012 Weighted Average	2011–2012 Trend	With Significant Improvement in 2012	With Significant Decline in 2012		
<i>Prenatal and Postpartum Care</i>						
<i>Timeliness of Prenatal Care</i>	90.3%	+1.9	1	0		
<i>Postpartum Care</i>	70.3%	-0.4	0	0		
2011–2012 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decrease from the prior year.						
Legend	<P10	≥P10 and <P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

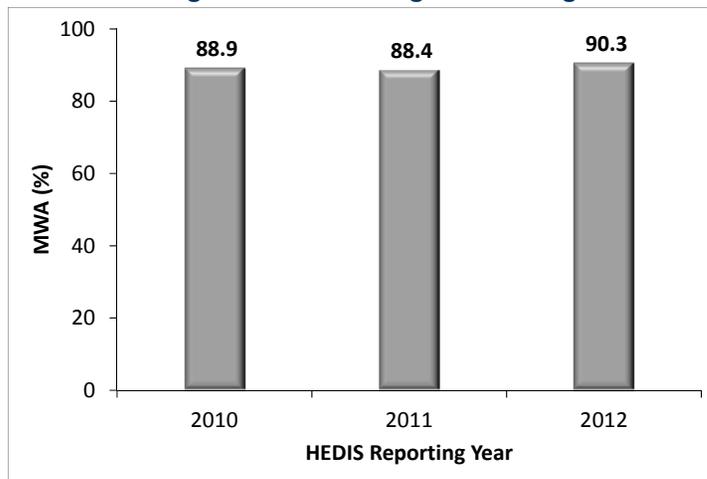
Table 7-1 shows that both *Prenatal and Postpartum Care* measures had some slight changes in rates from HEDIS 2011, but the changes were not statistically significant. Almost all the plans did not have any statistically significant changes in these measures. One measure’s weighted average ranked at or above the national Medicaid 75th percentile.

## Pregnancy Care Findings

### Prenatal and Postpartum Care—Timeliness of Prenatal Care

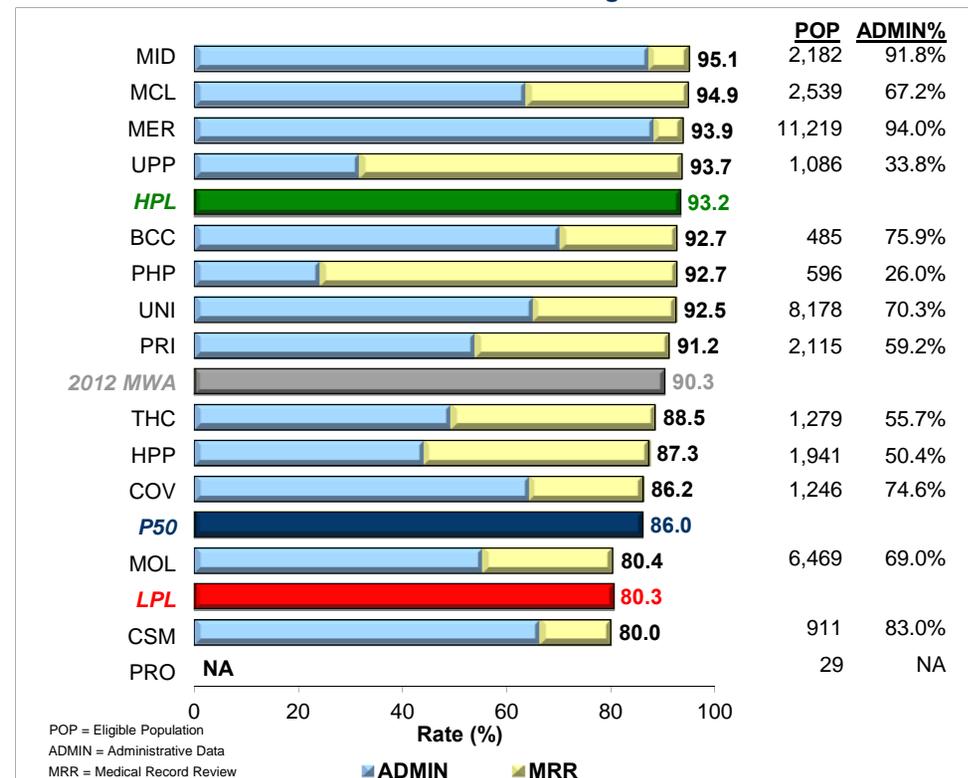
The *Prenatal and Postpartum Care—Timeliness of Prenatal Care* measure calculates the percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

**Figure 7-1—Prenatal and Postpartum Care—Timeliness of Prenatal Care Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.9 percentage points and exceeded the national HEDIS 2011 50th percentile by 4.3 percentage points. Four health plans exceeded the HPL and one health plan performed below the LPL. One MHP did not have a large enough population to report a valid rate for this measure.

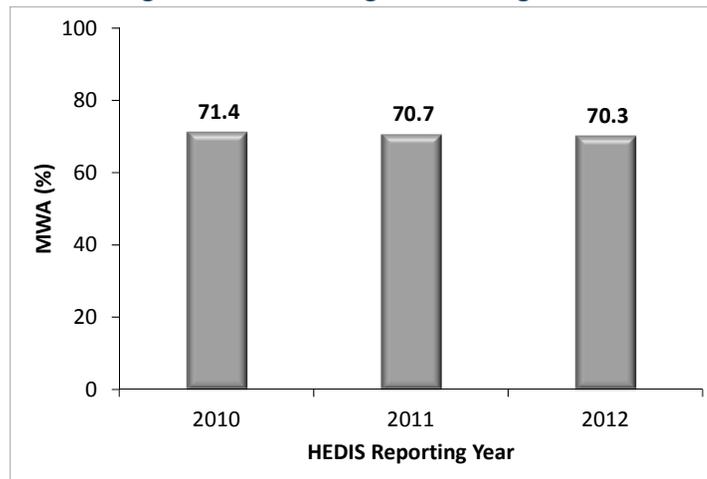
**Figure 7-2—Prenatal and Postpartum Care—Timeliness of Prenatal Care Health Plan Ranking**



### Prenatal and Postpartum Care—Postpartum Care

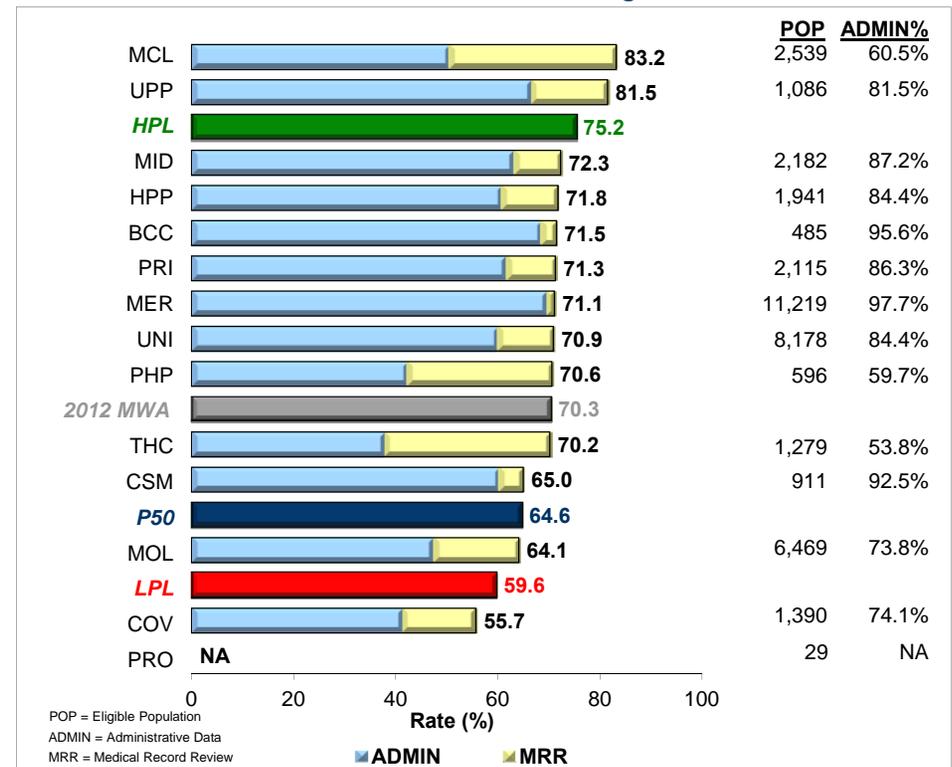
The *Prenatal and Postpartum Care—Postpartum Care* measure calculates the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

**Figure 7-3—Prenatal and Postpartum Care—Postpartum Care Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weight average decreased by 0.4 percentage points and exceeded the national HEDIS 2011 50th percentile by 5.7 percentage points. Two health plans exceeded the HPL and one health plan performed below the LPL. One MHP did not have a large enough population to report a valid rate for this measure.

**Figure 7-4—Prenatal and Postpartum Care—Postpartum Care Health Plan Ranking**



### Weeks of Pregnancy at Time of Enrollment

The *Weeks of Pregnancy at Time of Enrollment* measure calculates the percentage of women who delivered a live birth during the measurement year by the weeks of pregnancy at the time of their enrollment in the organization.

Table 7-2—Weeks of Pregnancy at Time of Enrollment						
Plan	Eligible Population	≤ 0 Weeks Rate	1 to 12 Weeks Rate	13 to 27 Weeks Rate	28 or More Weeks Rate	Unknown Rate
Blue Cross Complete of Michigan	535	27.9%	10.7%	40.2%	17.8%	3.6%
CareSource Michigan	411	42.6%	7.1%	36.5%	9.7%	4.1%
CoventryCares of Michigan, Inc.	1,361	52.8%	6.2%	25.1%	11.3%	4.6%
HealthPlus Partners	2,070	40.1%	8.2%	32.9%	12.9%	5.9%
McLaren Health Plan	2,889	27.4%	9.7%	39.2%	17.7%	6.0%
Meridian Health Plan of Michigan	12,331	25.1%	10.5%	48.0%	16.3%	0.1%
Midwest Health Plan	411	20.0%	8.0%	48.7%	23.4%	0.0%
Molina Healthcare of Michigan	NR	NR	NR	NR	NR	NR
Physicians Health Plan—FamilyCare	638	3.3%	0.5%	3.9%	86.2%	6.1%
Priority Health Government Programs, Inc.	411	29.2%	9.0%	42.6%	19.2%	0.0%
ProCare Health Plan	44	4.5%	15.9%	40.9%	38.6%	0.0%
Total Health Care, Inc.	1,462	44.9%	5.5%	27.2%	16.5%	6.0%
UnitedHealthcare Community Plan	9,215	26.1%	8.7%	42.3%	16.6%	6.3%
Upper Peninsula Health Plan	1,611	17.5%	12.5%	29.9%	36.3%	3.8%

Table 7-2—Weeks of Pregnancy at Time of Enrollment						
Plan	Eligible Population	≤ 0 Weeks Rate	1 to 12 Weeks Rate	13 to 27 Weeks Rate	28 or More Weeks Rate	Unknown Rate
2012 MWA	—	27.9%	9.2%	40.8%	18.5%	3.5%
2011 MWA	—	26.3%	7.9%	42.0%	19.5%	4.3%
2010 MWA	—	24.7%	7.6%	38.5%	25.1%	4.2%

The National HEDIS 2011 Medicaid 50th percentiles were not available for this measure.  
**NR** denotes a *Not Reportable* audit designation, indicating that either the health plan calculated the measure but the rate was materially biased or the health plan chose not to report the measure.

There are no national benchmarks established for this measure. When comparing the Michigan Medicaid weighted average rates from year to year, trends are shifting to show that women are enrolling with the health plan sooner in their pregnancy or even before they become pregnant.

### Frequency of Ongoing Prenatal Care

The *Frequency of Ongoing Prenatal Care* measure calculates the percentage of deliveries between November 6 of the year prior to the measurement year and November 5 of the measurement year and that had the expected prenatal visits presented in Table 7-3.

Table 7-3—Frequency of Ongoing Prenatal Care						
Plan	Eligible Population	<21 Percent*	21–40 Percent	41–60 Percent	61–80 Percent	≥81 Percent
Blue Cross Complete of Michigan	485	4.4%	3.4%	8.3%	28.2%	55.7%
CareSource Michigan <sup>†</sup>	995	10.9%	7.3%	6.8%	13.1%	61.8%
CoventryCares of Michigan, Inc. <sup>†</sup>	1,390	11.2%	15.9%	11.9%	14.7%	46.4%
HealthPlus Partners <sup>†</sup>	2,095	11.4%	18.2%	9.5%	11.9%	48.9%
McLaren Health Plan	2,539	0.5%	1.2%	2.4%	6.1%	89.8%
Meridian Health Plan of Michigan	11,219	1.9%	2.3%	3.5%	4.2%	88.1%
Midwest Health Plan	2,182	5.8%	4.6%	3.6%	2.9%	83.0%
Molina Healthcare of Michigan <sup>†</sup>	6,469	19.1%	11.7%	7.0%	15.6%	46.6%
Physicians Health Plan—FamilyCare	596	6.8%	2.2%	3.9%	18.0%	69.1%
Priority Health Government Programs, Inc. <sup>†</sup>	2,062	7.8%	3.7%	6.3%	12.9%	69.3%
ProCare Health Plan	29	NA	NA	NA	NA	NA
Total Health Care, Inc. <sup>†</sup>	1,279	4.1%	11.1%	10.3%	3.8%	70.7%
UnitedHealthcare Community Plan	8,178	5.1%	5.4%	6.6%	14.1%	68.9%
Upper Peninsula Health Plan	NR	NR	NR	NR	NR	NR

Table 7-3—Frequency of Ongoing Prenatal Care						
Plan	Eligible Population	<21 Percent*	21–40 Percent	41–60 Percent	61–80 Percent	≥81 Percent
2012 MWA	—	7.1%	6.4%	5.8%	10.1%	70.7%
2011 P50	—	7.7%	4.9%	7.0%	13.4%	64.4%

This measure was newly added to the HEDIS 2012 Aggregate Report; therefore, a 2010 or a 2011 Medicaid weighted average was not available.

**NA** indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a *Not Applicable (NA)* audit designation.

**NR** denotes a *Not Report* audit designation; indicating that either the health plan calculated the measure but the rate was materially biased or the health plan chose not to report the measure.

† Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2012 Technical Specifications for Health Plans, Volume 2*.

\* For this measure, a lower rate indicates better performance (i.e., low rates of less than 21 percent of expected visits indicate better care).

The HEDIS 2012 weighted average for *≥81 Percent of Visits* exceeded the national Medicaid HEDIS 2011 50th percentile. One MHP reported an NR for this measure. This is the first year this measure is included in the Michigan HEDIS Aggregate Report; therefore, no comparison data are presented.

## Introduction

The Living With Illness dimension encompasses the following MDCH measures:

- ◆ *Comprehensive Diabetes Care—HbA1c Testing*
- ◆ *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*
- ◆ *Comprehensive Diabetes Care—HbA1c Control (<8.0%)*
- ◆ *Comprehensive Diabetes Care—HbA1c Control (<7.0%)*
- ◆ *Comprehensive Diabetes Care—Eye Exam*
- ◆ *Comprehensive Diabetes Care—LDL-C Screening*
- ◆ *Comprehensive Diabetes Care—LDL-C Level <100 mg/dL*
- ◆ *Comprehensive Diabetes Care—Medical Attention for Nephropathy*
- ◆ *Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)*
- ◆ *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)*
- ◆ *Use of Appropriate Medications for People With Asthma—Total*
- ◆ *Controlling High Blood Pressure*
- ◆ *Medical Assistance with Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit*
- ◆ *Medical Assistance with Smoking and Tobacco Use Cessation—Discussing Cessation Medications*
- ◆ *Medical Assistance with Smoking and Tobacco Use Cessation—Discussing Cessation Strategies*

## Summary of Findings

Table 8-1 presents statewide performance for the measures under the Living With Illness dimension. It lists the HEDIS 2012 weighted averages, the trended results, and a summary of the MHPs with rates showing significant changes from HEDIS 2011.

**Table 8-1—Michigan Medicaid HEDIS 2012 Statewide Rate Trend  
Living With Illness**

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2012 Weighted Average	2011–2012 Trend	With Significant Improvement in 2012	With Significant Decline in 2012
<i>Comprehensive Diabetes Care</i>				
<i>HbA1c Testing</i>	85.7%	+0.7	2	2
<i>HbA1c Poor Control (&gt;9.0%)<sup>1</sup></i>	35.8%	-0.6	0	1
<i>HbA1c Control (&lt;8.0%)</i>	55.0%	+1.3	0	0

**Table 8-1—Michigan Medicaid HEDIS 2012 Statewide Rate Trend  
Living With Illness**

Measure	Statewide Rate		Number of MHPs	
	HEDIS 2012 Weighted Average	2011–2012 Trend	With Significant Improvement in 2012	With Significant Decline in 2012
<i>HbA1c Control (&lt;7.0%)</i>	41.0%	-1.9	0	1
<i>Eye Exam</i>	56.6%	-2.4	1	3
<i>LDL-C Screening</i>	80.1%	-0.7	1	3
<i>LDL-C Control &lt;100 mg/dL</i>	42.3%	+1.2	1	1
<i>Medical Attention for Nephropathy</i>	83.0%	+0.2	4	3
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	43.7%	+2.9	3	3
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	66.1%	+2.4	1	1
<i>Use of Appropriate Medications for People With Asthma—Total<sup>2</sup></i>	83.8%	-3.6	1	8
<i>Controlling High Blood Pressure</i>	63.5%	+2.0	2	0
<i>Medical Assistance With Smoking and Tobacco Use Cessation<sup>3</sup></i>				
<i>Advising Smokers and Tobacco Users to Quit</i>	79.2%	+1.0	0	0
<i>Discussing Cessation Medications</i>	50.9%	+2.1	0	0
<i>Discussing Cessation Strategies</i>	43.0%	+1.7	0	0

2011–2012 trend note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decrease from the prior year.

Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90
--------	------	----------------	----------------	----------------	----------------	------

<sup>1</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care). Therefore, the percentiles were rotated to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with yellow shade).

<sup>2</sup> The upper age limit for measure *Use of Appropriate Medications for People With Asthma—Total* was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 national Medicaid percentiles.

<sup>3</sup> The HEDIS 2011 national Medicaid percentiles were not available for measure *Medical Assistance With Smoking and Tobacco Use Cessation*.

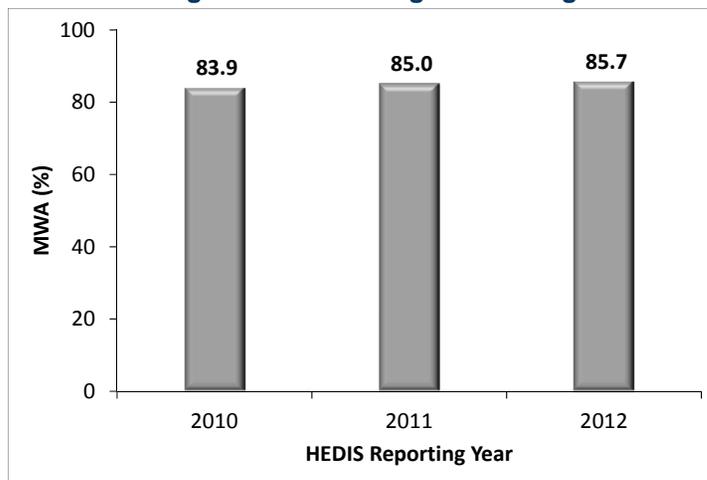
Table 8-1 shows that most measures under the Living With Illness dimension reported only slight changes from HEDIS 2011. The statistically significant decrease in rate for one measure (*Use of Appropriate Medications for People With Asthma—Total*) could be related to changes in the HEDIS specifications between the two years. With the exception of this measure, all HEDIS measures with national benchmarks ranked at or above the national Medicaid 50th percentile.

## Living With Illness Findings

### Comprehensive Diabetes Care—HbA1c Testing

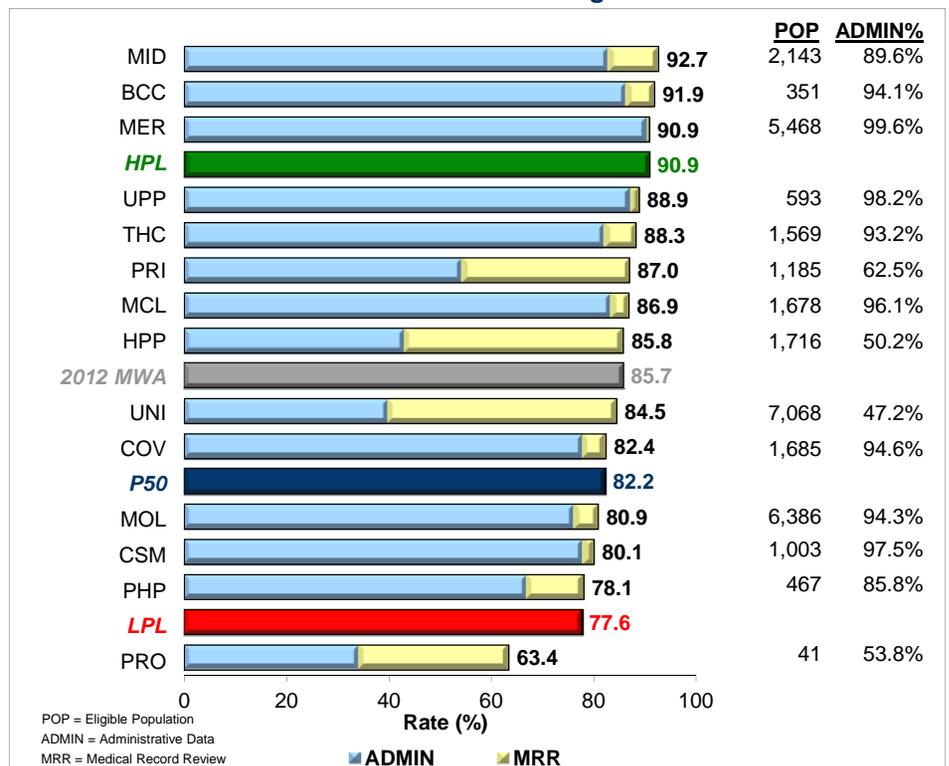
The *Comprehensive Diabetes Care—HbA1c Testing* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) testing.

**Figure 8-1—Comprehensive Diabetes Care—HbA1c Testing  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.7 percentage points and exceeded the national HEDIS 2011 Medicaid 50th percentile by 3.5 percentage points. Three MHPs performed above the HPL and one performed below the LPL. Many plans relied on medical record data to report this measure.

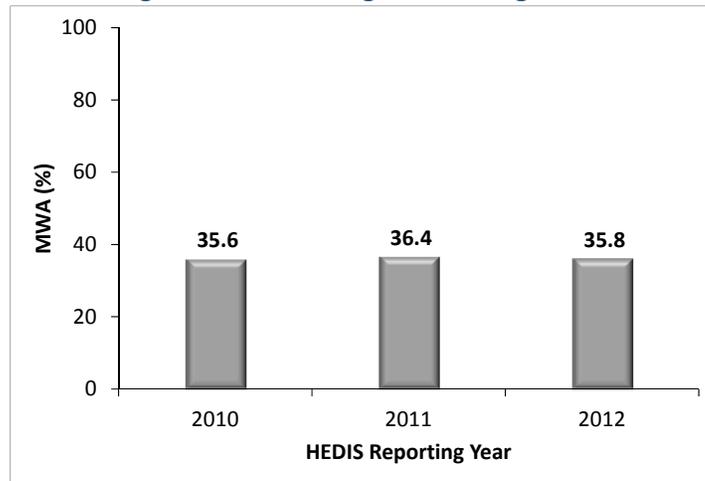
**Figure 8-2—Comprehensive Diabetes Care—HbA1c Testing  
Health Plan Ranking**



**Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)**

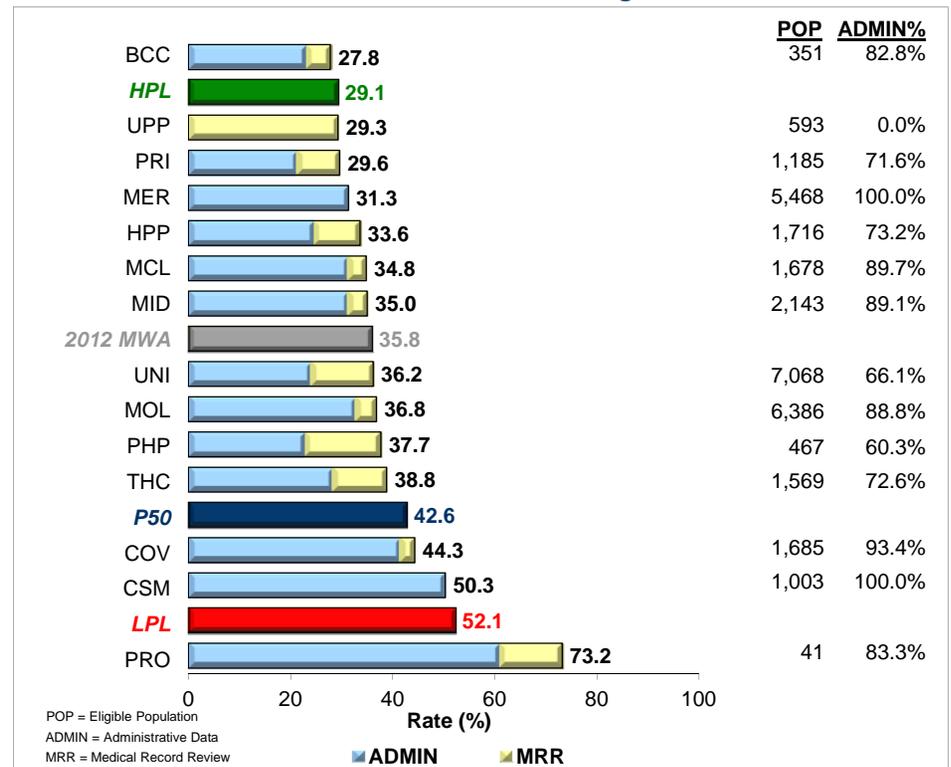
The *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c poor control.

**Figure 8-3—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) Michigan Medicaid Weighted Averages**



A lower rate indicates better performance for this measure. The HEDIS 2012 Michigan Medicaid weighted average improved by 0.6 percentage points and performed better than the national HEDIS 2011 Medicaid 50th percentile by 6.8 percentage points. One MHP performed better than HPL and one performed worse than the LPL. One plan relied solely on medical record data to report this measure.

**Figure 8-4—Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%) Health Plan Ranking**

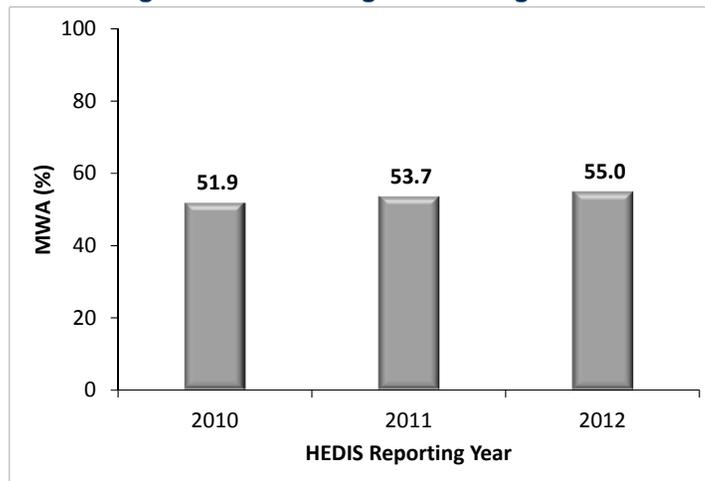


For this measure, lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care).

### Comprehensive Diabetes Care—HbA1c Control (<8.0%)

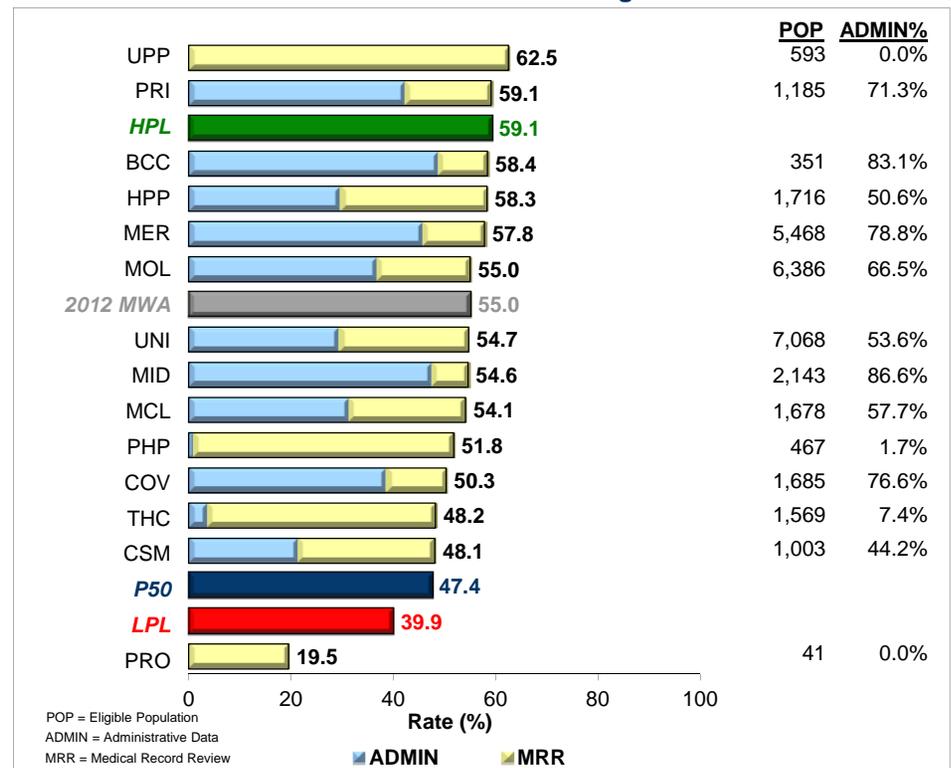
The *Comprehensive Diabetes Care—HbA1c Control (<8.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).

**Figure 8-5—Comprehensive Diabetes Care—HbA1c Control (<8.0%) Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.3 percentage points and exceeded the national HEDIS 2011 Medicaid 50th percentile by 7.6 percentage points. Two MHPs performed above the HPL and one performed below the LPL. Two plans relied solely on medical record data to report this measure.

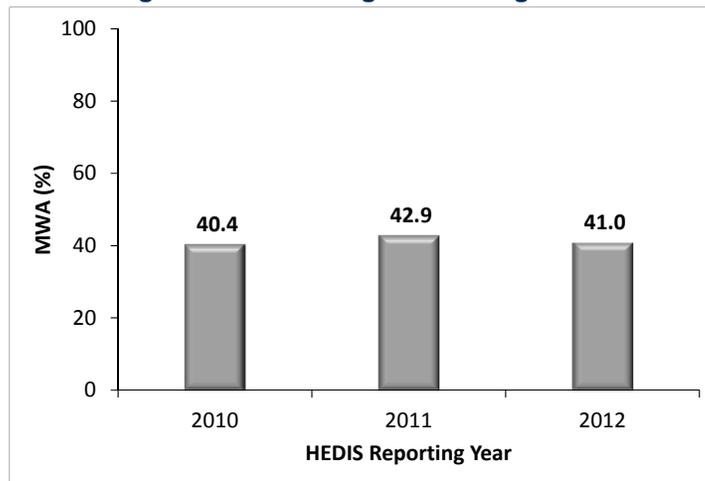
**Figure 8-6—Comprehensive Diabetes Care—HbA1c Control (<8.0%) Health Plan Ranking**



### Comprehensive Diabetes Care—HbA1c Control (<7.0%)

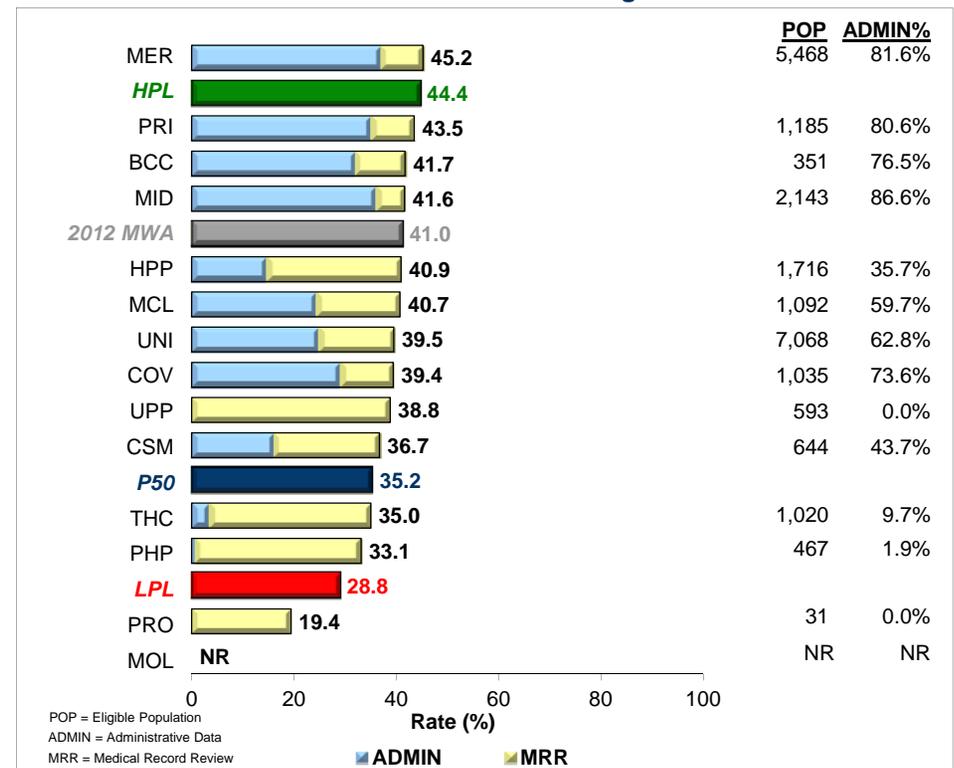
The *Comprehensive Diabetes Care—HbA1c Control (<7.0%)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<7.0%).

**Figure 8-7—Comprehensive Diabetes Care—HbA1c Control (<7.0%) Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average dropped by 1.9 percentage points but exceeded the national HEDIS 2011 Medicaid 50th percentile by 5.8 percentage points. One MHP performed above the HPL and one performed below the LPL. One MHP reported an NR for this indicator. Two plans relied solely on medical record data to report this measure.

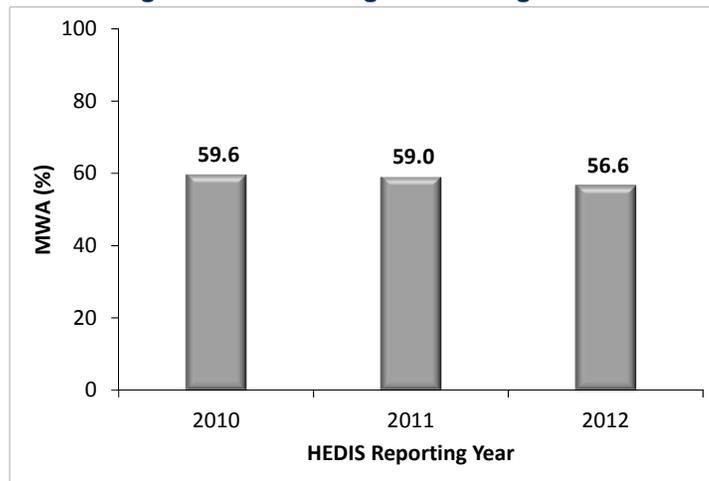
**Figure 8-8—Comprehensive Diabetes Care—HbA1c Control (<7.0%) Health Plan Ranking**



### Comprehensive Diabetes Care—Eye Exam

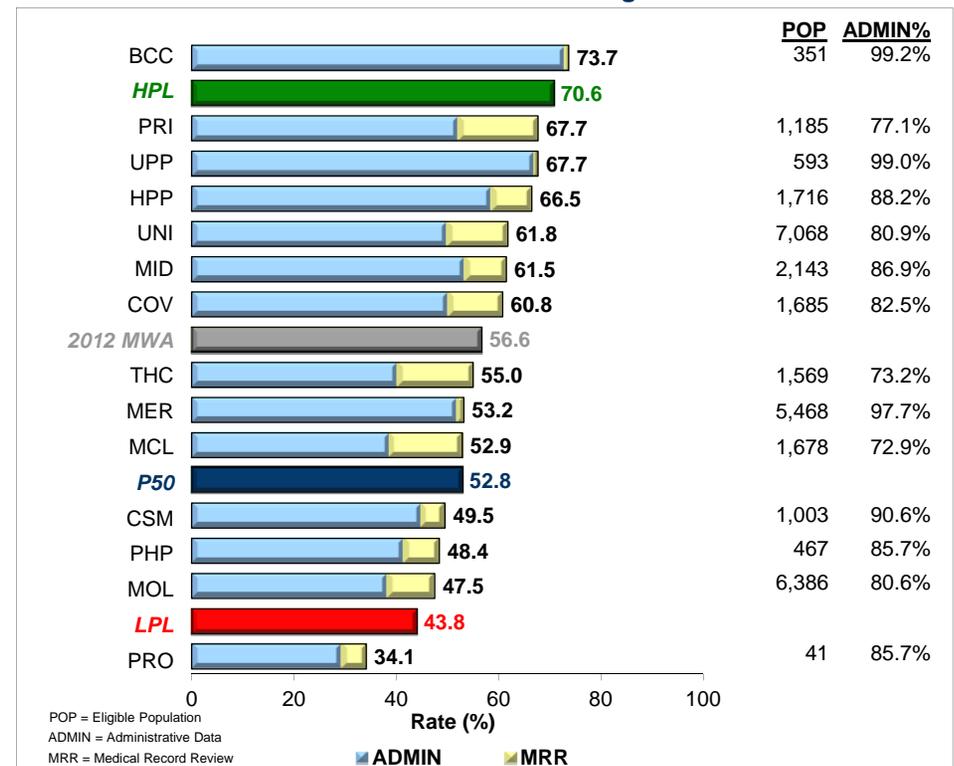
The *Comprehensive Diabetes Care—Eye Exam* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.

**Figure 8-9—Comprehensive Diabetes Care—Eye Exam  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average dropped by 2.4 percentage points but exceeded the national HEDIS 2011 Medicaid 50th percentile by 3.8 percentage points. One MHP performed above the HPL and one performed below the LPL. One plan reported 99.2 percent of the rate from administrative data for this measure.

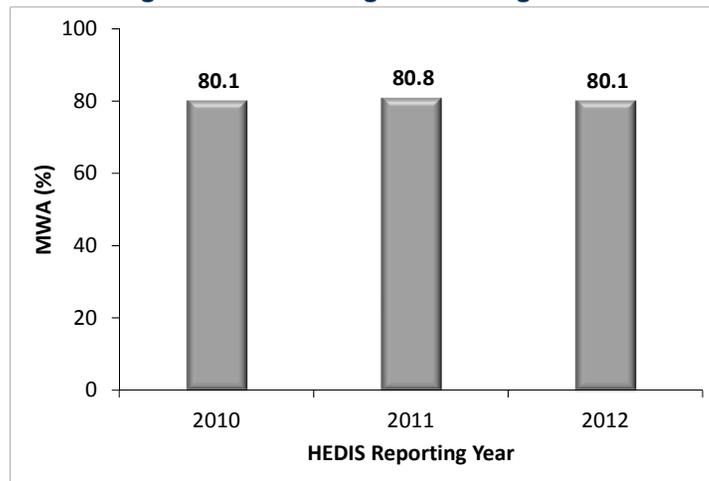
**Figure 8-10—Comprehensive Diabetes Care—Eye Exam  
Health Plan Ranking**



### Comprehensive Diabetes Care—LDL-C Screening

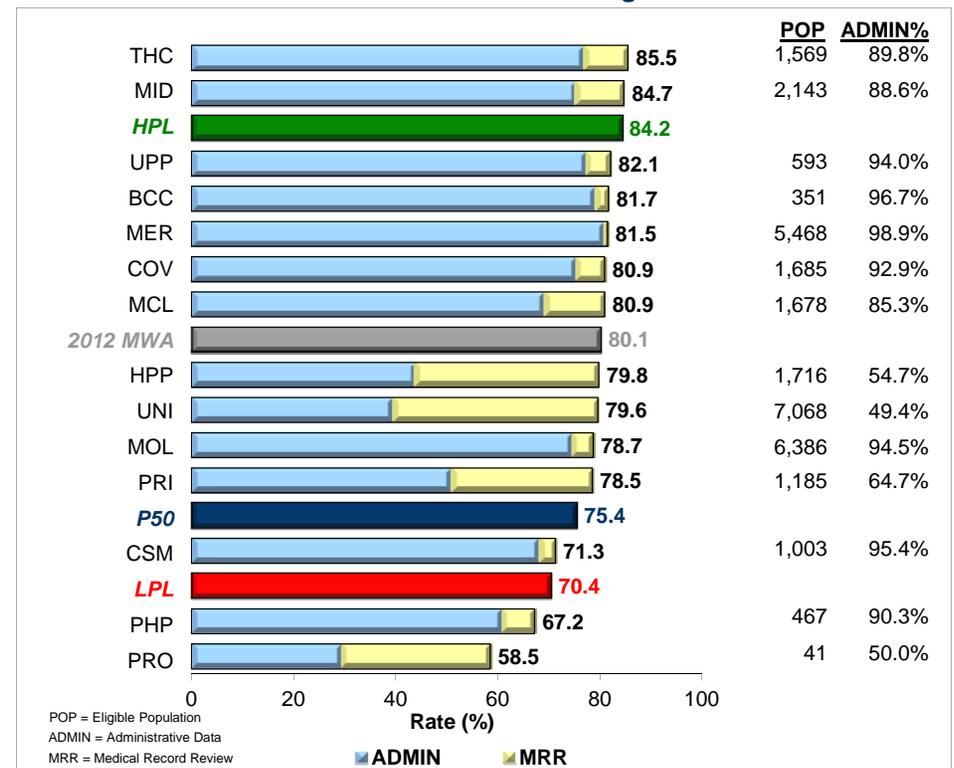
The *Comprehensive Diabetes Care—LDL-C Screening* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had a LDL-C Screening.

**Figure 8-11—Comprehensive Diabetes Care—LDL-C Screening Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average dropped by 0.7 percentage points but exceeded the national HEDIS 2011 Medicaid 50th percentile by 4.7 percentage points. Two MHPs performed above the HPL and two performed below the LPL. All MHPs reported this indicator using both administrative and medical record data.

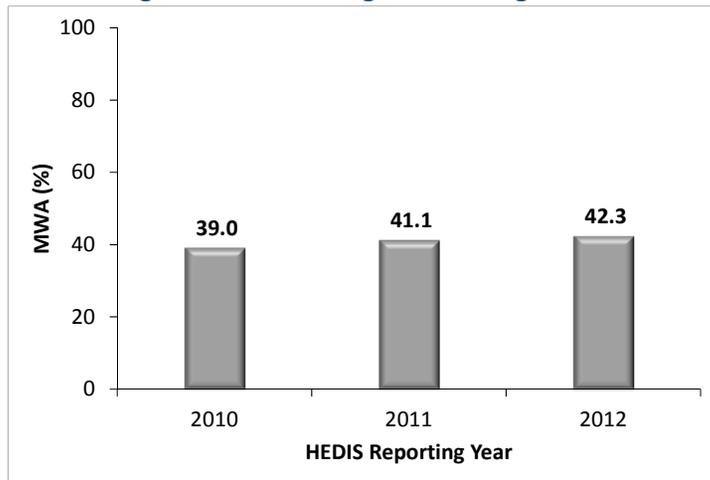
**Figure 8-12—Comprehensive Diabetes Care—LDL-C Screening Health Plan Ranking**



**Comprehensive Diabetes Care—LDL-C Control <100 mg/dL**

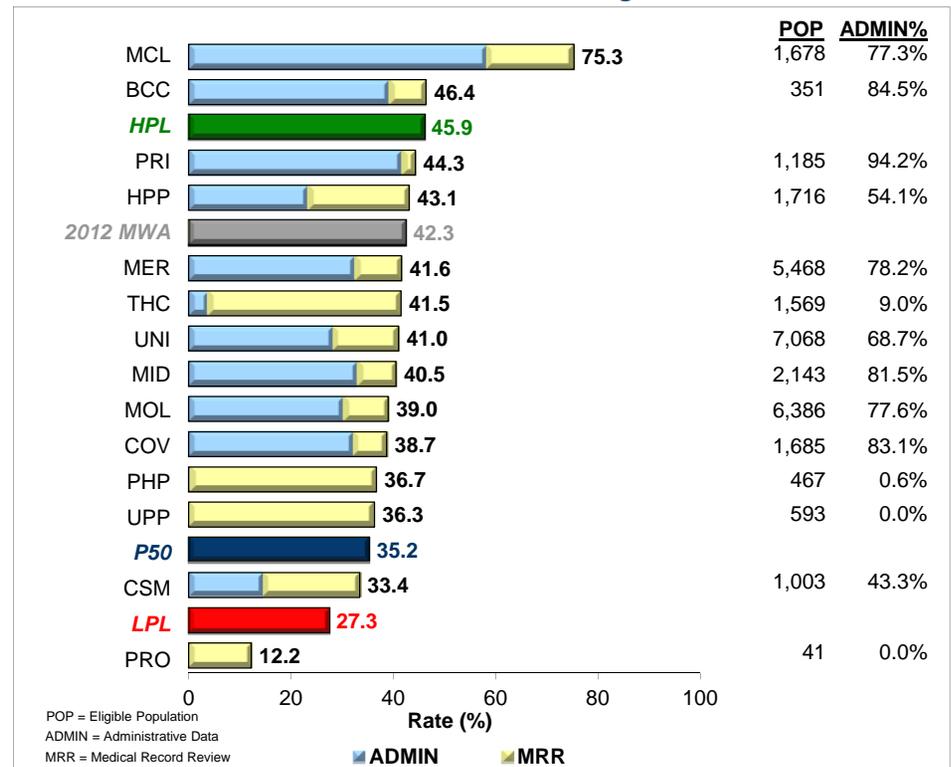
The *Comprehensive Diabetes Care—LDL-C Control <100 mg/dL* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had LDL-C control (<100 mg/dL)

**Figure 8-13—Comprehensive Diabetes Care—LDL-C Control <100 mg/dL Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.2 percentage points and exceeded the national HEDIS 2011 Medicaid 50th percentile by 7.1 percentage points. Two MHPs performed above the HPL and one performed below the LPL. Three plans reported this measure almost exclusively with medical record data.

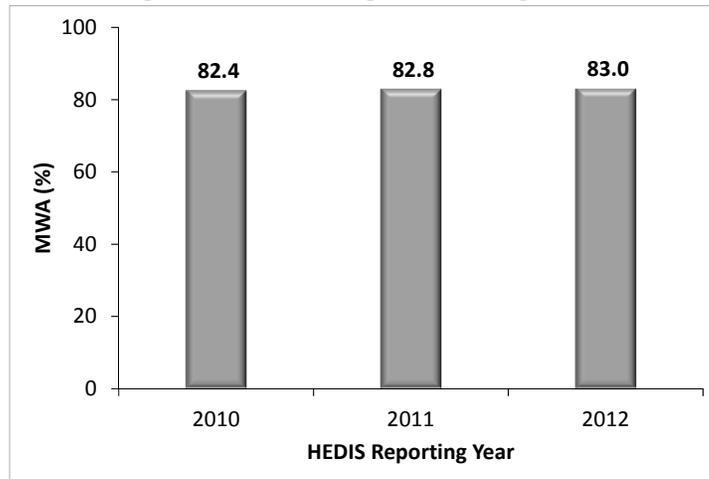
**Figure 8-14—Comprehensive Diabetes Care—LDL-C Control <100 mg/dL Health Plan Ranking**



### Comprehensive Diabetes Care—Medical Attention for Nephropathy

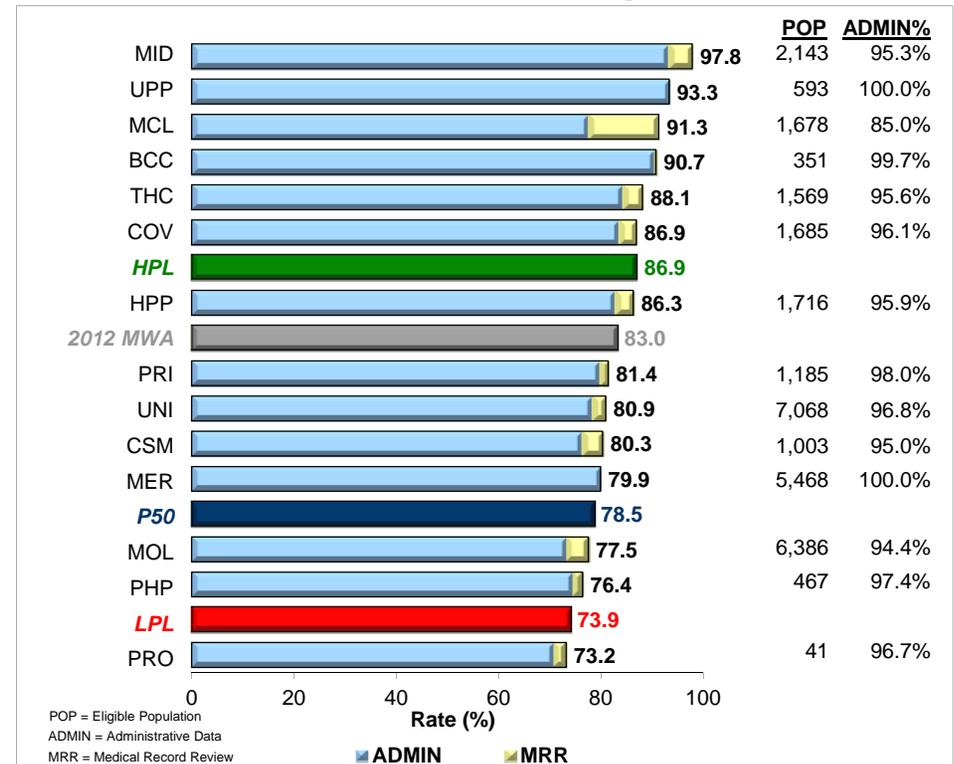
The *Comprehensive Diabetes Care—Medical Attention for Nephropathy* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy.

**Figure 8-15—Comprehensive Diabetes Care—  
Medical Attention for Nephropathy  
Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 0.2 percentage points and exceeded the national HEDIS 2011 Medicaid 50th percentile by 4.5 percentage points. Six MHPs performed above the HPL and one performed below the LPL. Two plans reported rates with just administrative data.

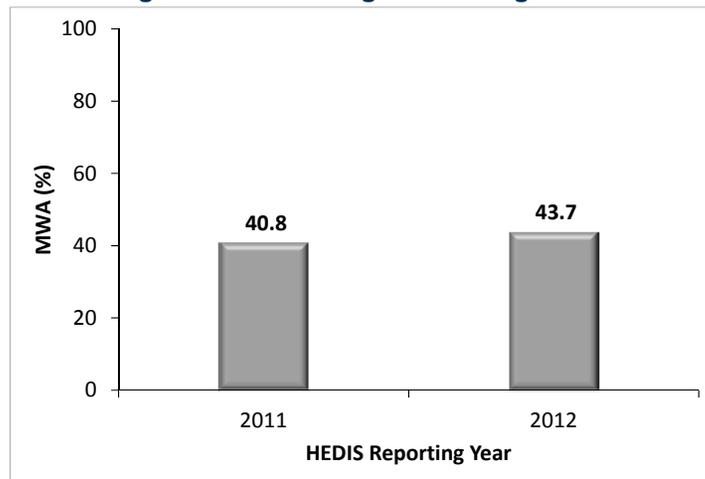
**Figure 8-16—Comprehensive Diabetes Care—  
Medical Attention for Nephropathy  
Health Plan Ranking**



### Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)

The *Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/80 mm Hg).

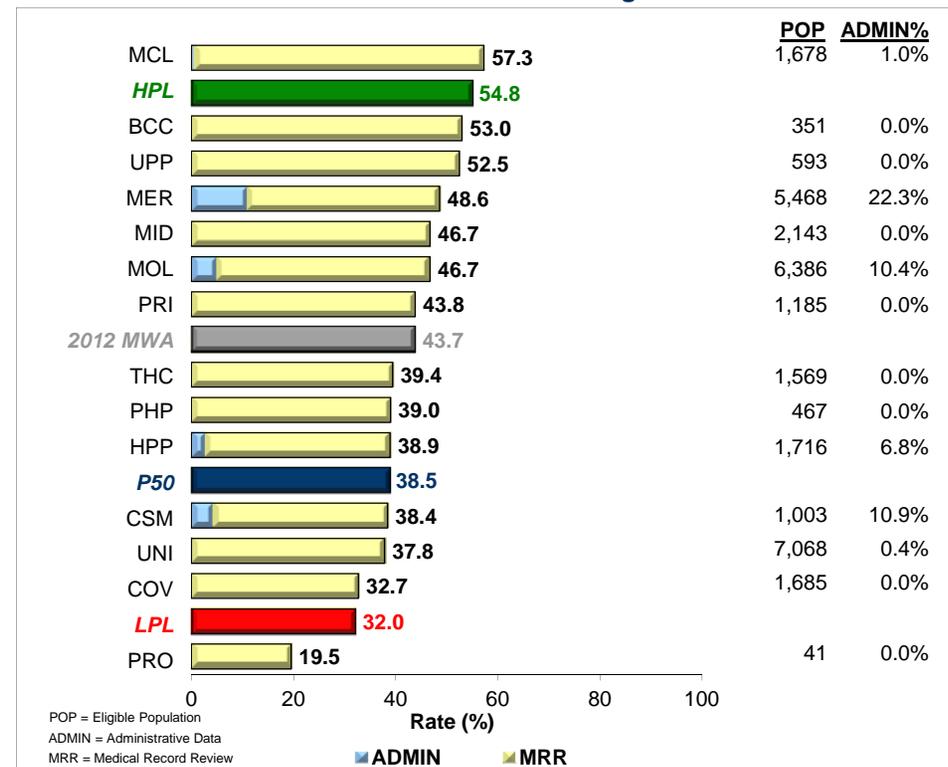
**Figure 8-17—Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg) Michigan Medicaid Weighted Averages**



Due to changes in measure specification for *Blood Pressure Control <140/80 mm Hg* in HEDIS 2011, the 2010 Michigan weighted average was not listed in the chart.

The HEDIS 2012 Michigan Medicaid weighted average increased by 2.9 percentage points and exceeded the national HEDIS 2011 Medicaid 50th percentile by 5.2 percentage points. One MHP performed above the HPL and one performed below the LPL. Most plans relied solely on medical record data to report this measure.

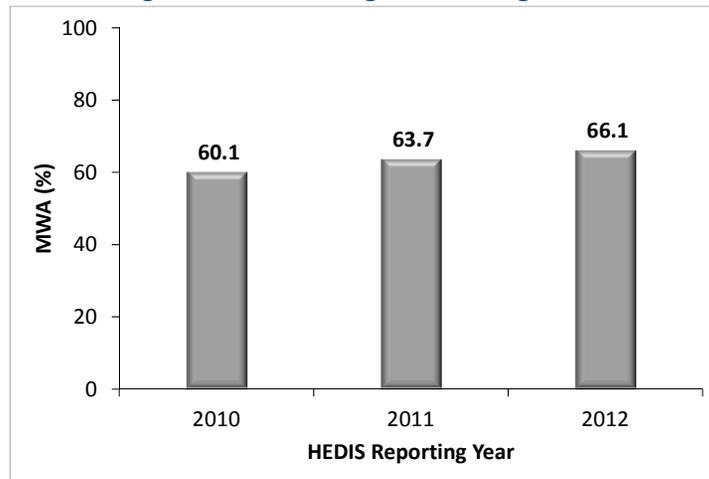
**Figure 8-18—Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg) Health Plan Ranking**



### Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)

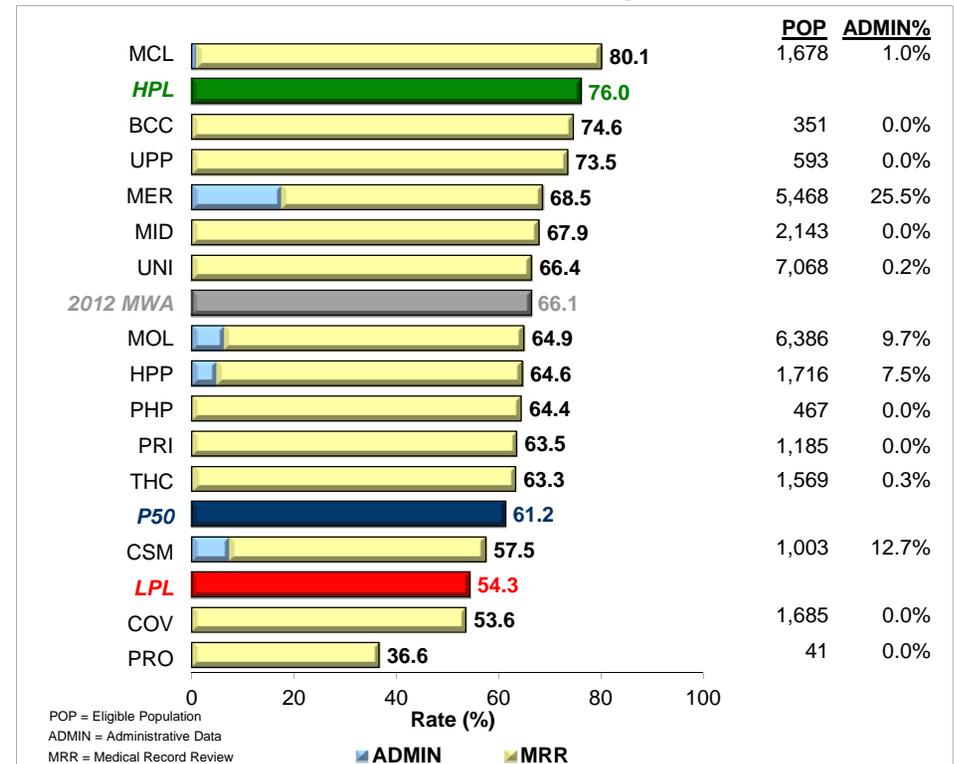
The *Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)* rate reports the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had blood pressure control (<140/90 mm Hg).

**Figure 8-19—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 2.4 percentage points and exceeded the national HEDIS 2011 Medicaid 50th percentile by 4.9 percentage points. One MHP performed above the HPL and two performed below the LPL. Most plans relied solely on medical record data to report this measure.

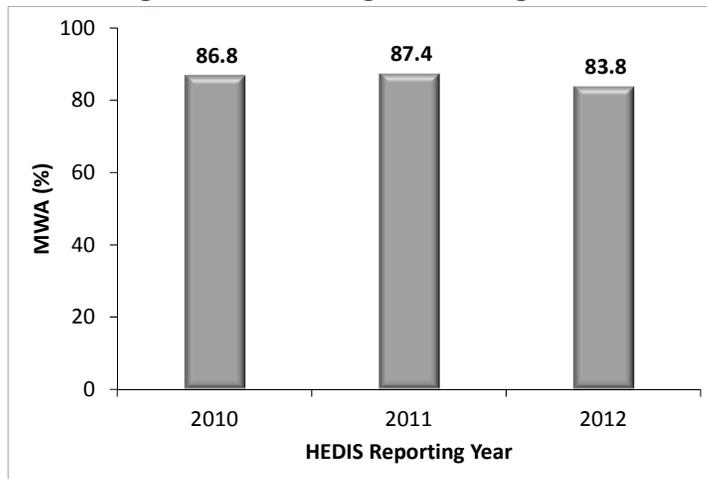
**Figure 8-20—Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg) Health Plan Ranking**



**Use of Appropriate Medications for People With Asthma—Total**

*Use of Appropriate Medication for People With Asthma—Total* measures the percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

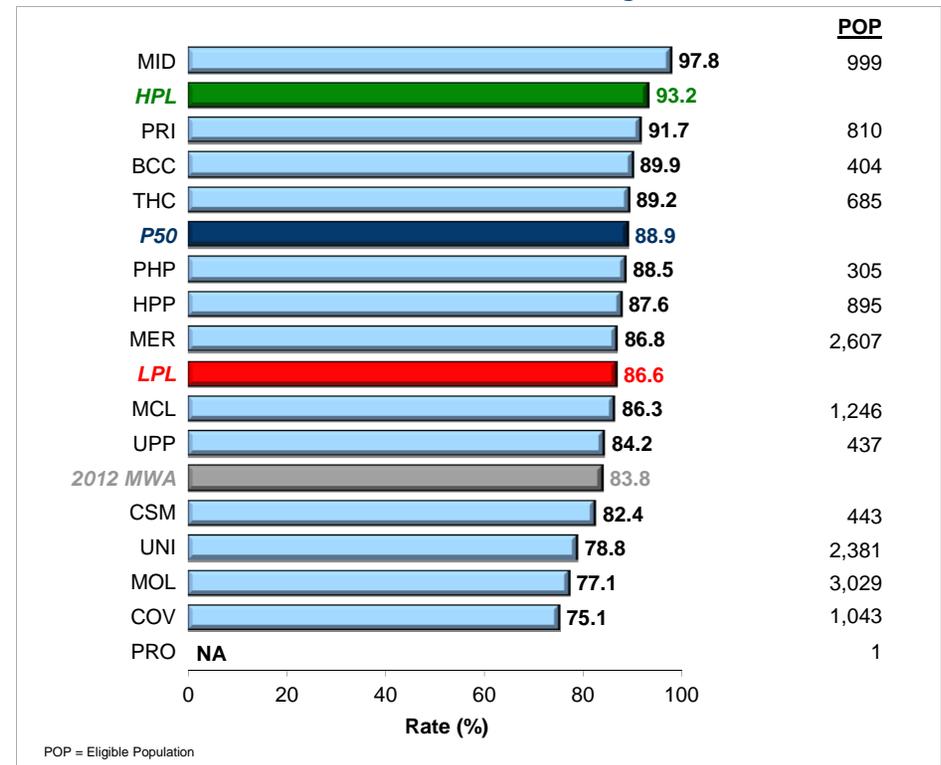
**Figure 8-21—Use of Appropriate Medications for People With Asthma—Total Michigan Medicaid Weighted Averages**



Decline from HEDIS 2011 to 2012 was statistically significant. Nonetheless, since the upper age limit for measure *Use of Appropriate Medications for People With Asthma—Total* was extended from 50 to 64 for HEDIS 2012, please use caution when comparing with the 2010 and 2011 Michigan weighted average.

The HEDIS 2012 Michigan Medicaid weighted average dropped significantly by 3.6 percentage points and fell below the LPL by 2.8 percentage points. One MHP performed above the HPL and six MHPs, including the 2012 Medicaid weighted average, performed below the LPL.

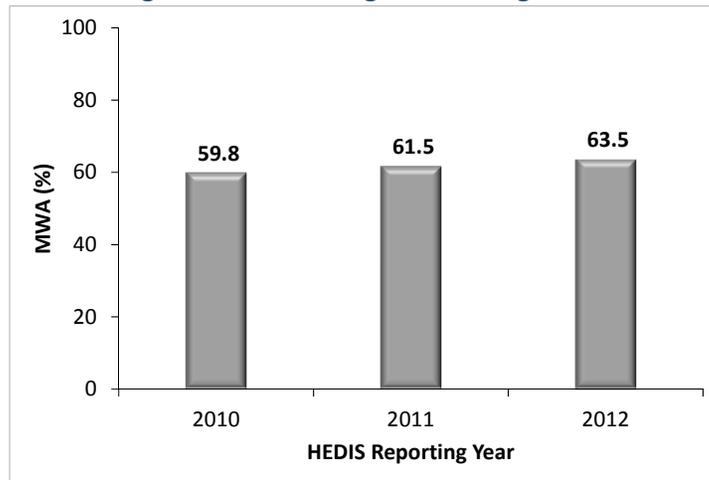
**Figure 8-22—Use of Appropriate Medications for People With Asthma—Total Health Plan Ranking**



### Controlling High Blood Pressure

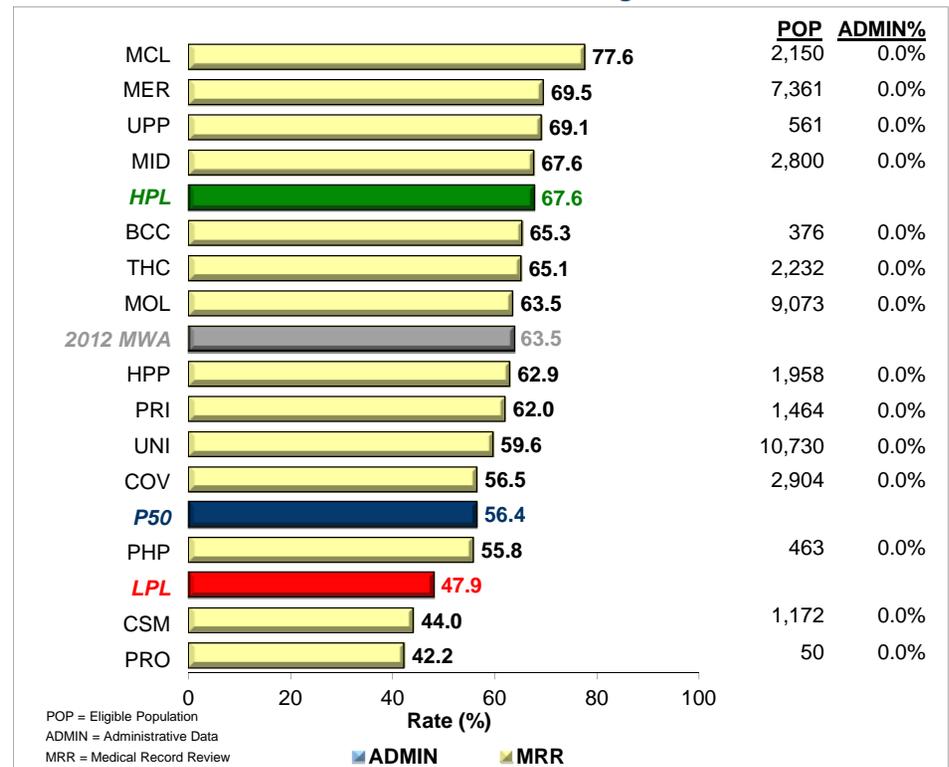
The *Controlling High Blood Pressure* measure is used to calculate the percentage of members 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.

**Figure 8-23—Controlling High Blood Pressure Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 2.0 percentage points and exceeded the national HEDIS 2011 Medicaid 50th percentile by 7.1 percentage points. Four MHPs performed above the HPL and two performed below the LPL. This measure must be reported via medical record data per NCQA specifications.

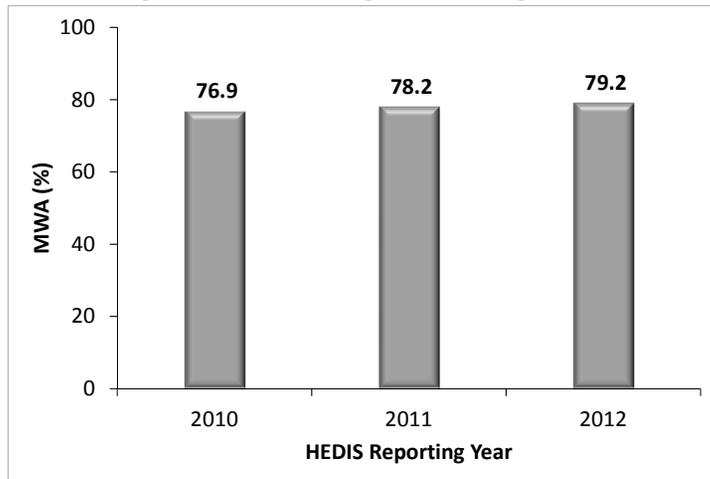
**Figure 8-24—Controlling High Blood Pressure Health Plan Ranking**



**Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit**

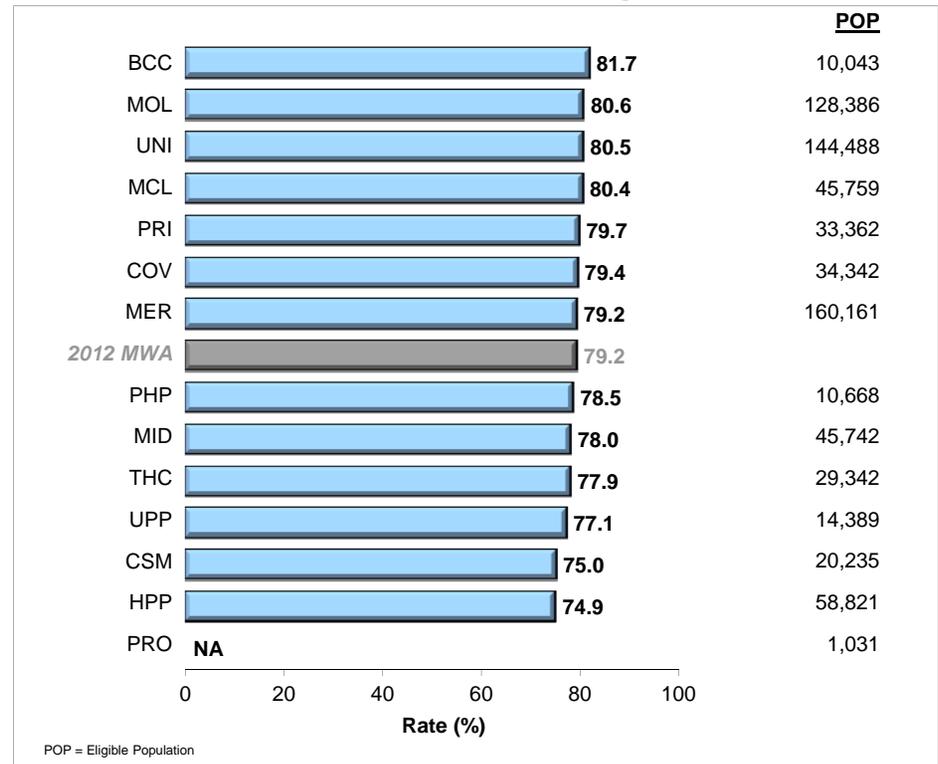
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit calculates the percentage of members 18 years of age and older who are current smokers or tobacco users and who received cessation advice during the measurement year.

**Figure 8-25—Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.0 percentage point. Seven MHPs performed above the 2012 Medicaid weighted average and six performed below. One plan did not have a large enough population to report a rate.

**Figure 8-26—Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit Health Plan Ranking**

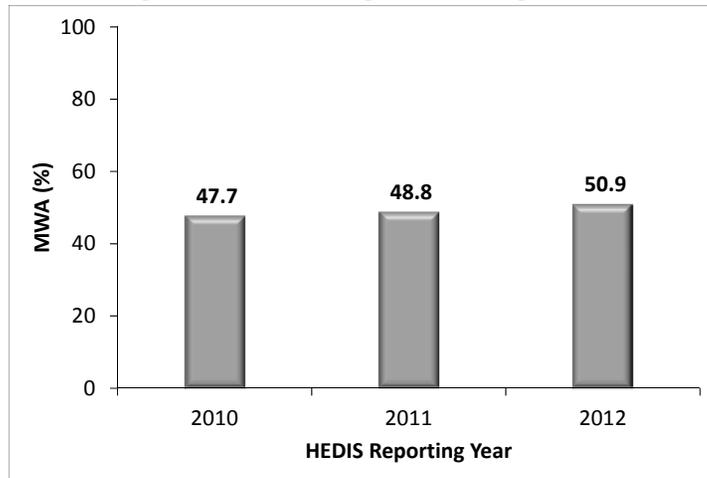


The eligible population for each health plan displayed here was the sum of the CAHPS sample frame sizes from 2011 and 2012 and did not represent the exact eligible population (i.e., smokers) for this measure.

**Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication**

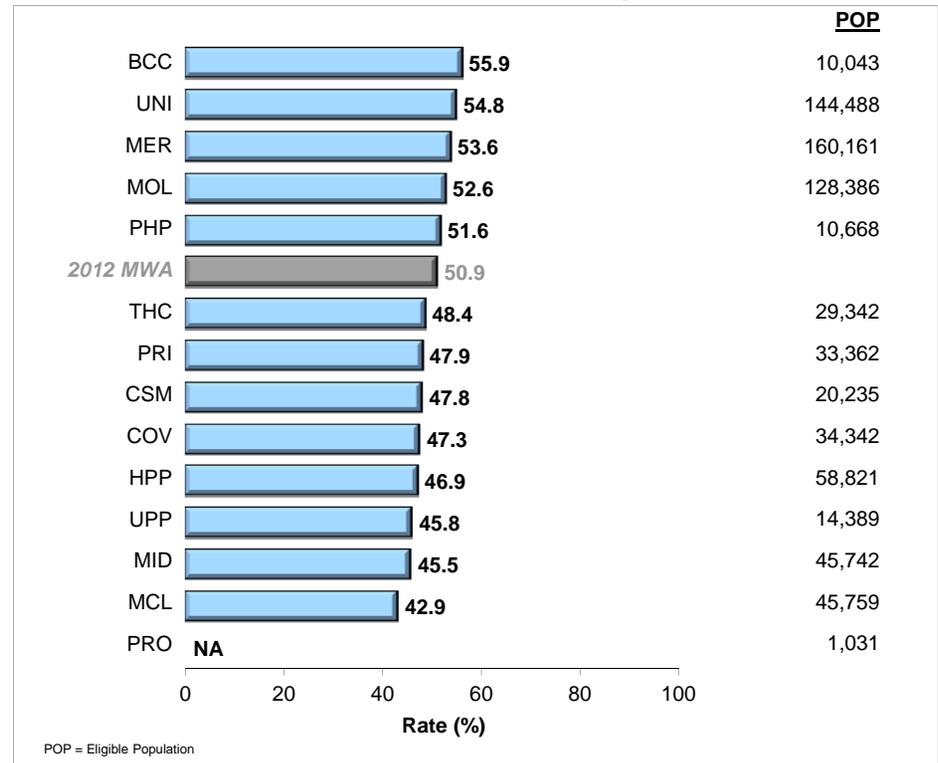
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication calculates the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.

**Figure 8-27—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 2.1 percentage points. Five MHPs performed above the 2012 Medicaid weighted average and eight performed below. One plan did not have a large enough population to report a rate.

**Figure 8-28—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medication Health Plan Ranking**

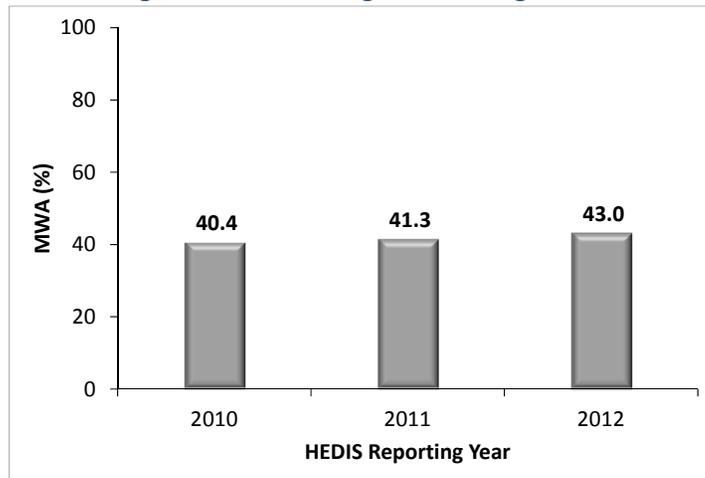


The eligible population for each health plan displayed here was the sum of the CAHPS sample frame sizes from 2011 and 2012 and did not represent the exact eligible population (i.e., smokers) for this measure.

**Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies**

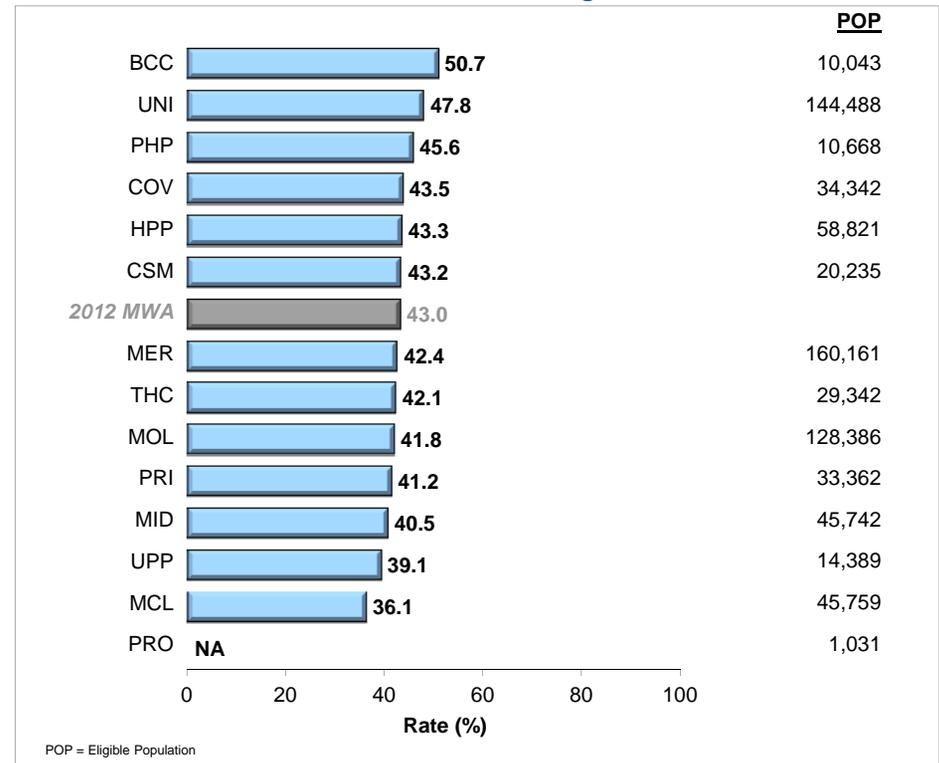
Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies calculates the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

**Figure 8-29—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies Michigan Medicaid Weighted Averages**



The HEDIS 2012 Michigan Medicaid weighted average increased by 1.7 percentage point. Six MHPs performed above the 2012 Medicaid weighted average and seven performed below. One plan did not have a large enough population to report a rate.

**Figure 8-30—Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies Health Plan Ranking**



The eligible population for each health plan displayed here was the sum of the CAHPS sample frame sizes from 2011 and 2012 and did not represent the exact eligible population (i.e., smokers) for this measure.

## Introduction

The Health Plan Diversity dimension encompasses the following MDCH measures:

- ◆ *Race/Ethnicity Diversity of Membership*
- ◆ *Language Diversity of Membership*

## Summary of Findings

Comparing the HEDIS 2011 and HEDIS 2012 statewide rates for the *Race/Ethnicity Diversity of Membership* measure, the 2012 rates saw an increased proportion of Michigan MHP members in the *American-Indian and Alaska Native, Asian, Unknown, or Declined* categories. The proportion of members reporting as *Hispanic* also increased.

For the *Language Diversity of Membership* measure at the statewide level, fewer members in HEDIS 2012 reported *English* as their spoken language preferred for health care and as the language preferred for written materials. Conversely, more members reported in the *Unknown* category for these measures. Most plans reported that all of their members listed *Unknown* in all three of the *Language Diversity of Membership* measures.

## Race/Ethnicity Diversity of Membership

### Measure Definition

*Race/Ethnicity Diversity of Membership* is an unduplicated count and percentage of members enrolled at any time during the measurement year, by race and ethnicity.

### Results

Table 9-1a—Race/Ethnicity Diversity of Membership						
Plan Name	Eligible Population	White	Black or African American	American-Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islanders
Blue Cross Complete of Michigan	24,987	56.1%	33.0%	0.1%	0.6%	0.0%
CareSource Michigan	51,039	67.7%	20.7%	0.3%	0.0%	0.0%
CoventryCares of Michigan, Inc.	63,091	10.6%	83.4%	<0.1%	0.5%	0.0%
HealthPlus Partners	87,187	60.4%	31.0%	0.1%	0.3%	<0.1%
McLaren Health Plan	105,957	71.6%	18.1%	0.2%	0.8%	0.0%
Meridian Health Plan of Michigan	382,912	66.9%	21.7%	0.1%	0.9%	0.1%
Midwest Health Plan	101,439	31.0%	22.3%	<0.1%	0.0%	0.0%
Molina Healthcare of Michigan	277,925	49.5%	37.7%	0.1%	1.2%	0.0%
Physicians Health Plan—FamilyCare	26,338	53.2%	25.6%	0.2%	0.0%	0.8%
Priority Health Government Programs, Inc.	89,044	60.2%	18.1%	0.1%	0.1%	<0.1%
ProCare Health Plan	3,832	27.2%	58.2%	<0.1%	0.0%	0.0%
Total Health Care, Inc.	71,683	29.3%	63.9%	0.1%	1.0%	0.1%
UnitedHealthcare Community Plan	252,203	50.4%	36.2%	0.1%	0.0%	0.0%
Upper Peninsula Health Plan	39,450	92.9%	1.4%	1.8%	0.3%	0.1%
<b>2012 MWA</b>	—	<b>54.7%</b>	<b>31.1%</b>	<b>0.2%</b>	<b>0.6%</b>	<b>&lt;0.1%</b>
<b>2011 MWA</b>	—	<b>56.0%</b>	<b>32.1%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>0.3%</b>
<b>2011 P50</b>	—	<b>41.8%</b>	<b>21.5%</b>	<b>0.2%</b>	<b>1.0%</b>	<b>0.0%</b>

Due to changes in reporting for this measure in HEDIS 2011, the 2010 Medicaid weighted averages were not listed in the table for all the race groups.

**Table 9-1b—Race/Ethnicity Diversity of Membership (continued)**

Plan Name	Eligible Population	Some Other Race	Two or More Races	Unknown	Declined	Hispanic*
Blue Cross Complete of Michigan	24,987	0.6%	0.0%	9.5%	0.0%	3.7%
CareSource Michigan	51,039	7.6%	0.0%	3.7%	0.0%	6.9%
CoventryCares of Michigan, Inc.	63,091	0.2%	0.0%	5.3%	0.0%	0.0%
HealthPlus Partners	87,187	0.1%	0.0%	8.1%	0.0%	4.5%
McLaren Health Plan	105,957	0.2%	0.0%	9.0%	0.1%	4.5%
Meridian Health Plan of Michigan	382,912	0.2%	0.0%	5.8%	4.3%	5.8%
Midwest Health Plan	101,439	5.0%	0.0%	41.8%	0.0%	3.2%
Molina Healthcare of Michigan	277,925	0.0%	0.0%	11.4%	0.0%	7.2%
Physicians Health Plan—FamilyCare	26,338	9.3%	0.0%	10.9%	0.0%	9.3%
Priority Health Government Programs, Inc.	89,044	0.3%	0.0%	21.1%	0.0%	10.8%
ProCare Health Plan	3,832	0.8%	0.0%	13.7%	0.0%	4.7%
Total Health Care, Inc.	71,683	2.3%	0.0%	3.3%	0.0%	1.9%
UnitedHealthcare Community Plan	252,203	2.3%	0.0%	10.9%	0.0%	5.2%
Upper Peninsula Health Plan	39,450	1.0%	0.0%	<0.1%	2.5%	0.7%
<b>2012 MWA</b>	—	<b>1.3%</b>	<b>0.0%</b>	<b>10.9%</b>	<b>1.1%</b>	<b>5.4%</b>
<b>2011 MWA</b>	—	<b>2.3%</b>	<b>0.1%</b>	<b>8.2%</b>	<b>0.6%</b>	<b>5.0%</b>
<b>2011 P50</b>	—	<b>0.7%</b>	<b>0.0%</b>	<b>13.3%</b>	<b>0.0%</b>	—

Due to changes in reporting for this measure in HEDIS 2011, the 2010 Medicaid weighted averages were not listed in the table for all the race groups.

\* Starting from HEDIS 2011, the rates associated with members of Hispanic origin were not based on the total number of members in the health plan. Therefore, the rates presented here were calculated by HSAG using the total number of members reported from the Hispanic or Latino column divided by the total number of members in the health plan reported in the MHP IDSS files. Please note that, due to reporting changes, HEDIS 2011 Medicaid benchmarks associated with the Hispanic group were not available. The Michigan Medicaid weighted average for the Hispanic population for HEDIS 2010 was 4.9 percent.

## Language Diversity of Membership

### Measure Definition

*Language Diversity of Membership* is an unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and the preferred language for written materials.

### Results

**Table 9-2—Language Diversity of Membership—Spoken Language Preferred for Health Care**

Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	24,987	99.4%	0.5%	<0.1%	0.1%
CareSource Michigan	51,039	98.5%	1.4%	0.1%	0.0%
CoventryCares of Michigan, Inc.	63,091	99.6%	0.0%	0.4%	0.0%
HealthPlus Partners	87,187	99.9%	0.1%	<0.1%	0.0%
McLaren Health Plan	105,957	99.7%	0.3%	0.0%	<0.1%
Meridian Health Plan of Michigan	382,912	99.0%	1.0%	0.0%	0.0%
Midwest Health Plan	101,439	97.8%	0.4%	1.8%	0.0%
Molina Healthcare of Michigan	277,925	99.2%	0.8%	<0.1%	0.0%
Physicians Health Plan—FamilyCare	26,338	98.3%	0.9%	0.8%	0.0%
Priority Health Government Programs, Inc.	89,044	0.0%	0.0%	100.0%	0.0%
ProCare Health Plan	3,832	100.0%	0.0%	0.0%	0.0%
Total Health Care, Inc.	71,683	99.7%	0.3%	<0.1%	0.0%
UnitedHealthcare Community Plan	252,203	83.1%	4.1%	12.7%	0.0%
Upper Peninsula Health Plan	39,450	99.9%	<0.1%	<0.1%	0.0%
<b>2012 MWA</b>	—	<b>91.0%</b>	<b>1.2%</b>	<b>7.8%</b>	<b>&lt;0.1%</b>
<b>2011 MWA</b>	—	<b>96.2%</b>	<b>1.2%</b>	<b>2.6%</b>	<b>&lt;0.1%</b>
<b>2011 P50</b>	—	<b>69.2%</b>	<b>1.0%</b>	<b>8.4%</b>	<b>0.0%</b>

Due to changes in reporting for this measure in HEDIS 2011, the 2010 Medicaid weighted averages were not listed in the table for all the language groups.

**Table 9-3—Language Diversity of Membership—Language Preferred for Written Materials**

Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	24,987	0.0%	0.0%	100.0%	0.0%
CareSource Michigan	51,039	0.0%	0.0%	100.0%	0.0%
CoventryCares of Michigan, Inc.	63,091	99.6%	0.0%	0.4%	0.0%
HealthPlus Partners	87,187	0.0%	0.0%	100.0%	0.0%
McLaren Health Plan	105,957	0.0%	0.0%	100.0%	0.0%
Meridian Health Plan of Michigan	382,912	99.0%	1.0%	0.0%	0.0%
Midwest Health Plan	101,439	97.8%	0.4%	1.8%	0.0%
Molina Healthcare of Michigan	277,925	99.2%	0.8%	<0.1%	0.0%
Physicians Health Plan—FamilyCare	26,338	98.3%	0.9%	0.8%	0.0%
Priority Health Government Programs, Inc.	89,044	0.0%	0.0%	100.0%	0.0%
ProCare Health Plan	3,832	0.0%	0.0%	100.0%	0.0%
Total Health Care, Inc.	71,683	99.7%	0.3%	<0.1%	0.0%
UnitedHealthcare Community Plan	252,203	0.0%	0.0%	100.0%	0.0%
Upper Peninsula Health Plan	39,450	99.9%	<0.1%	<0.1%	0.0%
<b>2012 MWA</b>	—	<b>60.5%</b>	<b>0.4%</b>	<b>39.1%</b>	<b>0.0%</b>
<b>2011 MWA</b>	—	<b>68.5%</b>	<b>1.1%</b>	<b>30.4%</b>	<b>0.0%</b>
<b>2011 P50</b>	—	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>

Due to changes in reporting for this measure in HEDIS 2011, the 2010 Medicaid weighted averages were not listed in the table for all the language groups.

**Table 9-4—Language Diversity of Membership—Other Language Needs**

Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	24,987	0.0%	0.0%	100.0%	0.0%
CareSource Michigan	51,039	0.0%	0.0%	100.0%	0.0%
CoventryCares of Michigan, Inc.	63,091	0.0%	0.0%	100.0%	0.0%
HealthPlus Partners	87,187	0.0%	0.0%	100.0%	0.0%
McLaren Health Plan	105,957	0.0%	0.0%	100.0%	0.0%
Meridian Health Plan of Michigan	382,912	99.0%	1.0%	0.0%	0.0%
Midwest Health Plan	101,439	97.8%	0.4%	1.8%	0.0%
Molina Healthcare of Michigan	277,925	99.2%	0.8%	<0.1%	0.0%
Physicians Health Plan—FamilyCare	26,338	98.3%	0.9%	0.8%	0.0%
Priority Health Government Programs, Inc.	89,044	0.0%	0.0%	100.0%	0.0%
ProCare Health Plan	3,832	0.0%	0.0%	100.0%	0.0%
Total Health Care, Inc.	71,683	99.7%	0.3%	<0.1%	0.0%
UnitedHealthcare Community Plan	252,203	0.0%	0.0%	100.0%	0.0%
Upper Peninsula Health Plan	39,450	0.0%	0.0%	100.0%	0.0%
<b>2012 MWA</b>	—	<b>54.0%</b>	<b>0.4%</b>	<b>45.6%</b>	<b>0.0%</b>
<b>2011 MWA</b>	—	<b>49.2%</b>	<b>0.4%</b>	<b>50.4%</b>	<b>0.0%</b>
<b>2011 P50</b>	—	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>

Due to changes in reporting for this measure in HEDIS 2011, the 2010 Medicaid weighted averages were not listed in the table for all the language groups.

## Introduction

The Utilization dimension encompasses the following MDCH measures:

- ◆ *Ambulatory Care: Total—Outpatient Visits*
- ◆ *Ambulatory Care: Total—Emergency Department Visits*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Total Inpatient*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Medicine*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Surgery*
- ◆ *Inpatient Utilization—General Hospital/Acute Care: Total—Maternity*

For all measures in this dimension, HEDIS methodology requires that the rates be derived using only the administrative method. While the national HEDIS 2011 Medicaid 50th percentiles are provided for reference, it is important to assess utilization based on the characteristics of each health plan's population.

## Summary of Findings

Both *Ambulatory Care: Total* indicators reported slight increases (no more than 5 percent from last year) in HEDIS 2012. Although the average length of stay has increased for all inpatient service types (total inpatient, medicine, surgery, and maternity), the increase in discharges per 1,000 member months was only reported for *Inpatient Utilization—General Hospital/Acute Care: Total—Medicine* (an increase of 10.8 percent).

## Ambulatory Care

### Measure Definition

*Ambulatory Care: Total* summarizes utilization of ambulatory care in *Outpatient Visits* and *Emergency Department Visits*.

### Results

<b>Table 10-1—Ambulatory Care: Total Medicaid Outpatient and Emergency Department Visits Per 1,000 MM for the Total Age Group</b>			
<b>Plan</b>	<b>Member Months</b>	<b>Outpatient Visits</b>	<b>Emergency Department Visits*</b>
Blue Cross Complete of Michigan	228,585	321.4	64.4
CareSource Michigan	423,689	277.0	73.2
CoventryCares of Michigan, Inc.	581,216	288.4	83.8
HealthPlus Partners	823,912	335.4	63.8
McLaren Health Plan	922,245	327.8	72.8
Meridian Health Plan of Michigan	3,290,519	369.8	79.3
Midwest Health Plan	878,935	388.7	64.0
Molina Healthcare of Michigan	2,549,641	375.2	74.6
Physicians Health Plan—FamilyCare	220,061	328.3	74.6
Priority Health Government Programs, Inc.	756,854	326.9	77.2
ProCare Health Plan	23,284	180.4	70.5
Total Health Care, Inc.	628,538	291.0	72.0
UnitedHealthcare Community Plan	2,873,386	370.9	74.3
Upper Peninsula Health Plan	353,952	347.8	71.7
<b>2012 MA</b>	—	<b>323.5</b>	<b>72.6</b>
<b>2011 MA</b>	—	<b>316.9</b>	<b>69.6</b>
<b>2010 MA</b>	—	<b>319.3</b>	<b>72.2</b>
<b>2011 P50</b>	—	<b>349.5</b>	<b>63.3</b>
MM = Member Months			
* For this measure, a lower rate indicates better performance (i.e., low rates of emergency department visits indicate better utilization of services).			

For both outpatient and emergency department visits, the Michigan Medicaid weighted averages for HEDIS 2012 demonstrated increases in the number of visits from HEDIS 2011. Both weighted averages were above the national HEDIS 2011 Medicaid 50th percentiles.

## Inpatient Utilization—General Hospital/Acute Care

### Measure Definition

*Inpatient Utilization-General Hospital/Acute Care: Total* summarizes utilization of acute inpatient care and services in the *Inpatient, Medicine, Surgery, and Maternity* categories.

### Results

<b>Table 10-2—Inpatient Utilization: General Hospital/Acute Care: Total Medicaid Discharges Per 1,000 MM for the Total Age Group</b>					
<b>Plan</b>	<b>Member Months</b>	<b>Total Inpatient</b>	<b>Medicine</b>	<b>Surgery</b>	<b>Maternity*</b>
Blue Cross Complete of Michigan	228,585	6.5	2.9	0.9	4.4
CareSource Michigan	423,689	6.8	2.9	1.3	4.1
CoventryCares of Michigan, Inc.	581,216	8.3	4.2	1.5	3.8
HealthPlus Partners	823,912	6.7	3.0	1.0	4.4
McLaren Health Plan	922,245	8.4	3.8	1.3	5.5
Meridian Health Plan of Michigan	3,290,519	10.7	6.0	0.4	7.1
Midwest Health Plan	878,935	8.9	4.4	1.3	5.1
Molina Healthcare of Michigan	2,549,641	7.2	3.0	1.4	4.6
Physicians Health Plan—FamilyCare	220,061	8.7	4.1	1.4	5.4
Priority Health Government Programs, Inc.	756,854	6.7	2.4	1.0	5.8
ProCare Health Plan	23,284	8.1	4.5	1.5	4.0
Total Health Care, Inc.	628,538	8.9	4.7	1.6	4.0
UnitedHealthcare Community Plan	2,873,386	7.9	3.1	1.4	5.6
Upper Peninsula Health Plan	353,952	6.7	2.9	1.1	4.4
<b>2012 MA</b>	—	<b>7.9</b>	<b>3.7</b>	<b>1.2</b>	<b>4.9</b>
<b>2011 MA</b>	—	<b>8.0</b>	<b>3.3</b>	<b>1.3</b>	<b>5.2</b>
<b>2010 MA</b>	—	<b>8.4</b>	<b>3.8</b>	<b>1.3</b>	<b>5.3</b>
<b>2011 P50</b>	—	<b>7.9</b>	<b>3.0</b>	<b>1.3</b>	<b>5.3</b>

MM = Member Months

\*The maternity category is calculated using member months for members 10 to 64 years of age.

Overall, the HEDIS 2012 Michigan Medicaid weighted average for three of the four types of services showed a decline in the number of discharges from the previous year’s rates. Two of the four weighted averages met or exceeded the national HEDIS 2011 Medicaid 50th percentile.

<b>Table 10-3—Inpatient Utilization: General Hospital/Acute Care: Total Medicaid Average Length of Stay for the Total Age Group</b>				
<b>Plan</b>	<b>Total Inpatient</b>	<b>Medicine</b>	<b>Surgery</b>	<b>Maternity</b>
Blue Cross Complete of Michigan	3.4	3.6	5.1	2.4
CareSource Michigan	3.8	3.7	6.8	2.5
CoventryCares of Michigan, Inc.	4.1	3.9	7.2	2.8
HealthPlus Partners	4.1	4.5	6.3	2.7
McLaren Health Plan	3.7	4.1	5.4	2.6
Meridian Health Plan of Michigan	3.9	4.7	3.8	2.7
Midwest Health Plan	3.8	4.1	5.7	2.6
Molina Healthcare of Michigan	3.9	3.9	6.7	2.5
Physicians Health Plan—FamilyCare	3.7	3.8	5.3	2.7
Priority Health Government Programs, Inc.	3.3	3.8	4.5	2.6
ProCare Health Plan	4.1	3.9	6.8	2.5
Total Health Care, Inc.	3.9	3.6	6.7	2.7
UnitedHealthcare Community Plan	3.8	3.9	6.4	2.5
Upper Peninsula Health Plan	3.1	3.4	3.9	2.4
<b>2012 MA</b>	<b>3.8</b>	<b>3.9</b>	<b>5.8</b>	<b>2.6</b>
<b>2011 MA</b>	<b>3.6</b>	<b>3.7</b>	<b>5.6</b>	<b>2.5</b>
<b>2010 MA</b>	<b>3.4</b>	<b>3.4</b>	<b>5.4</b>	<b>2.4</b>
<b>2011 P50</b>	<b>3.6</b>	<b>3.5</b>	<b>5.7</b>	<b>2.6</b>

Overall, the HEDIS 2012 Michigan Medicaid weighted average for average length of stay for all types of services showed an increase in the number of days from the previous year. All of the HEDIS 2012 weighted averages met or exceeded the national HEDIS 2011 Medicaid 50th percentiles.

## Key Information Systems Findings

NCQA's IS standards are the guidelines used by certified HEDIS compliance auditors to assess a health plan's ability to report HEDIS data accurately and reliably. Compliance with the guidelines also helps an auditor to understand a health plan's HEDIS reporting capabilities. For HEDIS 2011, health plans were assessed on seven IS standards. To assess an MHP's adherence to the IS standards, HSAG reviewed several documents for the Michigan MHPs. These included the MHPs' final audit reports, IS compliance tools, and the MHPs' interactive data submission system (IDSS) files generated and approved by an NCQA-licensed audit organization.

Each of the Michigan MHPs contracted with an NCQA-licensed audit organization (LO) to perform the NCQA HEDIS Compliance Audit. Health plans can select the LO they want to perform the HEDIS audit. Overall, the Michigan MHPs have consistently maintained the same LOs across reporting years.

All but one MHP contracted with an NCQA-Certified software vendor to produce the HEDIS measures. Most MHPs purchase the certified software and manage it internally to generate the HEDIS measures. Others provide all data to the certified software vendors to generate the HEDIS measures for them. Either way, certified software reduces a health plan's burden to report HEDIS measures and also helps to ensure the validity of the rates.

HSAG found that overall the MHPs were fully compliant with all of the IS standards as they related to the key Michigan Medicaid measures for HEDIS 2011. Since the MHPs have been collecting and reporting HEDIS measures for over 10 years, this finding was expected. MHPs should have resolved any systems issues in the first several years of reporting.

### ***IS 1.0—Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry***

This standard assesses whether:

- ◆ Industry standard codes are used and all characters are captured.
- ◆ Principal codes are identified and secondary codes are captured.
- ◆ Nonstandard coding schemes are fully documented and mapped back to industry standard codes.
- ◆ Standard submission forms are used and capture all fields relevant to measure reporting; all proprietary forms capture equivalent data; and electronic transmission procedures conform to industry standards.
- ◆ Data entry processes are timely and accurate and include sufficient edit checks to ensure the accurate entry of submitted data in transaction files for measure reporting.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All of the MHPs were fully compliant with *IS 1.0, Medical Service Data—Sound Coding Methods and Data Capture, Transfer, and Entry*. The MCPs captured standard codes to the appropriate level of specificity and required data to be submitted on standard forms. Sufficient edits checks and monitoring were in place to ensure complete and accurate claims and encounter data for HEDIS reporting.

### ***IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry***

This standard assesses whether:

- ◆ The organization has procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of membership data have necessary procedures to ensure accuracy.
- ◆ Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All of the MHPs were fully compliant with *IS 2.0, Enrollment Data—Data Capture, Transfer, and Entry*. Medicaid enrollment data were received from the State and all MHPs processed files accurately and timely. Reconciliation of enrollment data against files provided by the State was conducted.

### ***IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry***

This standard assesses whether:

- ◆ Provider specialties are fully documented and mapped to HEDIS provider specialties necessary for measure reporting.
- ◆ The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of practitioner data are checked to ensure accuracy.
- ◆ Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

HSAG found that 12 of 14 MHPs were fully compliant with *IS 3.0, Practitioner Data—Data Capture, Transfer, and Entry*. Both MHPs had issues with updating board certification expiration dates due to resource and staffing limitations, and they maintained the credentialing information in a Microsoft Excel spreadsheet that had no system edit checks in place. These findings did not impact the measures reported in the HEDIS Aggregate Report since MDCH does not require the MHPs to report board certification. All of the MHPs accurately and complete captured provider data and were able to identify rendering provider type for those measures where this was required.

### **IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight**

This standard assesses whether:

- ◆ Forms capture all fields relevant to measure reporting, and whether electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off and sign-off).
- ◆ Retrieval and abstraction of data from medical records are reliably and accurately performed.
- ◆ Data entry processes are timely and accurate and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

HSAG found that 12 of the 14 MHPs were fully compliant with *IS 4.0, Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight*. All of the MHPs used medical record data to report hybrid measures. Whether through a vendor or by internal staff, all medical record data collection processes were sufficient. One MHP was partially compliant with a component of IS 4.0 because the organization did not conduct interrater reliability testing or competency training following MRR training. It was recommended that this be implemented moving forward. The other MHP was only partially compliant with *IS 4.0* because of difficulties with abstraction data for the *Medication Reconciliation Post-Discharge* measure. This measure, however, was not under the set of required MDCH measures.

### **IS 5.0—Supplemental Data—Capture, Transfer, and Entry**

This standard assesses whether:

- ◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- ◆ The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of data have checking procedures to ensure accuracy.
- ◆ Data entry processes are timely and accurate and include edit checks to ensure accurate entry of submitted data in transaction files.
- ◆ The organization continually assesses data completeness and takes steps to improve performance.
- ◆ The organization regularly monitors vendor performance against expected performance standards.

All of the MHPs were fully compliant with *IS 5.0, Supplemental Data—Capture, Transfer, and Entry*. All supplemental data sources used by the MHPs for HEDIS reporting were validated and approved by the auditors. There were no issues with the use of these data and it was recommended that the MHPs continue to explore ways to increase the use of supplemental data.

### **IS 6.0—Member Call Center Data—Capture, Transfer, and Entry**

This standard assesses whether:

- ◆ Member call center data are reliably and accurately captured.

*IS 6.0, Member Call Center Data—Capture, Transfer, and Entry* was not applicable to the measures required to be reported by the MHPs. The call center measures were not part of the required MDCH Medicaid HEDIS set of performance measures.

### **IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity**

This standard assesses whether:

- ◆ Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- ◆ Data transfers to repository from transaction files are accurate.
- ◆ File consolidations, extracts, and derivations are accurate.
- ◆ Repository structure and formatting are suitable for measures and enable required programming efforts.
- ◆ Report production is managed effectively and operators perform appropriately.
- ◆ Measure reporting software is managed properly with regard to development, methodology, documentation, revision control, and testing.
- ◆ Physical control procedures ensure measure data integrity such as physical security, data access authorization, disaster recovery facilities, and fire protection.

All but one of the MHPs were fully compliant with *IS 7.0, Data Integration—Accurate Reporting, Control Procedures That Support HEDIS Reporting Integrity*. All but one MHP contracted with an NCQA-certified software vendor to calculate the HEDIS rates. All data consolidation and transfers were tracked and monitored to ensure no data were lost. The MHPs had sufficient data security and control procedures in place. The one MHP that was partially compliant with this standard had timing issues with its contracted vendor. This issue primarily impacted the ability to report the *Relative Resource Use* measures, which were not required measures per MDCH.

Appendix A presents tables showing results for all the measures, by MHP. Where applicable, the results provided for each measure include the eligible population and the rate for each MHP; the 2010, 2011, and 2012 Michigan Medicaid weighted averages or averages; and the national HEDIS 2011 Medicaid 50th percentile. The following is a list of the tables and the measures presented for each health plan.

- ◆ Table A-1—*Childhood Immunization Status—Combination 2 to Combination 10*
- ◆ Table A-2—*Immunizations for Adolescents—Combination 1*
- ◆ Table A-3—*Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits*
- ◆ Table A-4—*Lead Screening in Children*
- ◆ Table A-5—*Appropriate Treatment for Children With Upper Respiratory Infection*
- ◆ Table A-6—*Appropriate Testing for Children With Pharyngitis*
- ◆ Table A-7—*Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication*
- ◆ Table A-8—*Breast and Cervical Cancer Screening in Women*
- ◆ Table A-9—*Chlamydia Screening in Women*
- ◆ Table A-10—*Children’s and Adolescents’ Access to Primary Care Practitioners*
- ◆ Table A-11—*Adults’ Access to Preventive/Ambulatory Health Services*
- ◆ Table A-12—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile*
- ◆ Table A-13—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition*
- ◆ Table A-14—*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity*
- ◆ Table A-15—*Adult BMI Assessment*
- ◆ Table A-16—*Prenatal and Postpartum Care*
- ◆ Table A-17—*Weeks of Pregnancy at Time of Enrollment*
- ◆ Table A-18—*Frequency of Ongoing Prenatal Care*
- ◆ Table A-19—*Comprehensive Diabetes Care*
- ◆ Table A-20—*Comprehensive Diabetes Care (continued)*
- ◆ Table A-21—*Use of Appropriate Medications for People With Asthma*
- ◆ Table A-22—*Controlling High Blood Pressure*
- ◆ Table A-23—*Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medication, and Discussing Cessation Strategies*
- ◆ Table A-24—*Race/Ethnicity Diversity of Membership*

- ◆ *Table A-25—Race/Ethnicity Diversity of Membership Language Diversity of Membership—Spoken Language Preferred for Health Care*
- ◆ *Table A-26—Race/Ethnicity Diversity of Membership Language Diversity of Membership—Language Preferred for Written Materials*
- ◆ *Table A-27—Race/Ethnicity Diversity of Membership Language Diversity of Membership—Other Language Needs*
- ◆ *Table A-28—Ambulatory Care*
- ◆ *Table A-29—Inpatient Utilization: General Hospital/Acute Care—Discharges*
- ◆ *Table A-30—Inpatient Utilization: General Hospital/Acute Care—Average Length of Stay*

**Table A-1**  
**Childhood Immunization Status**

Plan	Eligible Population	Combo2 Rate	Combo 3 Rate	Combo 4 Rate	Combo 5 Rate	Combo 6 Rate	Combo 7 Rate	Combo 8 Rate	Combo 9 Rate	Combo 10 Rate
Blue Cross Complete of Michigan	508	85.4%	82.7%	23.6%	68.9%	56.2%	20.0%	15.8%	48.2%	13.4%
CareSource Michigan	943	75.2%	70.8%	51.8%	55.0%	42.1%	43.8%	34.1%	36.5%	30.7%
CoventryCares of Michigan, Inc.	1,132	77.3%	73.4%	33.6%	47.0%	22.2%	21.8%	11.8%	16.9%	7.6%
HealthPlus Partners	2,070	80.7%	76.7%	32.4%	50.6%	24.7%	23.7%	13.9%	18.6%	11.1%
McLaren Health Plan	2,387	83.7%	83.0%	39.2%	55.7%	40.4%	30.7%	23.4%	30.2%	18.2%
Meridian Health Plan of Michigan	8,324	79.1%	76.3%	34.2%	56.7%	40.9%	28.8%	22.6%	33.5%	20.0%
Midwest Health Plan	1,814	77.9%	73.5%	40.4%	60.6%	37.2%	33.8%	20.9%	32.1%	17.8%
Molina Healthcare of Michigan	6,236	78.0%	73.4%	30.6%	48.6%	31.5%	21.5%	15.3%	22.2%	11.6%
Physicians Health Plan—FamilyCare	550	74.0%	68.1%	24.8%	48.4%	31.1%	20.4%	12.4%	22.9%	9.7%
Priority Health Government Programs, Inc.	1,876	88.1%	85.4%	45.0%	70.8%	58.2%	38.9%	34.1%	51.1%	30.9%
ProCare Health Plan	41	26.8%	19.5%	12.2%	14.6%	4.9%	9.8%	4.9%	4.9%	4.9%
Total Health Care, Inc.	1,196	80.7%	79.6%	36.7%	48.3%	19.0%	22.0%	10.9%	13.0%	7.7%
UnitedHealthcare Community Plan	6,882	77.4%	72.3%	35.5%	54.5%	33.3%	27.5%	19.7%	26.5%	16.1%
Upper Peninsula Health Plan	901	83.4%	83.0%	62.4%	62.0%	50.5%	49.7%	41.6%	41.0%	35.0%
<b>2012 Medicaid weighted average (MWA)</b>	—	<b>79.3%</b>	<b>75.7%</b>	<b>35.9%</b>	<b>54.8%</b>	<b>36.4%</b>	<b>28.1%</b>	<b>20.5%</b>	<b>28.9%</b>	<b>17.1%</b>
<b>2011 MWA</b>	—	<b>78.2%</b>	<b>74.3%</b>	<b>30.9%</b>	<b>46.8%</b>	<b>33.2%</b>	<b>21.6%</b>	<b>16.8%</b>	<b>23.6%</b>	<b>12.6%</b>
<b>2010 MWA</b>	—	<b>78.7%</b>	<b>74.0%</b>	<b>29.7%</b>	<b>41.5%</b>	<b>29.0%</b>	<b>19.4%</b>	<b>15.1%</b>	<b>19.4%</b>	<b>10.9%</b>
<b>2011 P50</b>	—	<b>75.1%</b>	<b>71.0%</b>	<b>31.4%</b>	<b>47.4%</b>	<b>37.0%</b>	<b>23.1%</b>	<b>18.0%</b>	<b>26.8%</b>	<b>14.4%</b>

Table A-2 Immunizations for Adolescents		
Plan	Eligible Population	Combination 1 Rate
Blue Cross Complete of Michigan	547	81.4%
CareSource Michigan	949	71.8%
CoventryCares of Michigan, Inc.	1,400	69.4%
HealthPlus Partners	1,906	76.1%
McLaren Health Plan	1,754	67.6%
Meridian Health Plan of Michigan	5,512	79.6%
Midwest Health Plan	1,696	76.4%
Molina Healthcare of Michigan	5,598	74.7%
Physicians Health Plan—FamilyCare	448	77.4%
Priority Health Government Programs, Inc.	1,666	86.3%
ProCare Health Plan	2	NA
Total Health Care, Inc.	1,444	70.8%
UnitedHealthcare Community Plan	5,329	71.6%
Upper Peninsula Health Plan	719	75.4%
<b>2012 MWA</b>	—	<b>75.1%</b>
<b>2011 MWA</b>	—	<b>52.9%</b>
<b>2010 MWA</b>	—	<b>41.0%</b>
<b>2011 P50</b>	—	<b>49.8%</b>
NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a <i>Not Applicable (NA)</i> audit designation.		

**Table A-3**  
**Well-Child Visits and Adolescent Well-Care Visits**

Plan	First 15 Months of Life—Six or More Visits		3rd–6th Years of Life		Adolescent	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	466	71.2%	2,507	80.7%	3,901	60.1%
CareSource Michigan	573	43.8%	3,654	65.5%	7,091	42.3%
CoventryCares of Michigan, Inc.	961	61.7%	4,789	81.3%	11,529	59.1%
HealthPlus Partners	1,635	75.6%	8,728	75.6%	14,571	56.5%
McLaren Health Plan	1,780	78.3%	8,975	78.3%	13,708	57.4%
Meridian Health Plan of Michigan	4,989	77.3%	32,032	78.2%	44,977	67.9%
Midwest Health Plan	1,371	82.0%	7,820	85.4%	14,143	68.9%
Molina Healthcare of Michigan	4,680	60.4%	25,771	76.4%	43,408	57.6%
Physicians Health Plan—FamilyCare	378	53.4%	2,158	65.3%	3,392	46.2%
Priority Health Government Programs, Inc.	1,458	70.0%	7,932	80.8%	11,522	58.2%
ProCare Health Plan	5	NA	183	56.8%	140	24.3%
Total Health Care, Inc.	841	73.1%	5,194	82.9%	11,239	67.1%
UnitedHealthcare Community Plan	5,470	93.2%	27,570	82.4%	44,105	66.1%
Upper Peninsula Health Plan	908	72.3%	3,545	68.5%	5,391	50.7%
<b>2012 MWA</b>	—	<b>75.3%</b>	—	<b>78.6%</b>	—	<b>61.7%</b>
<b>2011 MWA</b>	—	<b>72.3%</b>	—	<b>78.0%</b>	—	<b>58.8%</b>
<b>2010 MWA</b>	—	<b>69.5%</b>	—	<b>75.9%</b>	—	<b>56.3%</b>
<b>2011 P50</b>	—	<b>61.3%</b>	—	<b>72.3%</b>	—	<b>46.1%</b>

**Table A-4  
Lead Screening in Children**

Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	508	74.2%
CareSource Michigan	943	79.0%
CoventryCares of Michigan, Inc.	1,132	78.5%
HealthPlus Partners	2,085	79.9%
McLaren Health Plan	2,387	75.4%
Meridian Health Plan of Michigan	8,324	80.8%
Midwest Health Plan	1,814	73.7%
Molina Healthcare of Michigan	6,236	74.3%
Physicians Health Plan—FamilyCare	550	82.9%
Priority Health Government Programs, Inc.	1,876	71.3%
ProCare Health Plan	41	70.7%
Total Health Care, Inc.	1,196	65.9%
UnitedHealthcare Community Plan	6,882	82.2%
Upper Peninsula Health Plan	901	90.2%
<b>2012 MWA</b>	—	<b>78.1%</b>
<b>2011 MWA</b>	—	<b>78.0%</b>
<b>2010 MWA</b>	—	<b>76.5%</b>
<b>2011 P50</b>	—	<b>72.2%</b>

Table A-5 Appropriate Treatment for Children With Upper Respiratory Infection		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	1,179	94.6%
CareSource Michigan	1,701	81.0%
CoventryCares of Michigan, Inc.	1,747	87.0%
HealthPlus Partners	3,823	79.4%
McLaren Health Plan	4,536	75.0%
Meridian Health Plan of Michigan	14,996	83.7%
Midwest Health Plan	4,367	86.0%
Molina Healthcare of Michigan	11,418	84.1%
Physicians Health Plan—FamilyCare	1,175	80.1%
Priority Health Government Programs, Inc.	2,764	93.0%
ProCare Health Plan	43	88.4%
Total Health Care, Inc.	2,337	84.0%
UnitedHealthcare Community Plan	13,998	85.3%
Upper Peninsula Health Plan	1,749	83.1%
<b>2012 MWA</b>	—	<b>83.9%</b>
<b>2011 MWA</b>	—	<b>84.9%</b>
<b>2010 MWA</b>	—	<b>82.3%</b>
<b>2011 P50</b>	—	<b>87.5%</b>

Table A-6 Appropriate Testing for Children With Pharyngitis		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	583	85.1%
CareSource Michigan	1,417	54.9%
CoventryCares of Michigan, Inc.	947	50.7%
HealthPlus Partners	3,158	65.4%
McLaren Health Plan	3,154	58.5%
Meridian Health Plan of Michigan	10,587	65.2%
Midwest Health Plan	2,447	68.6%
Molina Healthcare of Michigan	7,739	57.8%
Physicians Health Plan—FamilyCare	587	53.7%
Priority Health Government Programs, Inc.	1,913	74.1%
ProCare Health Plan	15	NA
Total Health Care, Inc.	1,460	62.1%
UnitedHealthcare Community Plan	7,935	52.6%
Upper Peninsula Health Plan	1,159	73.2%
<b>2012 MWA</b>	—	<b>61.2%</b>
<b>2011 MWA</b>	—	<b>54.9%</b>
<b>2010 MWA</b>	—	<b>51.9%</b>
<b>2011 P50</b>	—	<b>68.1%</b>
NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a <i>Not Applicable (NA)</i> audit designation.		

Table A-7 Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication				
Plan	Initiation Phase		Continuation Phase	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	191	39.8%	44	56.8%
CareSource Michigan	361	37.1%	100	46.0%
CoventryCares of Michigan, Inc.	309	22.7%	34	26.5%
HealthPlus Partners	916	40.6%	236	51.3%
McLaren Health Plan	841	43.2%	110	56.4%
Meridian Health Plan of Michigan	2,022	42.6%	630	50.3%
Midwest Health Plan	453	39.7%	100	50.0%
Molina Healthcare of Michigan	1,840	35.6%	420	43.3%
Physicians Health Plan—FamilyCare	146	37.0%	36	47.2%
Priority Health Government Programs, Inc.	748	38.1%	213	45.5%
ProCare Health Plan	0	NA	0	NA
Total Health Care, Inc.	49	46.9%	0	NA
UnitedHealthcare Community Plan	2,156	41.6%	457	54.9%
Upper Peninsula Health Plan	283	45.9%	112	50.0%
<b>2012 MWA</b>	—	<b>39.7%</b>	—	<b>49.5%</b>
<b>2011 MWA</b>	—	<b>36.7%</b>	—	<b>41.9%</b>
<b>2010 MWA</b>	—	<b>35.7%</b>	—	<b>43.1%</b>
<b>2011 P50</b>	—	<b>38.3%</b>	—	<b>45.2%</b>

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a Not Applicable (NA) audit designation.

**Table A-8  
Breast and Cervical Cancer Screening in Women**

Plan	Breast Cancer Screening		Cervical Cancer Screening	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	554	61.9%	2,014	79.5% <sup>†</sup>
CareSource Michigan	1,349	49.5%	4,290	67.2% <sup>†</sup>
CoventryCares of Michigan, Inc.	2,422	58.7%	7,760	73.5% <sup>†</sup>
HealthPlus Partners	2,356	62.1%	8,573	75.7% <sup>†</sup>
McLaren Health Plan	2,434	50.1%	8,530	74.7% <sup>†</sup>
Meridian Health Plan of Michigan	6,082	62.8%	25,978	78.1% <sup>†</sup>
Midwest Health Plan	2,761	57.5%	8,566	80.8%
Molina Healthcare of Michigan	8,707	53.7%	26,680	72.9%
Physicians Health Plan—FamilyCare	653	43.5%	2,093	68.6%
Priority Health Government Programs, Inc.	1,383	62.8%	5,888	72.2%
ProCare Health Plan	2	NA	114	41.7%
Total Health Care, Inc.	2,224	58.0%	6,906	76.0% <sup>†</sup>
UnitedHealthcare Community Plan	8,337	57.2%	29,765	77.3%
Upper Peninsula Health Plan	986	55.5%	3,263	72.0% <sup>†</sup>
<b>2012 MWA</b>	—	<b>57.0%</b>	—	<b>75.5%</b>
<b>2011 MWA</b>	—	<b>56.3%</b>	—	<b>74.3%</b>
<b>2010 MWA</b>	—	<b>55.1%</b>	—	<b>72.7%</b>
<b>2011 P50</b>	—	<b>52.4%</b>	—	<b>69.7%</b>

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a *Not Applicable* (NA) audit designation.

<sup>†</sup> Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2012 Technical Specifications for Health Plans, Volume 2*.

Table A-9 Chlamydia Screening in Women						
Plan	Ages 16 to 20 Years		Ages 21 to 24 Years		Total	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	497	54.5%	204	68.1%	701	58.5%
CareSource Michigan	967	55.9%	424	63.2%	1,391	58.2%
CoventryCares of Michigan, Inc.	1,987	70.2%	881	80.6%	2,868	73.4%
HealthPlus Partners	2,103	58.1%	1,104	72.1%	3,207	62.9%
McLaren Health Plan	1,884	50.5%	1,127	63.4%	3,011	55.3%
Meridian Health Plan of Michigan	7,011	63.2%	5,100	68.6%	12,111	65.5%
Midwest Health Plan	1,698	63.1%	924	71.2%	2,622	66.0%
Molina Healthcare of Michigan	6,553	61.6%	3,314	68.5%	9,867	63.9%
Physicians Health Plan—FamilyCare	421	58.7%	255	70.6%	676	63.2%
Priority Health Government Programs, Inc.	1,585	66.7%	903	74.1%	2,488	69.4%
ProCare Health Plan	11	NA	25	NA	36	58.3%
Total Health Care, Inc.	1,693	69.0%	807	79.1%	2,500	72.2%
UnitedHealthcare Community Plan	6,148	61.1%	3,726	68.8%	9,874	64.0%
Upper Peninsula Health Plan	636	48.4%	377	54.9%	1,013	50.8%
<b>2012 MWA</b>	—	<b>61.7%</b>	—	<b>69.5%</b>	—	<b>64.5%</b>
<b>2011 MWA</b>	—	<b>60.7%</b>	—	<b>68.4%</b>	—	<b>63.5%</b>
<b>2010 MWA</b>	—	<b>61.1%</b>	—	<b>67.8%</b>	—	<b>63.5%</b>
<b>2011 P50</b>	—	<b>53.6%</b>	—	<b>62.5%</b>	—	<b>57.2%</b>
NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a <i>Not Applicable (NA)</i> audit designation.						

**Table A-10**  
**Children’s and Adolescents’ Access to Primary Care Practitioners**

Plan	Ages 12 to 24 Months		Ages 25 Months to 6 Years		Ages 7 to 11 Years		Ages 12 to 19 Years	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	622	97.7%	3,020	93.1%	2,168	93.9%	2,775	93.7%
CareSource Michigan	772	93.8%	4,499	85.3%	3,887	88.5%	5,447	88.2%
CoventryCares of Michigan, Inc.	1,234	92.5%	5,787	82.4%	5,408	85.1%	8,639	84.3%
HealthPlus Partners	2,067	97.4%	10,567	90.0%	8,451	91.6%	10,903	90.4%
McLaren Health Plan	2,431	95.6%	11,170	87.2%	7,583	88.7%	9,486	87.1%
Meridian Health Plan of Michigan	9,608	97.6%	39,698	92.4%	22,745	93.3%	26,669	93.3%
Midwest Health Plan	1,943	98.4%	9,458	92.6%	7,419	93.6%	9,900	92.1%
Molina Healthcare of Michigan	6,399	96.4%	31,384	90.1%	24,496	92.1%	31,790	89.1%
Physicians Health Plan—FamilyCare	567	94.2%	2,662	85.6%	1,906	86.9%	2,423	85.5%
Priority Health Government Programs, Inc.	1,945	97.2%	9,651	88.7%	6,994	91.1%	8,041	90.0%
ProCare Health Plan	79	77.2%	296	60.8%	0	NA	7	NA
Total Health Care, Inc.	1,180	98.6%	6,311	91.4%	5,548	93.4%	8,088	92.7%
UnitedHealthcare Community Plan	7,810	98.0%	33,917	91.1%	22,411	92.8%	28,804	92.3%
Upper Peninsula Health Plan	1,059	97.5%	4,397	89.2%	3,130	90.7%	3,887	92.1%
<b>2012 MWA</b>	—	<b>97.1%</b>	—	<b>90.3%</b>	—	<b>91.8%</b>	—	<b>90.6%</b>
<b>2011 MWA</b>	—	<b>96.7%</b>	—	<b>89.8%</b>	—	<b>91.1%</b>	—	<b>89.5%</b>
<b>2010 MWA</b>	—	<b>96.7%</b>	—	<b>88.8%</b>	—	<b>89.1%</b>	—	<b>87.0%</b>
<b>2011 P50</b>	—	<b>97.0%</b>	—	<b>89.6%</b>	—	<b>91.3%</b>	—	<b>89.7%</b>

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a *Not Applicable (NA)* audit designation.

**Table A-11  
Adults' Access to Preventive/Ambulatory Health Services**

Plan	Ages 20 to 44 Years		Ages 45 to 64 Years		Ages 65+ Years		Total	
	Eligible Population	Rate						
Blue Cross Complete of Michigan	2,326	84.4%	947	86.6%	30	86.7%	3,303	85.0%
CareSource Michigan	4,572	76.0%	2,375	84.2%	42	92.9%	6,989	78.9%
CoventryCares of Michigan, Inc.	8,226	76.6%	4,026	85.9%	45	91.1%	12,297	79.7%
HealthPlus Partners	10,182	83.8%	3,757	90.0%	43	97.7%	13,982	85.5%
McLaren Health Plan	11,081	80.9%	4,321	88.3%	57	93.0%	15,459	83.0%
Meridian Health Plan of Michigan	39,416	86.1%	13,287	91.4%	91	87.9%	52,794	87.4%
Midwest Health Plan	9,911	87.7%	5,248	91.3%	87	93.1%	15,246	89.0%
Molina Healthcare of Michigan	30,669	81.7%	14,753	88.0%	180	88.3%	45,602	83.8%
Physicians Health Plan—FamilyCare	2,507	78.7%	1,085	84.9%	29	NA	3,621	80.6%
Priority Health Government Programs, Inc.	7,473	83.7%	2,350	89.3%	163	94.5%	9,986	85.2%
ProCare Health Plan	185	49.2%	138	78.3%	0	NA	323	61.6%
Total Health Care, Inc.	7,744	89.4%	3,883	94.6%	61	93.4%	11,688	91.1%
UnitedHealthcare Community Plan	34,539	83.6%	16,555	90.9%	840	93.7%	51,934	86.1%
Upper Peninsula Health Plan	3,992	85.7%	1,788	89.3%	22	NA	5,802	86.8%
<b>2012 MWA</b>	—	<b>83.6%</b>	—	<b>89.7%</b>	—	<b>92.5%</b>	—	<b>85.5%</b>
<b>2011 MWA</b>	—	<b>83.2%</b>	—	<b>89.1%</b>	—	<b>89.1%</b>	—	<b>85.0%</b>
<b>2010 MWA</b>	—	<b>83.0%</b>	—	<b>88.8%</b>	—	<b>92.6%</b>	—	<b>84.8%</b>
<b>2011 P50</b>	—	<b>83.2%</b>	—	<b>87.4%</b>	—	<b>85.5%</b>	—	<b>84.5%</b>

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a *Not Applicable (NA)* audit designation.

Table A-12 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile						
Plan	3–11 Years		12–17 Years		Total	
	Eligible Population	BMI Rate	Eligible Population	BMI Rate	Eligible Population	BMI Rate
Blue Cross Complete of Michigan	4,738	80.7%	2,507	74.5%	7,245	78.6%
CareSource Michigan	6,541	34.3%	3,998	31.9%	10,539	33.3%
CoventryCares of Michigan, Inc.	7,864	50.2%	5,124	45.5%	12,988	48.4%
HealthPlus Partners	15,739	67.6%	8,590	62.0%	24,329	65.5%
McLaren Health Plan	15,166	61.2%	7,247	60.9%	22,413	61.1%
Meridian Health Plan of Michigan	55,286	71.4%	26,912	74.2%	82,198	72.3%
Midwest Health Plan	14,913	81.4%	8,019	81.0%	22,932	81.3%
Molina Healthcare of Michigan	46,818	57.0%	24,186	56.9%	71,004	56.9%
Physicians Health Plan—FamilyCare	3,660	68.5%	1,863	59.7%	5,523	65.5%
Priority Health Government Programs, Inc.	14,461	70.3%	6,994	72.0%	21,455	70.8%
ProCare Health Plan	130	53.1%	32	43.8%	162	51.2%
Total Health Care, Inc.	9,591	62.3%	5,555	62.3%	15,146	62.3%
UnitedHealthcare Community Plan	47,480	48.5%	24,347	49.7%	71,827	48.9%
Upper Peninsula Health Plan	6,052	59.6%	3,176	54.2%	9,228	57.5%
<b>2012 MWA</b>	—	<b>61.8%</b>	—	<b>61.4%</b>	—	<b>61.6%</b>
<b>2011 MWA</b>	—	<b>45.7%</b>	—	<b>48.2%</b>	—	<b>46.6%</b>
<b>2010 MWA</b>	—	<b>37.3%</b>	—	<b>38.8%</b>	—	<b>37.8%</b>
<b>2011 P50</b>	—	<b>37.5%</b>	—	<b>36.3%</b>	—	<b>37.5%</b>

Table A-13 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition						
Plan	3–11 Years		12–17 Years		Total	
	Eligible Population	BMI Rate	Eligible Population	BMI Rate	Eligible Population	BMI Rate
Blue Cross Complete of Michigan	4,738	70.4%	2,507	63.1%	7,245	67.9%
CareSource Michigan	6,541	43.3%	3,998	38.0%	10,539	41.1%
CoventryCares of Michigan, Inc.	7,864	57.0%	5,124	51.5%	12,988	54.9%
HealthPlus Partners	15,739	69.6%	8,590	65.8%	24,329	68.1%
McLaren Health Plan	15,166	61.9%	7,247	48.9%	22,413	57.7%
Meridian Health Plan of Michigan	55,286	48.8%	26,912	51.5%	82,198	49.7%
Midwest Health Plan	14,913	81.1%	8,019	84.4%	22,932	82.2%
Molina Healthcare of Michigan	46,818	57.7%	24,186	56.3%	71,004	57.2%
Physicians Health Plan—FamilyCare	3,660	63.3%	1,863	47.2%	5,523	57.7%
Priority Health Government Programs, Inc.	14,461	65.9%	6,994	63.6%	21,455	65.2%
ProCare Health Plan	130	65.4%	32	50.0%	162	62.3%
Total Health Care, Inc.	9,591	64.5%	5,555	61.6%	15,146	63.4%
UnitedHealthcare Community Plan	47,480	57.1%	24,347	57.2%	71,827	57.2%
Upper Peninsula Health Plan	6,052	54.3%	3,176	46.4%	9,228	51.3%
<b>2012 MWA</b>	—	<b>58.6%</b>	—	<b>57.1%</b>	—	<b>58.0%</b>
<b>2011 MWA</b>	—	<b>55.2%</b>	—	<b>51.7%</b>	—	<b>54.0%</b>
<b>2010 MWA</b>	—	<b>44.6%</b>	—	<b>41.8%</b>	—	<b>43.6%</b>
<b>2011 P50</b>	—	<b>53.3%</b>	—	<b>46.7%</b>	—	<b>51.1%</b>

Table A-14 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity						
Plan	3–11 Years		12–17 Years		Total	
	Eligible Population	BMI Rate	Eligible Population	BMI Rate	Eligible Population	BMI Rate
Blue Cross Complete of Michigan	4,738	54.8%	2,507	58.9%	7,245	56.2%
CareSource Michigan	6,541	22.0%	3,998	27.1%	10,539	24.1%
CoventryCares of Michigan, Inc.	7,864	41.1%	5,124	42.5%	12,988	41.6%
HealthPlus Partners	15,739	53.8%	8,590	63.3%	24,329	57.4%
McLaren Health Plan	15,166	60.8%	7,247	48.9%	22,413	56.9%
Meridian Health Plan of Michigan	55,286	34.0%	26,912	43.9%	82,198	37.1%
Midwest Health Plan	14,913	80.3%	8,019	81.0%	22,932	80.5%
Molina Healthcare of Michigan	46,818	45.7%	24,186	49.1%	71,004	47.0%
Physicians Health Plan—FamilyCare	3,660	47.2%	1,863	47.9%	5,523	47.4%
Priority Health Government Programs, Inc.	14,461	50.5%	6,994	61.4%	21,455	54.0%
ProCare Health Plan	130	63.1%	32	40.6%	162	58.6%
Total Health Care, Inc.	9,591	50.9%	5,555	55.3%	15,146	52.5%
UnitedHealthcare Community Plan	47,480	42.9%	24,347	41.4%	71,827	42.3%
Upper Peninsula Health Plan	6,052	47.9%	3,176	53.0%	9,228	49.9%
<b>2012 MWA</b>	—	<b>46.0%</b>	—	<b>49.7%</b>	—	<b>47.3%</b>
<b>2011 MWA</b>	—	<b>42.6%</b>	—	<b>49.2%</b>	—	<b>44.9%</b>
<b>2010 MWA</b>	—	<b>32.6%</b>	—	<b>37.5%</b>	—	<b>34.3%</b>
<b>2011 P50</b>	—	<b>39.4%</b>	—	<b>42.8%</b>	—	<b>40.6%</b>

Table A-15 Adult BMI Assessment		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	2,123	81.8%
CareSource Michigan	4,602	58.9%
CoventryCares of Michigan, Inc.	8,565	71.3%
HealthPlus Partners	9,576	82.5%
McLaren Health Plan	8,192	66.4%
Meridian Health Plan of Michigan	22,998	77.4%
Midwest Health Plan	9,787	76.4%
Molina Healthcare of Michigan	31,048	72.9%
Physicians Health Plan—FamilyCare	2,178	66.7%
Priority Health Government Programs, Inc.	5,950	85.8%
ProCare Health Plan	2	NA
Total Health Care, Inc.	8,403	63.4%
UnitedHealthcare Community Plan	29,775	67.6%
Upper Peninsula Health Plan	3,263	71.1%
<b>2012 MWA</b>	—	<b>72.5%</b>
<b>2011 MWA</b>	—	<b>63.0%</b>
<b>2010 MWA</b>	—	<b>47.7%</b>
<b>2011 P50</b>	—	<b>47.6%</b>
NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a <i>Not Applicable (NA)</i> audit designation.		

Table A-16 Prenatal and Postpartum Care				
Plan	Timeliness of Prenatal Care		Postpartum Care	
	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	485	92.7%	485	71.5%
CareSource Michigan	911	80.0%	911	65.0%
CoventryCares of Michigan, Inc.	1,246	86.2%	1,390	55.7% <sup>†</sup>
HealthPlus Partners	1,941	87.3%	1,941	71.8%
McLaren Health Plan	2,539	94.9%	2,539	83.2%
Meridian Health Plan of Michigan	11,219	93.9%	11,219	71.1%
Midwest Health Plan	2,182	95.1%	2,182	72.3%
Molina Healthcare of Michigan <sup>†</sup>	6,469	80.4%	6,469	64.1%
Physicians Health Plan—FamilyCare	596	92.7%	596	70.6%
Priority Health Government Programs, Inc.	2,115	91.2%	2,115	71.3%
ProCare Health Plan	29	NA	29	NA
Total Health Care, Inc. <sup>†</sup>	1,279	88.5%	1,279	70.2%
UnitedHealthcare Community Plan	8,178	92.5%	8,178	70.9%
Upper Peninsula Health Plan <sup>†</sup>	1,086	93.7%	1,086	81.5%
<b>2012 MWA</b>	—	<b>90.3%</b>	—	<b>70.3%</b>
<b>2011 MWA</b>	—	<b>88.4%</b>	—	<b>70.7%</b>
<b>2010 MWA</b>	—	<b>88.9%</b>	—	<b>71.4%</b>
<b>2011 P50</b>	—	<b>86.0%</b>	—	<b>64.6%</b>

NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a *Not Applicable (NA)* audit designation.

<sup>†</sup> Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2012 Technical Specifications for Health Plans, Volume 2*.

Table A-17 Weeks of Pregnancy at Time of Enrollment						
Plan	Eligible Population	≤ 0 Weeks Rate	1 to 12 Weeks Rate	13 to 27 Weeks Rate	28 or More Weeks Rate	Unknown Rate
Blue Cross Complete of Michigan	535	27.9%	10.7%	40.2%	17.8%	3.6%
CareSource Michigan	411	42.6%	7.1%	36.5%	9.7%	4.1%
CoventryCares of Michigan, Inc.	1,361	52.8%	6.2%	25.1%	11.3%	4.6%
HealthPlus Partners	2,070	40.1%	8.2%	32.9%	12.9%	5.9%
McLaren Health Plan	2,889	27.4%	9.7%	39.2%	17.7%	6.0%
Meridian Health Plan of Michigan	12,331	25.1%	10.5%	48.0%	16.3%	0.1%
Midwest Health Plan	411	20.0%	8.0%	48.7%	23.4%	0.0%
Molina Healthcare of Michigan	NR	NR	NR	NR	NR	NR
Physicians Health Plan—FamilyCare	638	3.3%	0.5%	3.9%	86.2%	6.1%
Priority Health Government Programs, Inc. †	411	29.2%	9.0%	42.6%	19.2%	0.0%
ProCare Health Plan	44	4.5%	15.9%	40.9%	38.6%	0.0%
Total Health Care, Inc.	1,462	44.9%	5.5%	27.2%	16.5%	6.0%
UnitedHealthcare Community Plan	9,215	26.1%	8.7%	42.3%	16.6%	6.3%
Upper Peninsula Health Plan	1,611	17.5%	12.5%	29.9%	36.3%	3.8%
<b>2012 MWA</b>	—	<b>27.9%</b>	<b>9.2%</b>	<b>40.8%</b>	<b>18.5%</b>	<b>3.5%</b>
<b>2011 MWA</b>	—	<b>26.3%</b>	<b>7.9%</b>	<b>42.0%</b>	<b>19.5%</b>	<b>4.3%</b>
<b>2010 MWA</b>	—	<b>24.7%</b>	<b>7.6%</b>	<b>38.5%</b>	<b>25.1%</b>	<b>4.2%</b>

The National HEDIS 2011 Medicaid 50th Percentiles were not available for this measure.

NR denotes a *Not Report* audit designation, indicating that either the health plan calculated the measure but the rate was materially biased or the health plan chose not to report the measure.

† Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2012 Technical Specifications for Health Plans, Volume 2*.

Table A-18 Frequency of Ongoing Prenatal Care						
Plan	Eligible Population	<21 Percent*	21–40 Percent	41–60 Percent	61–80 Percent	≥81 Percent
Blue Cross Complete of Michigan	485	4.4%	3.4%	8.3%	28.2%	55.7%
CareSource Michigan <sup>†</sup>	995	10.9%	7.3%	6.8%	13.1%	61.8%
CoventryCares of Michigan, Inc. <sup>†</sup>	1,390	11.2%	15.9%	11.9%	14.7%	46.4%
HealthPlus Partners <sup>†</sup>	2,095	11.4%	18.2%	9.5%	11.9%	48.9%
McLaren Health Plan	2,539	0.5%	1.2%	2.4%	6.1%	89.8%
Meridian Health Plan of Michigan	11,219	1.9%	2.3%	3.5%	4.2%	88.1%
Midwest Health Plan	2,182	5.8%	4.6%	3.6%	2.9%	83.0%
Molina Healthcare of Michigan <sup>†</sup>	6,469	19.1%	11.7%	7.0%	15.6%	46.6%
Physicians Health Plan—FamilyCare	596	6.8%	2.2%	3.9%	18.0%	69.1%
Priority Health Government Programs, Inc. <sup>†</sup>	2,062	7.8%	3.7%	6.3%	12.9%	69.3%
ProCare Health Plan	29	NA	NA	NA	NA	NA
Total Health Care, Inc. <sup>†</sup>	1,279	4.1%	11.1%	10.3%	3.8%	70.7%
UnitedHealthcare Community Plan	8,178	5.1%	5.4%	6.6%	14.1%	68.9%
Upper Peninsula Health Plan	NR	NR	NR	NR	NR	NR
<b>2012 MWA</b>	—	<b>7.1%</b>	<b>6.4%</b>	<b>5.8%</b>	<b>10.1%</b>	<b>70.7%</b>
<b>2011 P50</b>	—	<b>7.7%</b>	<b>4.9%</b>	<b>7.0%</b>	<b>13.4%</b>	<b>64.4%</b>

This measure was newly added to the HEDIS 2012 aggregate report; therefore, a 2010 MWA or 2011 MWA was not available.  
**NA** indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a *Not Applicable* (NA) audit designation.  
**NR** denotes a *Not Report* audit designation, indicating that either the health plan calculated the measure but the rate was materially biased or the health plan chose not to report the measure.  
<sup>†</sup> Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the *HEDIS 2012 Technical Specifications for Health Plans, Volume 2*.  
 \* For this measure, a lower rate indicates better performance (i.e., low rates of less than 21 percent of expected visits indicate better care).

**Table A-19  
Comprehensive Diabetes Care**

Plan	HbA1C Testing		Poor HbA1C Control (>9.0%)*		HbA1C Control (<8.0%)		HbA1C Control (<7.0%)		Eye Exam	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	351	91.9%	351	27.8%	351	58.4%	351	41.7%	351	73.7%
CareSource Michigan	1,003	80.1%	1,003	50.3%	1,003	48.1%	644	36.7%	1,003	49.5%
CoventryCares of Michigan, Inc.	1,685	82.4%	1,685	44.3%	1,685	50.3%	1,035	39.4%	1,685	60.8%
HealthPlus Partners	1,716	85.8%	1,716	33.6%	1,716	58.3%	1,716	40.9%	1,716	66.5%
McLaren Health Plan	1,678	86.9%	1,678	34.8%	1,678	54.1%	1,092	40.7%	1,678	52.9%
Meridian Health Plan of Michigan	5,468	90.9%	5,468	31.3%	5,468	57.8%	5,468	45.2%	5,468	53.2%
Midwest Health Plan	2,143	92.7%	2,143	35.0%	2,143	54.6%	2,143	41.6%	2,143	61.5%
Molina Healthcare of Michigan	6,386	80.9%	6,386	36.8%	6,386	55.0%	<b>NR</b>	<b>NR</b>	6,386	47.5%
Physicians Health Plan—FamilyCare	467	78.1%	467	37.7%	467	51.8%	467	33.1%	467	48.4%
Priority Health Government Programs, Inc.	1,185	87.0%	1,185	29.6%	1,185	59.1%	1,185	43.5%	1,185	67.7%
ProCare Health Plan	41	63.4%	41	73.2%	41	19.5%	31	19.4%	41	34.1%
Total Health Care, Inc.	1,569	88.3%	1,569	38.8%	1,569	48.2%	1,020	35.0%	1,569	55.0%
UnitedHealthcare Community Plan	7,068	84.5%	7,068	36.2%	7,068	54.7%	7,068	39.5%	7,068	61.8%
Upper Peninsula Health Plan	593	88.9%	593	29.3%	593	62.5%	593	38.8%	593	67.7%
<b>2012 MWA</b>	—	<b>85.7%</b>	—	<b>35.8%</b>	—	<b>55.0%</b>	—	<b>41.0%</b>	—	<b>56.6%</b>
<b>2011 MWA</b>	—	<b>85.0%</b>	—	<b>36.4%</b>	—	<b>53.7%</b>	—	<b>42.9%</b>	—	<b>59.0%</b>
<b>2010 MWA</b>	—	<b>83.9%</b>	—	<b>35.6%</b>	—	<b>51.9%</b>	—	<b>40.4%</b>	—	<b>59.6%</b>
<b>2011 P50</b>	—	<b>82.2%</b>	—	<b>42.6%</b>	—	<b>47.4%</b>	—	<b>35.2%</b>	—	<b>52.8%</b>

\* For this measure, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care).

**NR** denotes a *Not Report* audit designation, indicating that either the health plan calculated the measure but the rate was materially biased or the health plan chose not to report the measure.

**Table A-20  
Comprehensive Diabetes Care (continued)**

Plan	LDL-C Screening		LDL-C Control <100 mg/dL		Medical Attention for Nephropathy		Blood Pressure Control <140/80 mm Hg*		Blood Pressure Control <140/90 mm Hg	
	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate	Eligible Population	Rate
Blue Cross Complete of Michigan	351	81.7%	351	46.4%	351	90.7%	351	53.0%	351	74.6%
CareSource Michigan	1,003	71.3%	1,003	33.4%	1,003	80.3%	1,003	38.4%	1,003	57.5%
CoventryCares of Michigan, Inc.	1,685	80.9%	1,685	38.7%	1,685	86.9%	1,685	32.7%	1,685	53.6%
HealthPlus Partners	1,716	79.8%	1,716	43.1%	1,716	86.3%	1,716	38.9%	1,716	64.6%
McLaren Health Plan	1,678	80.9%	1,678	75.3%	1,678	91.3%	1,678	57.3%	1,678	80.1%
Meridian Health Plan of Michigan	5,468	81.5%	5,468	41.6%	5,468	79.9%	5,468	48.6%	5,468	68.5%
Midwest Health Plan	2,143	84.7%	2,143	40.5%	2,143	97.8%	2,143	46.7%	2,143	67.9%
Molina Healthcare of Michigan	6,386	78.7%	6,386	39.0%	6,386	77.5%	6,386	46.7%	6,386	64.9%
Physicians Health Plan—FamilyCare	467	67.2%	467	36.7%	467	76.4%	467	39.0%	467	64.4%
Priority Health Government Programs, Inc.	1,185	78.5%	1,185	44.3%	1,185	81.4%	1,185	43.8%	1,185	63.5%
ProCare Health Plan	41	58.5%	41	12.2%	41	73.2%	41	19.5%	41	36.6%
Total Health Care, Inc.	1,569	85.5%	1,569	41.5%	1,569	88.1%	1,569	39.4%	1,569	63.3%
UnitedHealthcare Community Plan	7,068	79.6%	7,068	41.0%	7,068	80.9%	7,068	37.8%	7,068	66.4%
Upper Peninsula Health Plan	593	82.1%	593	36.3%	593	93.3%	593	52.5%	593	73.5%
<b>2012 MWA</b>	—	<b>80.1%</b>	—	<b>42.3%</b>	—	<b>83.0%</b>	—	<b>43.7%</b>	—	<b>66.1%</b>
<b>2011 MWA</b>	—	<b>80.8%</b>	—	<b>41.1%</b>	—	<b>82.8%</b>	—	<b>40.8%</b>	—	<b>63.7%</b>
<b>2010 MWA</b>	—	<b>80.1%</b>	—	<b>39.0%</b>	—	<b>82.4%</b>	—	—	—	<b>60.1%</b>
<b>2011 P50</b>	—	<b>75.4%</b>	—	<b>35.2%</b>	—	<b>78.5%</b>	—	<b>38.5%</b>	—	<b>61.2%</b>

\* Due to changes made to the *Blood Pressure Control <140/80 mm Hg* measure in HEDIS 2011, the 2010 MWA was not listed for this measure in the table.

**Table A-21  
Use of Appropriate Medications for People With Asthma**

Plan	Ages 5 to 11 Years		Ages 12 to 18 Years		Ages 19 to 50 Years		Ages 51 to 64 Years		Total	
	Eligible Population	Rate								
Blue Cross Complete of Michigan	182	95.6%	111	95.5%	91	75.8%	20	NA	404	89.9%
CareSource Michigan	148	89.2%	145	84.8%	116	74.1%	34	70.6%	443	82.4%
CoventryCares of Michigan, Inc.	343	78.4%	267	77.5%	348	72.4%	85	64.7%	1,043	75.1%
HealthPlus Partners	389	94.1%	276	86.6%	197	78.2%	33	75.8%	895	87.6%
McLaren Health Plan	574	94.6%	341	84.8%	279	73.8%	52	71.2%	1,246	86.3%
Meridian Health Plan of Michigan	1,087	94.2%	739	88.1%	666	76.1%	115	70.4%	2,607	86.8%
Midwest Health Plan	421	96.9%	247	98.8%	252	98.0%	79	98.7%	999	97.8%
Molina Healthcare of Michigan	1,202	88.1%	700	78.9%	903	67.9%	224	50.0%	3,029	77.1%
Physicians Health Plan—FamilyCare	159	95.0%	67	88.1%	64	75.0%	15	NA	305	88.5%
Priority Health Government Programs, Inc.	374	96.3%	240	92.5%	174	82.2%	22	NA	810	91.7%
ProCare Health Plan	0	NA	0	NA	0	NA	1	NA	1	NA
Total Health Care, Inc.	251	92.0%	167	85.6%	219	90.0%	48	83.3%	685	89.2%
UnitedHealthcare Community Plan	925	90.4%	582	79.4%	680	68.5%	194	58.2%	2,381	78.8%
Upper Peninsula Health Plan	162	93.8%	131	84.0%	115	73.0%	29	NA	437	84.2%
<b>2012 MWA</b>	—	<b>91.8%</b>	—	<b>84.9%</b>	—	<b>74.9%</b>	—	<b>66.4%</b>	—	<b>83.8%</b>
<b>2011 MWA</b>	—	<b>91.4%</b>	—	—	—	—	—	—	—	<b>87.4%</b>
<b>2010 MWA</b>	—	<b>90.4%</b>	—	—	—	—	—	—	—	<b>86.8%</b>
<b>2011 P50</b>	—	<b>92.3%</b>	—	—	—	—	—	—	—	<b>88.9%</b>

Due to change in age stratifications in HEDIS 2012, the MWA 2010, MWA 2011, and 2011 P50 for age stratification 12-18, 19-50, and 51-64 years were not listed in the table. In addition, the upper age limit was extended from 50 to 64; therefore, please use caution when comparing MWA 2012 with MWA 2010, MWA 2011, or the HEDIS 2011 national Medicaid 50th percentile for the *Total* rates.

NA indicates the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a *Not Applicable (NA)* audit designation.

Table A-22 Controlling High Blood Pressure		
Plan	Eligible Population	Rate
Blue Cross Complete of Michigan	376	65.3%
CareSource Michigan <sup>†</sup>	1,172	44.0%
CoventryCares of Michigan, Inc.	2,904	56.5%
HealthPlus Partners <sup>†</sup>	1,958	62.9%
McLaren Health Plan	2,150	77.6%
Meridian Health Plan of Michigan	7,361	69.5%
Midwest Health Plan	2,800	67.6%
Molina Healthcare of Michigan	9,073	63.5%
Physicians Health Plan—FamilyCare	463	55.8%
Priority Health Government Programs, Inc.	1,464	62.0%
ProCare Health Plan	50	42.2%
Total Health Care, Inc. <sup>†</sup>	2,232	65.1%
UnitedHealthcare Community Plan	10,730	59.6%
Upper Peninsula Health Plan	561	69.1%
<b>2012 MWA</b>	—	<b>63.5%</b>
<b>2011 MWA</b>	—	<b>61.5%</b>
<b>2010 MWA</b>	—	<b>59.8%</b>
<b>2011 P50</b>	—	<b>56.4%</b>
<sup>†</sup> Plan chose to rotate the measure. Measure rotation allows the health plan to use the audited and reportable rate from the previous year as specified by NCQA in the <i>HEDIS 2012 Technical Specifications for Health Plans, Volume 2</i> .		

**Table A-23**  
**Medical Assistance With Smoking and Tobacco Use Cessation**

Plan	Eligible Population*	Advising Smokers and Tobacco Users to Quit Rate	Discussing Cessation Medications Rate	Discussing Cessation Strategies Rate
Blue Cross Complete of Michigan	10,043	81.7%	55.9%	50.7%
CareSource Michigan	20,235	75.0%	47.8%	43.2%
CoventryCares of Michigan, Inc.	34,342	79.4%	47.3%	43.5%
HealthPlus Partners	58,821	74.9%	46.9%	43.3%
McLaren Health Plan	45,759	80.4%	42.9%	36.1%
Meridian Health Plan of Michigan	160,161	79.2%	53.6%	42.4%
Midwest Health Plan	45,742	78.0%	45.5%	40.5%
Molina Healthcare of Michigan	128,386	80.6%	52.6%	41.8%
Physicians Health Plan—FamilyCare	10,668	78.5%	51.6%	45.6%
Priority Health Government Programs, Inc.	33,362	79.7%	47.9%	41.2%
ProCare Health Plan	1,031	NA	NA	NA
Total Health Care, Inc.	29,342	77.9%	48.4%	42.1%
UnitedHealthcare Community Plan	144,488	80.5%	54.8%	47.8%
Upper Peninsula Health Plan	14,389	77.1%	45.8%	39.1%
<b>2012 MWA</b>	—	<b>79.2%</b>	<b>50.9%</b>	<b>43.0%</b>
<b>2011 MWA</b>	—	<b>78.2%</b>	<b>48.8%</b>	<b>41.3%</b>
<b>2010 MWA</b>	—	<b>76.9%</b>	<b>47.7%</b>	<b>40.4%</b>

National percentiles were not available for this measure.

NA indicates that the health plan followed the specifications but the denominator was too small (<100) to report a valid rate, resulting in a *Not Applicable (NA)* audit designation.

\*The eligible population for each health plan reported here was the sum of the CAHPS sample frame sizes from 2011 and 2012 and did not represent the exact eligible population (i.e., smokers) for this measure. However, assuming the proportion of smokers for all plans were the same, the sample frame size was used to derive an approximate weight when calculating the Michigan Medicaid weighted average.

**Table A-24  
Race/Ethnicity Diversity of Membership**

Plan Name	Eligible Population	White	Black or African American	American-Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islanders	Some Other Race	Two or More Races	Unknown	Declined	Hispanic*
Blue Cross Complete of Michigan	24,987	56.1%	33.0%	0.1%	0.6%	0.0%	0.6%	0.0%	9.5%	0.0%	3.7%
CareSource Michigan	51,039	67.7%	20.7%	0.3%	0.0%	0.0%	7.6%	0.0%	3.7%	0.0%	6.9%
CoventryCares of Michigan, Inc.	63,091	10.6%	83.4%	<0.1%	0.5%	0.0%	0.2%	0.0%	5.3%	0.0%	0.0%
HealthPlus Partners	87,187	60.4%	31.0%	0.1%	0.3%	<0.1%	0.1%	0.0%	8.1%	0.0%	4.5%
McLaren Health Plan	105,957	71.6%	18.1%	0.2%	0.8%	0.0%	0.2%	0.0%	9.0%	0.1%	4.5%
Meridian Health Plan of Michigan	382,912	66.9%	21.7%	0.1%	0.9%	0.1%	0.2%	0.0%	5.8%	4.3%	5.8%
Midwest Health Plan	101,439	31.0%	22.3%	<0.1%	0.0%	0.0%	5.0%	0.0%	41.8%	0.0%	3.2%
Molina Healthcare of Michigan	277,925	49.5%	37.7%	0.1%	1.2%	0.0%	0.0%	0.0%	11.4%	0.0%	7.2%
Physicians Health Plan—FamilyCare	26,338	53.2%	25.6%	0.2%	0.0%	0.8%	9.3%	0.0%	10.9%	0.0%	9.3%
Priority Health Government Programs, Inc.	89,044	60.2%	18.1%	0.1%	0.1%	<0.1%	0.3%	0.0%	21.1%	0.0%	10.8%
ProCare Health Plan	3,832	27.2%	58.2%	<0.1%	0.0%	0.0%	0.8%	0.0%	13.7%	0.0%	4.7%
Total Health Care, Inc.	71,683	29.3%	63.9%	0.1%	1.0%	0.1%	2.3%	0.0%	3.3%	0.0%	1.9%
UnitedHealthcare Community Plan	252,203	50.4%	36.2%	0.1%	0.0%	0.0%	2.3%	0.0%	10.9%	0.0%	5.2%
Upper Peninsula Health Plan	39,450	92.9%	1.4%	1.8%	0.3%	0.1%	1.0%	0.0%	<0.1%	2.5%	0.7%
<b>2012 MWA</b>	—	<b>54.7%</b>	<b>31.1%</b>	<b>0.2%</b>	<b>0.6%</b>	<b>&lt;0.1%</b>	<b>1.3%</b>	<b>0.0%</b>	<b>10.9%</b>	<b>1.1%</b>	<b>5.4%</b>
<b>2011 MWA</b>	—	<b>56.0%</b>	<b>32.1%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>0.3%</b>	<b>2.3%</b>	<b>0.1%</b>	<b>8.2%</b>	<b>0.6%</b>	<b>5.0%</b>
<b>2011 P50</b>	—	<b>41.8%</b>	<b>21.5%</b>	<b>0.2%</b>	<b>1.0%</b>	<b>0.0%</b>	<b>0.7%</b>	<b>0.0%</b>	<b>13.3%</b>	<b>0.0%</b>	—

Due to changes in reporting for this measure in HEDIS 2011, the 2010 MWAs were not listed in the table for all the race groups.

\* Starting from HEDIS 2011, the rates associated with members of Hispanic origin were not based on the total number of members in the health plan. Therefore, the rates presented here were calculated by HSAG using the total number of members reported from the Hispanic or Latino column divided by the total number of members in the health plan reported in the MHP IDSS files. Please note that, due to reporting changes, HEDIS 2011 Medicaid benchmarks associated with the Hispanic group were not available. The MWA for the Hispanic population for HEDIS 2010 was 4.9 percent.

Table A-25 Language Diversity of Membership—Spoken Language Preferred for Health Care					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	24,987	99.4%	0.5%	<0.1%	0.1%
CareSource Michigan	51,039	98.5%	1.4%	0.1%	0.0%
CoventryCares of Michigan, Inc.	63,091	99.6%	0.0%	0.4%	0.0%
HealthPlus Partners	87,187	99.9%	0.1%	<0.1%	0.0%
McLaren Health Plan	105,957	99.7%	0.3%	0.0%	<0.1%
Meridian Health Plan of Michigan	382,912	99.0%	1.0%	0.0%	0.0%
Midwest Health Plan	101,439	97.8%	0.4%	1.8%	0.0%
Molina Healthcare of Michigan	277,925	99.2%	0.8%	<0.1%	0.0%
Physicians Health Plan—FamilyCare	26,338	98.3%	0.9%	0.8%	0.0%
Priority Health Government Programs, Inc.	89,044	0.0%	0.0%	100.0%	0.0%
ProCare Health Plan	3,832	100.0%	0.0%	0.0%	0.0%
Total Health Care, Inc.	71,683	99.7%	0.3%	<0.1%	0.0%
UnitedHealthcare Community Plan	252,203	83.1%	4.1%	12.7%	0.0%
Upper Peninsula Health Plan	39,450	99.9%	<0.1%	<0.1%	0.0%
<b>2012 MWA</b>	—	<b>91.0%</b>	<b>1.2%</b>	<b>7.8%</b>	<b>&lt;0.1%</b>
<b>2011 MWA</b>	—	<b>96.2%</b>	<b>1.2%</b>	<b>2.6%</b>	<b>&lt;0.1%</b>
<b>2011 P50</b>	—	<b>69.2%</b>	<b>1.0%</b>	<b>8.4%</b>	<b>0.0%</b>
Due to changes in reporting for this measure in HEDIS 2011, the 2010 MWAs were not listed in the table for all the language groups.					

Table A-26 Language Diversity of Membership—Language Preferred for Written Materials					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	24,987	0.0%	0.0%	100.0%	0.0%
CareSource Michigan	51,039	0.0%	0.0%	100.0%	0.0%
CoventryCares of Michigan, Inc.	63,091	99.6%	0.0%	0.4%	0.0%
HealthPlus Partners	87,187	0.0%	0.0%	100.0%	0.0%
McLaren Health Plan	105,957	0.0%	0.0%	100.0%	0.0%
Meridian Health Plan of Michigan	382,912	99.0%	1.0%	0.0%	0.0%
Midwest Health Plan	101,439	97.8%	0.4%	1.8%	0.0%
Molina Healthcare of Michigan	277,925	99.2%	0.8%	<0.1%	0.0%
Physicians Health Plan—FamilyCare	26,338	98.3%	0.9%	0.8%	0.0%
Priority Health Government Programs, Inc.	89,044	0.0%	0.0%	100.0%	0.0%
ProCare Health Plan	3,832	0.0%	0.0%	100.0%	0.0%
Total Health Care, Inc.	71,683	99.7%	0.3%	<0.1%	0.0%
UnitedHealthcare Community Plan	252,203	0.0%	0.0%	100.0%	0.0%
Upper Peninsula Health Plan	39,450	99.9%	<0.1%	<0.1%	0.0%
<b>2012 MWA</b>	—	<b>60.5%</b>	<b>0.4%</b>	<b>39.1%</b>	<b>0.0%</b>
<b>2011 MWA</b>	—	<b>68.5%</b>	<b>1.1%</b>	<b>30.4%</b>	<b>0.0%</b>
<b>2011 P50</b>	—	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>
Due to changes in reporting for this measure in HEDIS 2011, the 2010 MWAs were not listed in the table for all the language groups.					

Table A-27 Language Diversity of Membership—Other Language Needs					
Plan	Eligible Population	English	Non-English	Unknown	Declined
Blue Cross Complete of Michigan	24,987	0.0%	0.0%	100.0%	0.0%
CareSource Michigan	51,039	0.0%	0.0%	100.0%	0.0%
CoventryCares of Michigan, Inc.	63,091	0.0%	0.0%	100.0%	0.0%
HealthPlus Partners	87,187	0.0%	0.0%	100.0%	0.0%
McLaren Health Plan	105,957	0.0%	0.0%	100.0%	0.0%
Meridian Health Plan of Michigan	382,912	99.0%	1.0%	0.0%	0.0%
Midwest Health Plan	101,439	97.8%	0.4%	1.8%	0.0%
Molina Healthcare of Michigan	277,925	99.2%	0.8%	<0.1%	0.0%
Physicians Health Plan—FamilyCare	26,338	98.3%	0.9%	0.8%	0.0%
Priority Health Government Programs, Inc.	89,044	0.0%	0.0%	100.0%	0.0%
ProCare Health Plan	3,832	0.0%	0.0%	100.0%	0.0%
Total Health Care, Inc.	71,683	99.7%	0.3%	<0.1%	0.0%
UnitedHealthcare Community Plan	252,203	0.0%	0.0%	100.0%	0.0%
Upper Peninsula Health Plan	39,450	0.0%	0.0%	100.0%	0.0%
<b>2012 MWA</b>	—	<b>54.0%</b>	<b>0.4%</b>	<b>45.6%</b>	<b>0.0%</b>
<b>2011 MWA</b>	—	<b>49.2%</b>	<b>0.4%</b>	<b>50.4%</b>	<b>0.0%</b>
<b>2011 P50</b>	—	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>
Due to changes in reporting for this measure in HEDIS 2011, the 2010 MWAs were not listed in the table for all the language groups.					

Table A-28 Ambulatory Care: Total Medicaid Outpatient and Emergency Department Visits Per 1,000 MM for the Total Age Group			
Plan	Member Months	Outpatient Visits	Emergency Department Visits*
Blue Cross Complete of Michigan	228,585	321.4	64.4
CareSource Michigan	423,689	277.0	73.2
CoventryCares of Michigan, Inc.	581,216	288.4	83.8
HealthPlus Partners	823,912	335.4	63.8
McLaren Health Plan	922,245	327.8	72.8
Meridian Health Plan of Michigan	3,290,519	369.8	79.3
Midwest Health Plan	878,935	388.7	64.0
Molina Healthcare of Michigan	2,549,641	375.2	74.6
Physicians Health Plan—FamilyCare	220,061	328.3	74.6
Priority Health Government Programs, Inc.	756,854	326.9	77.2
ProCare Health Plan	23,284	180.4	70.5
Total Health Care, Inc.	628,538	291.0	72.0
UnitedHealthcare Community Plan	2,873,386	370.9	74.3
Upper Peninsula Health Plan	353,952	347.8	71.7
<b>2012 MA</b>	—	<b>323.5</b>	<b>72.6</b>
<b>2011 MA</b>	—	<b>316.9</b>	<b>69.6</b>
<b>2010 MA</b>	—	<b>319.3</b>	<b>72.2</b>
<b>2011 P50</b>	—	<b>349.5</b>	<b>63.3</b>
MM = Member Months			
* For this measure, a lower rate indicates better performance (i.e., low rates of emergency department visits indicate better utilization of services).			

Table A-29 Inpatient Utilization: General Hospital/Acute Care: Total Medicaid Discharges Per 1,000 MM for the Total Age Group					
Plan	Member Months	Total Inpatient	Medicine	Surgery	Maternity*
Blue Cross Complete of Michigan	228,585	6.5	2.9	0.9	4.4
CareSource Michigan	423,689	6.8	2.9	1.3	4.1
CoventryCares of Michigan, Inc.	581,216	8.3	4.2	1.5	3.8
HealthPlus Partners	823,912	6.7	3.0	1.0	4.4
McLaren Health Plan	922,245	8.4	3.8	1.3	5.5
Meridian Health Plan of Michigan	3,290,519	10.7	6.0	0.4	7.1
Midwest Health Plan	878,935	8.9	4.4	1.3	5.1
Molina Healthcare of Michigan	2,549,641	7.2	3.0	1.4	4.6
Physicians Health Plan—FamilyCare	220,061	8.7	4.1	1.4	5.4
Priority Health Government Programs, Inc.	756,854	6.7	2.4	1.0	5.8
ProCare Health Plan	23,284	8.1	4.5	1.5	4.0
Total Health Care, Inc.	628,538	8.9	4.7	1.6	4.0
UnitedHealthcare Community Plan	2,873,386	7.9	3.1	1.4	5.6
Upper Peninsula Health Plan	353,952	6.7	2.9	1.1	4.4
<b>2012 MA</b>	—	<b>7.9</b>	<b>3.7</b>	<b>1.2</b>	<b>4.9</b>
<b>2011 MA</b>	—	<b>8.0</b>	<b>3.3</b>	<b>1.3</b>	<b>5.2</b>
<b>2010 MA</b>	—	<b>8.4</b>	<b>3.8</b>	<b>1.3</b>	<b>5.3</b>
<b>2011 P50</b>	—	<b>7.9</b>	<b>3.0</b>	<b>1.3</b>	<b>5.3</b>
MM = Member Months					
*The maternity category is calculated using member months for members 10-64 years.					

Table A-30 Inpatient Utilization: General Hospital/Acute Care: Total Medicaid Average Length of Stay for the Total Age Group				
Plan	Total Inpatient	Medicine	Surgery	Maternity
Blue Cross Complete of Michigan	3.4	3.6	5.1	2.4
CareSource Michigan	3.8	3.7	6.8	2.5
CoventryCares of Michigan, Inc.	4.1	3.9	7.2	2.8
HealthPlus Partners	4.1	4.5	6.3	2.7
McLaren Health Plan	3.7	4.1	5.4	2.6
Meridian Health Plan of Michigan	3.9	4.7	3.8	2.7
Midwest Health Plan	3.8	4.1	5.7	2.6
Molina Healthcare of Michigan	3.9	3.9	6.7	2.5
Physicians Health Plan—FamilyCare	3.7	3.8	5.3	2.7
Priority Health Government Programs, Inc.	3.3	3.8	4.5	2.6
ProCare Health Plan	4.1	3.9	6.8	2.5
Total Health Care, Inc.	3.9	3.6	6.7	2.7
UnitedHealthcare Community Plan	3.8	3.9	6.4	2.5
Upper Peninsula Health Plan	3.1	3.4	3.9	2.4
<b>2012 MA</b>	<b>3.8</b>	<b>3.9</b>	<b>5.8</b>	<b>2.6</b>
<b>2011 MA</b>	<b>3.6</b>	<b>3.7</b>	<b>5.6</b>	<b>2.5</b>
<b>2010 MA</b>	<b>3.4</b>	<b>3.4</b>	<b>5.4</b>	<b>2.4</b>
<b>2011 P50</b>	<b>3.6</b>	<b>3.5</b>	<b>5.7</b>	<b>2.6</b>

## Appendix B. National HEDIS 2011 Medicaid Percentiles

Appendix B provides the national HEDIS Medicaid percentiles published by NCQA using prior-year rates. This information is helpful to evaluate the current rates of the MHPs. The rates are presented for the 10th, 25th, 50th, 75th, and 90th percentiles. The rates are presented by dimension.

Measure	P10	P25	P50	P75	P90
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
<i>Combination 2</i>	62.3%	69.0%	75.1%	80.7%	85.8%
<i>Combination 3</i>	56.8%	64.4%	71.0%	76.7%	82.6%
<i>Combination 4</i>	20.0%	25.8%	31.4%	37.0%	41.9%
<i>Combination 5</i>	34.4%	39.4%	47.4%	55.0%	62.5%
<i>Combination 6</i>	16.8%	28.0%	37.0%	44.8%	51.5%
<i>Combination 7</i>	13.6%	17.5%	23.1%	28.0%	35.9%
<i>Combination 8</i>	8.8%	13.0%	18.0%	22.1%	27.4%
<i>Combination 9</i>	12.2%	20.4%	26.8%	34.3%	39.9%
<i>Combination 10</i>	6.3%	9.9%	14.4%	18.6%	23.6%
<i>Immunizations for Adolescents—Combination 1</i>	33.8%	40.0%	49.8%	63.7%	75.5%
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	41.9%	52.2%	61.3%	68.9%	77.1%
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	60.9%	66.1%	72.3%	77.6%	82.9%
<i>Adolescent Well-Care Visits</i>	35.0%	39.6%	46.1%	57.2%	64.1%
<i>Lead Screening in Children</i>	34.6%	55.5%	72.2%	80.5%	87.6%
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	79.2%	83.4%	87.5%	91.9%	94.8%
<i>Appropriate Testing for Children With Pharyngitis</i>	45.1%	55.1%	68.1%	75.7%	83.0%
<i>F/U Care for Children Prescribed ADHD Meds</i>					
<i>Initiation Phase</i>	24.9%	31.8%	38.3%	43.6%	50.7%
<i>Continuation and Maintenance Phase</i>	23.0%	34.7%	45.2%	52.6%	62.5%
<b>Women-Adult Care</b>					
<i>Breast Cancer Screening</i>	38.7%	45.3%	52.4%	57.4%	62.9%
<i>Cervical Cancer Screening</i>	53.0%	64.0%	69.7%	74.2%	78.7%
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	42.9%	48.7%	53.6%	60.6%	66.7%
<i>Ages 21 to 24 Years</i>	50.5%	57.6%	62.5%	68.7%	72.2%
<i>Total</i>	46.0%	51.5%	57.2%	63.4%	69.1%
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	92.6%	95.1%	97.0%	97.8%	98.6%

Measure	P10	P25	P50	P75	P90
<i>Ages 25 Months to 6 Years</i>	82.0%	86.8%	89.6%	91.2%	92.7%
<i>Ages 7 to 11 Years</i>	85.2%	87.9%	91.3%	93.3%	94.7%
<i>Ages 12 to 19 Years</i>	81.1%	86.5%	89.7%	91.9%	93.4%
<b>Adults' Access to Preventive/Ambulatory Health Services</b>					
<i>Ages 20 to 44 Years</i>	69.3%	78.5%	83.2%	86.4%	88.4%
<i>Ages 45 to 64 Years</i>	78.7%	84.5%	87.4%	89.8%	91.0%
<i>Ages 65+ Years</i>	73.1%	78.5%	85.5%	89.5%	91.9%
<i>Total</i>	74.4%	80.4%	84.5%	87.5%	89.4%
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Percentile—Ages 3 to 11 Years</i>	0.6%	17.2%	37.5%	61.1%	73.0%
<i>BMI Percentile—Ages 12 to 17 Years</i>	0.8%	18.9%	36.3%	54.3%	67.2%
<i>BMI Percentile—Total</i>	0.7%	19.7%	37.5%	58.8%	69.8%
<i>Nutrition—Ages 3 to 11 Years</i>	0.6%	39.9%	53.3%	64.4%	73.2%
<i>Nutrition—Ages 12 to 17 Years</i>	0.8%	31.3%	46.7%	56.8%	66.4%
<i>Nutrition—Total</i>	0.7%	39.0%	51.1%	61.6%	72.0%
<i>Physical Activity—Ages 3 to 11 Years</i>	0.0%	26.6%	39.4%	49.4%	59.9%
<i>Physical Activity—Ages 12 to 17 Years</i>	0.0%	29.7%	42.8%	53.7%	63.2%
<i>Physical Activity—Total</i>	0.0%	28.5%	40.6%	51.0%	60.6%
<i>Adult BMI Assessment</i>	3.2%	29.2%	47.6%	61.7%	70.5%
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	71.4%	80.3%	86.0%	90.0%	93.2%
<i>Postpartum Care</i>	53.7%	59.6%	64.6%	70.6%	75.2%
<i>Weeks of Pregnancy at Time of Enrollment</i>					
<i>1 to 12 Weeks</i>	—	—	—	—	—
<i>13 to 27 Weeks</i>	—	—	—	—	—
<i>28 or more Weeks</i>	—	—	—	—	—
<i>Unknown</i>	—	—	—	—	—
<i>Frequency of Ongoing Prenatal Care</i>					
<i>&lt;21 Percent</i>	1.8%	4.0%	7.7%	11.5%	19.1%
<i>21 to 40 Percent</i>	1.9%	2.9%	4.9%	8.8%	13.8%
<i>41 to 60 Percent</i>	4.0%	5.5%	7.0%	9.8%	14.2%
<i>61 to 80 Percent</i>	7.1%	10.6%	13.4%	16.8%	19.7%
<i>≥81 Percent</i>	34.7%	50.8%	64.4%	74.9%	81.8%
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	73.6%	77.6%	82.2%	87.1%	90.9%
<i>HbA1c Poor Control (&gt;9.0%)*</i>	29.1%	34.9%	42.6%	52.1%	60.4%

Measure	P10	P25	P50	P75	P90
<i>HbA1c Control (&lt;8.0%)</i>	33.8%	39.9%	47.4%	54.8%	59.1%
<i>HbA1c Control (&lt;7.0%)</i>	23.6%	28.8%	35.2%	41.3%	44.4%
<i>Eye Exam</i>	34.0%	43.8%	52.8%	63.7%	70.6%
<i>LDL-C Screening</i>	63.7%	70.4%	75.4%	80.3%	84.2%
<i>LDL-C Control &lt;100 mg/dL</i>	21.5%	27.3%	35.2%	41.4%	45.9%
<i>Medical Attention for Nephropathy</i>	68.1%	73.9%	78.5%	82.5%	86.9%
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	25.0%	32.0%	38.5%	44.2%	54.8%
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	43.8%	54.3%	61.2%	68.3%	76.0%
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	87.5%	90.1%	92.3%	94.3%	96.0%
<i>Ages 12 to 18 Years</i>	—	—	—	—	—
<i>Ages 19 to 50 Years</i>	—	—	—	—	—
<i>Ages 51 to 64 Years</i>	—	—	—	—	—
<i>Total†</i>	83.6%	86.6%	88.9%	90.5%	93.2%
<i>Controlling High Blood Pressure</i>	42.1%	47.9%	56.4%	63.7%	67.6%
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	—	—	—	—	—
<i>Discussing Cessation Medications</i>	—	—	—	—	—
<i>Discussing Cessation Strategies</i>	—	—	—	—	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i>					
<i>White</i>	0.8%	22.1%	41.8%	61.7%	71.9%
<i>Black or African-American</i>	0.1%	4.6%	21.5%	36.7%	52.8%
<i>American-Indian and Alaska Native</i>	0.0%	0.0%	0.2%	0.5%	1.2%
<i>Asian</i>	0.0%	0.0%	1.0%	2.4%	4.0%
<i>Native Hawaiian and Other Pacific Islanders</i>	0.0%	0.0%	0.0%	0.1%	0.6%
<i>Some Other Race</i>	0.0%	0.0%	0.7%	3.4%	11.0%
<i>Two or More Races</i>	0.0%	0.0%	0.0%	0.0%	0.1%
<i>Unknown</i>	2.3%	5.7%	13.3%	40.5%	80.9%
<i>Declined</i>	0.0%	0.0%	0.0%	0.0%	0.0%
<i>Hispanic^</i>	—	—	—	—	—
<i>Language Diversity of Membership</i>					
<i>Spoken Language—English</i>	0.0%	0.0%	69.2%	93.6%	99.2%
<i>Spoken Language—Non-English</i>	0.0%	0.0%	1.0%	8.6%	21.4%
<i>Spoken Language—Unknown</i>	0.0%	0.2%	8.4%	100.0%	100.0%
<i>Spoken Language—Declined</i>	0.0%	0.0%	0.0%	0.0%	0.0%
<i>Written Language—English</i>	0.0%	0.0%	0.0%	83.6%	96.7%
<i>Written Language—Non-English</i>	0.0%	0.0%	0.0%	4.4%	16.5%

Measure	P10	P25	P50	P75	P90
<i>Written Language—Unknown</i>	0.0%	0.8%	100.0%	100.0%	100.0%
<i>Written Language—Declined</i>	0.0%	0.0%	0.0%	0.0%	0.0%
<i>Other Language Needs—English</i>	0.0%	0.0%	0.0%	0.0%	94.7%
<i>Other Language Needs —Non-English</i>	0.0%	0.0%	0.0%	0.2%	6.4%
<i>Other Language Needs —Unknown</i>	0.0%	96.5%	100.0%	100.0%	100.0%
<i>Other Language Needs —Declined</i>	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i>					
<i>Outpatient—Total</i>	264.5	314.7	349.5	391.9	439.0
<i>ED—Total*</i>	44.4	55.7	63.3	70.5	76.6
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i>					
<i>Total Inpatient—Total</i>	5.6	6.4	7.9	9.0	10.7
<i>Medicine—Total</i>	1.4	2.2	3.0	3.7	4.8
<i>Surgery—Total</i>	0.7	0.9	1.3	1.8	2.2
<i>Maternity—Total</i>	3.1	4.1	5.3	7.6	10.7
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i>					
<i>Total Inpatient—Total</i>	2.8	3.2	3.6	3.9	4.2
<i>Medicine—Total</i>	2.8	3.2	3.5	3.8	4.0
<i>Surgery—Total</i>	3.7	4.7	5.7	6.6	7.5
<i>Maternity—Total</i>	2.2	2.5	2.6	2.8	2.9

— in the percentage tables indicates the national HEDIS 2011 Medicaid percentiles are not available.

\* For this measure, a lower rate indicates better performance; therefore, the 10th percentile is a better performing level than the 90th percentile.

† For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

^ Starting from HEDIS 2011, the rates associated with members of Hispanic origin were not based on the total number of members in the health plan. The rates presented in this report for each plan were calculated by HSAG using the total number of members reported from the Hispanic or Latino column divided by the total number of members in the health plan reported in the IDSS files. Therefore, the HEDIS 2011 Medicaid benchmarks associated with the Hispanic group was not listed in this table, since they were not comparable with the calculated plans' rates.

Appendix C includes trend tables for each of the MHPs. Where applicable, each measure’s HEDIS 2010, 2011, and 2012 rates are presented along with trend analysis results. Statistically significant differences using Pearson’s Chi-square tests are presented where appropriate. The trends are shown in the following example with specific notations:

2011–2012 Health Plan Trend	Interpretations for Measures Not Under Utilization Dimension
+2.5	The 2012 rate is 2.5 percentage points <i>higher</i> than the HEDIS 2011 rate.
- 2.5	The 2012 rate is 2.5 percentage points <i>lower</i> than the HEDIS 2011 rate.
<b>+2.5</b>	The 2012 rate is 2.5 percentage points <i>statistically significantly higher</i> than the HEDIS 2011 rate.
<b>- 2.5</b>	The 2012 rate is 2.5 percentage points <i>statistically significantly lower</i> than the HEDIS 2011 rate.

Statistical tests across years were not performed on the *Weeks of Pregnancy at Time of Enrollment* and *Frequency of Ongoing Prenatal Care* measures under Pregnancy Care and all measures under the Utilization, Health Plan Diversity, and Mental Health dimensions. Nonetheless, differences in the reported rates for these measures were reported without statistical test results.

The Star Rating Symbol column depicts the MHP’s rank based on its rate as compared to the NCQA’s national HEDIS 2011 Medicaid percentiles.

Star Rating Symbol	Description
★★★★★	The MHP’s rate is at or above the 90th percentile.
★★★★	The MHP’s rate is at or above the 75th percentile but below the 90th percentile.
★★★	The MHP’s rate is at or above the 50 <sup>th</sup> percentile but below the 75th percentile.
★★	The MHP’s rate is at or above the 25th percentile but below the 50th percentile.
★	The MHP’s rate is below the 25th percentile.
NA	Not Applicable (i.e., denominator size too small)
NR	Not Report (i.e., biased, or MHP chose not to report)
NB	No Benefit
NC	Not Comparable (i.e., measure not comparable to national percentiles or national percentiles not available)

The MHP trend tables are presented as follows:

- ◆ Table C-1—Blue Cross Complete of Michigan
- ◆ Table C-2—CareSource Michigan
- ◆ Table C-3—CoventryCares of Michigan, Inc.
- ◆ Table C-4—HealthPlus Partners
- ◆ Table C-5—McLaren Health Plan
- ◆ Table C-6—Meridian Health Plan of Michigan
- ◆ Table C-7—Midwest Health Plan
- ◆ Table C-8—Molina Healthcare of Michigan
- ◆ Table C-9—Physicians Health Plan—FamilyCare
- ◆ Table C-10—Priority Health Government Programs, Inc.
- ◆ Table C-11—ProCare Health Plan
- ◆ Table C-12—Total Health Care, Inc.
- ◆ Table C-13—UnitedHealthcare Community Plan
- ◆ Table C-14—Upper Peninsula Health Plan

**Table C-1**  
**Blue Cross Complete of Michigan Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
<i>Combination 2</i>	82.5%	74.9%	85.4%	+10.5	★★★★
<i>Combination 3</i>	76.6%	72.3%	82.7%	+10.4	★★★★★
<i>Combination 4</i>	17.3%	19.0%	23.6%	+4.6	★
<i>Combination 5</i>	56.7%	54.5%	68.9%	+14.4	★★★★★
<i>Combination 6</i>	47.0%	44.0%	56.2%	+12.2	★★★★★
<i>Combination 7</i>	11.9%	15.3%	20.0%	+4.7	★★
<i>Combination 8</i>	9.7%	11.2%	15.8%	+4.6	★★
<i>Combination 9</i>	37.0%	33.6%	48.2%	+14.6	★★★★★
<i>Combination 10</i>	6.1%	9.5%	13.4%	+3.9	★★
<i>Immunizations for Adolescents—Combination 1</i>	55.0%	62.8%	81.4%	+18.6	★★★★★
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	63.3%	74.2%	71.2%	-3.0	★★★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	70.5%	75.0%	80.7%	+5.7	★★★★
<i>Adolescent Well-Care Visits</i>	53.5%	56.9%	60.1%	+3.2	★★★★
<i>Lead Screening in Children</i>	55.7%	67.4%	74.2%	+6.8	★★★
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	95.7%	95.1%	94.6%	-0.5	★★★★
<i>Appropriate Testing for Children With Pharyngitis</i>	80.2%	84.1%	85.1%	+1.0	★★★★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
<i>Initiation Phase</i>	33.7%	38.3%	39.8%	+1.5	★★★
<i>Continuation and Maintenance Phase</i>	38.8%	39.0%	56.8%	+17.8	★★★★
<b>Women-Adult Care</b>					
<i>Breast Cancer Screening</i>	62.1%	61.8%	61.9%	+0.1	★★★★
<i>Cervical Cancer Screening</i>	73.9%	79.5%	79.5%	Rotated	★★★★★
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	53.1%	51.6%	54.5%	+2.9	★★★
<i>Ages 21 to 24 Years</i>	72.2%	69.6%	68.1%	-1.5	★★★
<i>Total</i>	59.1%	56.7%	58.5%	+1.8	★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	96.8%	96.8%	97.7%	+0.9	★★★
<i>Ages 25 Months to 6 Years</i>	90.5%	91.2%	93.1%	+1.9	★★★★★
<i>Ages 7 to 11 Years</i>	93.1%	93.5%	93.9%	+0.4	★★★★

**Table C-1**  
**Blue Cross Complete of Michigan Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Ages 12 to 19 Years</i>	91.3%	92.9%	93.7%	+0.8	★★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	84.0%	84.8%	84.4%	-0.4	★★★
<i>Ages 45 to 64 Years</i>	88.5%	86.0%	86.6%	+0.6	★★
<i>Ages 65+ Years</i>	NA	NA	86.7%	—	★★★
<i>Total</i>	85.3%	85.1%	85.0%	-0.1	★★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Percentile—Ages 3 to 11 Years</i>	68.9%	66.2%	80.7%	+14.5	★★★★★
<i>BMI Percentile—Ages 12 to 17 Years</i>	80.9%	73.6%	74.5%	+0.9	★★★★★
<i>BMI Percentile—Total</i>	72.7%	68.9%	78.6%	+9.7	★★★★★
<i>Nutrition—Ages 3 to 11 Years</i>	54.6%	58.2%	70.4%	+12.2	★★★★
<i>Nutrition—Ages 12 to 17 Years</i>	58.0%	58.1%	63.1%	+5.0	★★★★
<i>Nutrition—Total</i>	55.7%	58.2%	67.9%	+9.7	★★★★
<i>Physical Activity—Ages 3 to 11 Years</i>	46.1%	38.8%	54.8%	+16.0	★★★★
<i>Physical Activity—Ages 12 to 17 Years</i>	51.1%	50.0%	58.9%	+8.9	★★★★
<i>Physical Activity—Total</i>	47.7%	42.8%	56.2%	+13.4	★★★★
<i>Adult BMI Assessment</i>	70.8%	79.3%	81.8%	+2.5	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	92.2%	92.0%	92.7%	+0.7	★★★★
<i>Postpartum Care</i>	66.9%	67.4%	71.5%	+4.1	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
<i>≤0 Weeks</i>	25.7%	28.3%	27.9%	-0.4	—
<i>1-12 Weeks</i>	6.3%	8.4%	10.7%	+2.3	—
<i>13-27 Weeks</i>	40.9%	39.3%	40.2%	+0.9	—
<i>28 or more Weeks</i>	22.6%	19.4%	17.8%	-1.6	—
<i>Unknown</i>	4.4%	4.5%	3.6%	-0.9	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<i>&lt;21 Percent</i>	—	—	4.4%	—	—
<i>21-40 Percent</i>	—	—	3.4%	—	—
<i>41-60 Percent</i>	—	—	8.3%	—	—
<i>61-80 Percent</i>	—	—	28.2%	—	—
<i>≥81 Percent</i>	—	—	55.7%	—	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	92.2%	91.1%	91.9%	+0.8	★★★★★

**Table C-1  
Blue Cross Complete of Michigan Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	21.7%	29.4%	27.8%	-1.6	★★★★★
<i>HbA1c Control (&lt;8.0%)</i>	61.4%	58.1%	58.4%	+0.3	★★★★
<i>HbA1c Control (&lt;7.0%)</i>	41.9%	40.1%	41.7%	+1.6	★★★★
<i>Eye Exam</i>	69.5%	69.3%	73.7%	+4.4	★★★★★
<i>LDL-C Screening</i>	84.1%	84.5%	81.7%	-2.8	★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	46.8%	46.5%	46.4%	-0.1	★★★★★
<i>Medical Attention for Nephropathy</i>	92.5%	94.4%	90.7%	-3.7	★★★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	46.9%	53.0%	+6.1	★★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	71.2%	71.0%	74.6%	+3.6	★★★★
<b>Use of Appropriate Medications for People With Asthma</b>					
<i>Ages 5 to 11 Years</i>	92.7%	93.3%	95.6%	+2.3	★★★★
<i>Ages 12 to 18 Years</i>	—	—	95.5%	—	—
<i>Ages 19 to 50 Years</i>	—	—	75.8%	—	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—	—
<i>Total<sup>^</sup></i>	90.2%	90.0%	89.9%	-0.1	★★★
<i>Controlling High Blood Pressure</i>	68.5%	59.9%	65.3%	+5.4	★★★★
<b>Medical Assistance With Smoking and Tobacco Use Cessation</b>					
<i>Advising Smokers and Tobacco Users to Quit</i>	76.4%	77.7%	81.7%	+4.0	—
<i>Discussing Cessation Medications</i>	56.7%	54.4%	55.9%	+1.5	—
<i>Discussing Cessation Strategies</i>	48.1%	48.3%	50.7%	+2.4	—
<b>Health Plan Diversity</b>					
<b>Race/Ethnicity Diversity of Membership<sup>†</sup></b>					
<i>White</i>	—	57.5%	56.1%	-1.4	—
<i>Black or African-American</i>	—	33.5%	33.0%	-0.5	—
<i>American-Indian and Alaska Native</i>	—	0.1%	0.1%	0.0	—
<i>Asian</i>	—	0.0%	0.6%	+0.6	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.0%	0.0	—
<i>Some Other Race</i>	—	2.3%	0.6%	-1.7	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	6.6%	9.5%	+2.9	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic<sup>£</sup></i>	0.0%	3.4%	3.7%	+0.3	—

**Table C-1  
Blue Cross Complete of Michigan Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Language Diversity of Membership<sup>†</sup></b>					
<i>Spoken Language—English</i>	—	99.5%	99.4%	-0.1	—
<i>Spoken Language—Non-English</i>	—	0.4%	0.5%	+0.1	—
<i>Spoken Language—Unknown</i>	—	<0.1%	<0.1%	0.0	—
<i>Spoken Language—Declined</i>	—	0.1%	0.1%	0.0	—
<i>Written Language—English</i>	—	<0.1%	0.0%	0.0	—
<i>Written Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Unknown</i>	—	>99.9%	100.0%	0.0	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	<0.1%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	>99.9%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<b>Ambulatory Care: Total (Visits per 1,000 Member Months)<sup>†</sup></b>					
<i>Outpatient—Total</i>	321.5	308.5	321.4	+12.9	★★
<i>ED—Total*</i>	66.8	60.5	64.4	+3.9	★★
<b>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)<sup>†</sup></b>					
<i>Total Inpatient—Total</i>	8.4	6.5	6.5	0.0	—
<i>Medicine—Total</i>	4.1	3.0	2.9	-0.1	—
<i>Surgery—Total</i>	1.1	0.9	0.9	0.0	—
<i>Maternity—Total</i>	5.6	4.4	4.4	0.0	—
<b>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)<sup>†</sup></b>					
<i>Total Inpatient—Total</i>	3.4	3.3	3.4	+0.1	—
<i>Medicine—Total</i>	3.8	3.7	3.6	-0.1	—
<i>Surgery—Total</i>	4.7	4.5	5.1	+0.6	—
<i>Maternity—Total</i>	2.4	2.4	2.4	0.0	—

— in rating columns indicates data were not available or data element was not applicable for the measure.  
<sup>†</sup> Statistical tests across years were not performed for this measure.  
<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)  
<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.  
<sup>£</sup> Rate was calculated by HSAG.

**Table C-2  
CareSource Michigan Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	76.6%	76.6%	75.2%	-1.4	★★★
Combination 3	73.0%	73.0%	70.8%	-2.2	★★
Combination 4	26.5%	26.5%	51.8%	+25.3	★★★★★
Combination 5	36.3%	36.3%	55.0%	+18.7	★★★★
Combination 6	30.2%	30.2%	42.1%	+11.9	★★★
Combination 7	17.5%	17.5%	43.8%	+26.3	★★★★★
Combination 8	13.1%	13.1%	34.1%	+21.0	★★★★★
Combination 9	19.7%	19.7%	36.5%	+16.8	★★★★
Combination 10	10.7%	10.7%	30.7%	+20.0	★★★★★
Immunizations for Adolescents—Combination 1	29.0%	42.6%	71.8%	+29.2	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	44.3%	44.3%	43.8%	-0.5	★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	68.6%	68.6%	65.5%	-3.1	★
Adolescent Well-Care Visits	31.9%	47.0%	42.3%	-4.7	★★
Lead Screening in Children	81.5%	81.5%	79.0%	-2.5	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	81.4%	83.9%	81.0%	-2.9	★
Appropriate Testing for Children With Pharyngitis	49.7%	52.3%	54.9%	+2.6	★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	33.4%	37.9%	37.1%	-0.8	★★
Continuation and Maintenance Phase	39.2%	52.6%	46.0%	-6.6	★★★
<b>Women-Adult Care</b>					
Breast Cancer Screening	49.5%	47.5%	49.5%	+2.0	★★
Cervical Cancer Screening	65.8%	67.2%	67.2%	Rotated	★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	54.2%	53.6%	55.9%	+2.3	★★★
Ages 21 to 24 Years	65.2%	64.5%	63.2%	-1.3	★★★
Total	57.7%	57.2%	58.2%	+1.0	★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	94.9%	94.3%	93.8%	-0.5	★
Ages 25 Months to 6 Years	84.7%	85.5%	85.3%	-0.2	★
Ages 7 to 11 Years	85.5%	88.8%	88.5%	-0.3	★★

**Table C-2  
CareSource Michigan Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	84.9%	88.2%	88.2%	0.0	★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	80.6%	79.1%	76.0%	-3.1	★
Ages 45 to 64 Years	86.2%	85.0%	84.2%	-0.8	★
Ages 65+ Years	NA	NA	92.9%	—	★★★★★
Total	82.5%	81.1%	78.9%	-2.2	★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	9.7%	22.7%	34.3%	+11.6	★★
BMI Percentile—Ages 12 to 17 Years	12.6%	28.4%	31.9%	+3.5	★★
BMI Percentile—Total	10.7%	24.8%	33.3%	+8.5	★★
Nutrition—Ages 3 to 11 Years	39.2%	51.6%	43.3%	-8.3	★★
Nutrition—Ages 12 to 17 Years	35.7%	41.9%	38.0%	-3.9	★★
Nutrition—Total	38.0%	47.9%	41.1%	-6.8	★★
Physical Activity—Ages 3 to 11 Years	33.2%	29.3%	22.0%	-7.3	★
Physical Activity—Ages 12 to 17 Years	40.6%	39.4%	27.1%	-12.3	★
Physical Activity—Total	35.8%	33.1%	24.1%	-9.0	★
Adult BMI Assessment	34.8%	51.1%	58.9%	+7.8	★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	80.0%	77.4%	80.0%	+2.6	★
Postpartum Care	66.9%	64.0%	65.0%	+1.0	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	32.7%	33.2%	42.6%	+9.4	—
1-12 Weeks	8.0%	6.7%	7.1%	+0.4	—
13-27 Weeks	33.2%	37.3%	36.5%	-0.8	—
28 or more Weeks	22.1%	17.9%	9.7%	-8.2	—
Unknown	4.0%	5.0%	4.1%	-0.9	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	10.9%	Rotated	—
21-40 Percent	—	—	7.3%	Rotated	—
41-60 Percent	—	—	6.8%	Rotated	—
61-80 Percent	—	—	13.1%	Rotated	—
≥81 Percent	—	—	61.8%	Rotated	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	83.9%	83.9%	80.1%	-3.8	★★

Table C-2 CareSource Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	40.3%	40.3%	50.3%	+10.0	☆☆
<i>HbA1c Control (&lt;8.0%)</i>	52.4%	52.4%	48.1%	-4.3	☆☆☆
<i>HbA1c Control (&lt;7.0%)</i>	41.1%	41.1%	36.7%	-4.4	☆☆☆
<i>Eye Exam</i>	53.1%	53.5%	49.5%	-4.0	☆☆
<i>LDL-C Screening</i>	77.2%	77.2%	71.3%	-5.9	☆☆
<i>LDL-C Control &lt;100 mg/dL</i>	33.2%	33.2%	33.4%	+0.2	☆☆
<i>Medical Attention for Nephropathy</i>	77.4%	77.7%	80.3%	+2.6	☆☆☆
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	37.6%	38.4%	+0.8	☆☆
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	62.8%	59.5%	57.5%	-2.0	☆☆
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	93.9%	94.3%	89.2%	-5.1	★
<i>Ages 12 to 18 Years</i>	—	—	84.8%	—	—
<i>Ages 19 to 50 Years</i>	—	—	74.1%	—	—
<i>Ages 51 to 64 Years</i>	—	—	70.6%	—	—
<i>Total<sup>^</sup></i>	87.6%	90.1%	82.4%	-7.7	★
<i>Controlling High Blood Pressure</i>	58.8%	44.0%	44.0%	Rotated	★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	79.5%	77.6%	75.0%	-2.6	—
<i>Discussing Cessation Medications</i>	51.0%	48.2%	47.8%	-0.4	—
<i>Discussing Cessation Strategies</i>	46.8%	43.8%	43.2%	-0.6	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership<sup>†</sup></i>					
<i>White</i>	—	67.5%	67.7%	+0.2	—
<i>Black or African-American</i>	—	21.6%	20.7%	-0.9	—
<i>American-Indian and Alaska Native</i>	—	0.2%	0.3%	+0.1	—
<i>Asian</i>	—	0.0%	0.0%	0.0	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.0%	0.0	—
<i>Some Other Race</i>	—	8.1%	7.6%	-0.5	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	2.6%	3.7%	+1.1	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic<sup>£</sup></i>	7.1%	7.2%	6.9%	-0.3	—
<i>Language Diversity of Membership<sup>†</sup></i>					
<i>Spoken Language—English</i>	—	98.3%	98.5%	+0.2	—

Table C-2 CareSource Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	1.4%	1.4%	0.0	—
<i>Spoken Language—Unknown</i>	—	0.3%	0.1%	-0.2	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)<sup>†</sup></i>					
<i>Outpatient—Total</i>	305.2	304.2	277.0	-27.2	★
<i>ED—Total*</i>	78.6	72.3	73.2	+0.9	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)<sup>†</sup></i>					
<i>Total Inpatient—Total</i>	7.1	6.8	6.8	0.0	—
<i>Medicine—Total</i>	3.2	3.1	2.9	-0.2	—
<i>Surgery—Total</i>	1.2	1.1	1.3	+0.2	—
<i>Maternity—Total</i>	4.3	4.3	4.1	-0.2	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)<sup>†</sup></i>					
<i>Total Inpatient—Total</i>	3.5	3.6	3.8	+0.2	—
<i>Medicine—Total</i>	3.6	3.6	3.7	+0.1	—
<i>Surgery—Total</i>	5.7	6.0	6.8	+0.8	—
<i>Maternity—Total</i>	2.4	2.6	2.5	-0.1	—

— in rating columns indicates data were not available or data element was not applicable for the measure.  
<sup>†</sup> Statistical tests across years were not performed for this measure.  
<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)  
<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.  
<sup>£</sup> Rate was calculated by HSAG.

Table C-3 CoventryCares of Michigan, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	82.2%	82.2%	77.3%	-4.9	★★★
Combination 3	67.8%	67.8%	73.4%	+5.6	★★★
Combination 4	27.3%	27.3%	33.6%	+6.3	★★★
Combination 5	26.9%	26.9%	47.0%	+20.1	★★
Combination 6	16.7%	16.7%	22.2%	+5.5	★
Combination 7	12.3%	12.3%	21.8%	+9.5	★★
Combination 8	8.8%	8.8%	11.8%	+3.0	★
Combination 9	9.7%	9.7%	16.9%	+7.2	★
Combination 10	4.6%	4.6%	7.6%	+3.0	★
Immunizations for Adolescents—Combination 1	37.0%	49.1%	69.4%	+20.3	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	59.3%	59.3%	61.7%	+2.4	★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	76.9%	76.9%	81.3%	+4.4	★★★★
Adolescent Well-Care Visits	59.2%	64.1%	59.1%	-5.0	★★★★
Lead Screening in Children	78.0%	78.0%	78.5%	+0.5	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	86.9%	88.4%	87.0%	-1.4	★★
Appropriate Testing for Children With Pharyngitis	40.2%	41.0%	50.7%	+9.7	★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	17.4%	21.4%	22.7%	+1.3	★
Continuation and Maintenance Phase	8.6%	NA	26.5%	—	★
<b>Women-Adult Care</b>					
Breast Cancer Screening	49.8%	52.5%	58.7%	+6.2	★★★★
Cervical Cancer Screening	69.8%	73.5%	73.5%	Rotated	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	67.8%	75.1%	70.2%	-4.9	★★★★★
Ages 21 to 24 Years	73.7%	81.5%	80.6%	-0.9	★★★★★
Total	69.7%	77.1%	73.4%	-3.7	★★★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	92.4%	90.9%	92.5%	+1.6	★
Ages 25 Months to 6 Years	77.0%	80.7%	82.4%	+1.7	★
Ages 7 to 11 Years	79.3%	83.8%	85.1%	+1.3	★

Table C-3 CoventryCares of Michigan, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	77.6%	81.9%	84.3%	+2.4	★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	78.0%	76.0%	76.6%	+0.6	★
Ages 45 to 64 Years	86.2%	84.4%	85.9%	+1.5	★★
Ages 65+ Years	NA	NA	91.1%	—	★★★★
Total	80.7%	78.7%	79.7%	+1.0	★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	12.1%	47.1%	50.2%	+3.1	★★★
BMI Percentile—Ages 12 to 17 Years	22.9%	47.1%	45.5%	-1.6	★★★
BMI Percentile—Total	16.2%	47.1%	48.4%	+1.3	★★★
Nutrition—Ages 3 to 11 Years	51.7%	61.9%	57.0%	-4.9	★★★
Nutrition—Ages 12 to 17 Years	42.2%	61.4%	51.5%	-9.9	★★★
Nutrition—Total	48.0%	61.7%	54.9%	-6.8	★★★
Physical Activity—Ages 3 to 11 Years	40.0%	61.5%	41.1%	-20.4	★★★
Physical Activity—Ages 12 to 17 Years	36.7%	59.5%	42.5%	-17.0	★★
Physical Activity—Total	38.7%	60.8%	41.6%	-19.2	★★★
Adult BMI Assessment	40.5%	61.9%	71.3%	+9.4	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	85.6%	82.3%	86.2%	+3.9	★★★
Postpartum Care	64.1%	55.7%	55.7%	Rotated	★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	45.2%	46.9%	52.8%	+5.9	—
1-12 Weeks	6.3%	7.6%	6.2%	-1.4	—
13-27 Weeks	25.8%	25.2%	25.1%	-0.1	—
28 or more Weeks	17.5%	15.6%	11.3%	-4.3	—
Unknown	5.3%	4.7%	4.6%	-0.1	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	11.2%	Rotated	—
21-40 Percent	—	—	15.9%	Rotated	—
41-60 Percent	—	—	11.9%	Rotated	—
61-80 Percent	—	—	14.7%	Rotated	—
≥81 Percent	—	—	46.4%	Rotated	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.1%	81.1%	82.4%	+1.3	★★★

Table C-3 CoventryCares of Michigan, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	44.7%	44.7%	44.3%	-0.4	☆☆
<i>HbA1c Control (&lt;8.0%)</i>	48.4%	48.4%	50.3%	+1.9	☆☆☆
<i>HbA1c Control (&lt;7.0%)</i>	36.2%	36.2%	39.4%	+3.2	☆☆☆
<i>Eye Exam</i>	49.1%	49.1%	60.8%	+11.7	☆☆☆
<i>LDL-C Screening</i>	77.4%	78.5%	80.9%	+2.4	★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	37.5%	39.1%	38.7%	-0.4	☆☆☆
<i>Medical Attention for Nephropathy</i>	82.0%	82.8%	86.9%	+4.1	★★★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	30.2%	32.7%	+2.5	☆☆
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	41.3%	54.3%	53.6%	-0.7	★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	82.6%	82.5%	78.4%	-4.1	★
<i>Ages 12 to 18 Years</i>	—	—	77.5%	—	—
<i>Ages 19 to 50 Years</i>	—	—	72.4%	—	—
<i>Ages 51 to 64 Years</i>	—	—	64.7%	—	—
<i>Total^</i>	81.9%	83.6%	75.1%	-8.5	★
<i>Controlling High Blood Pressure</i>					
<i>51.7%</i>	51.7%	44.6%	56.5%	+11.9	☆☆☆
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	81.4%	79.5%	79.4%	-0.1	—
<i>Discussing Cessation Medications</i>	48.5%	46.0%	47.3%	+1.3	—
<i>Discussing Cessation Strategies</i>	43.5%	43.0%	43.5%	+0.5	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership†</i>					
<i>White</i>	—	9.9%	10.6%	+0.7	—
<i>Black or African-American</i>	—	84.7%	83.4%	-1.3	—
<i>American-Indian and Alaska Native</i>	—	<0.1%	<0.1%	0.0	—
<i>Asian</i>	—	0.0%	0.5%	+0.5	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.0%	0.0	—
<i>Some Other Race</i>	—	0.6%	0.2%	-0.4	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	4.7%	5.3%	+0.6	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic£</i>	0.0%	0.0%	0.0%	0.0	—
<i>Language Diversity of Membership†</i>					
<i>Spoken Language—English</i>	—	99.0%	99.6%	+0.6	—

Table C-3 CoventryCares of Michigan, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Spoken Language—Unknown</i>	—	1.0%	0.4%	-0.6	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	0.0%	99.6%	+99.6	—
<i>Written Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Unknown</i>	—	100.0%	0.4%	-99.6	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)†</i>					
<i>Outpatient—Total</i>	271.5	269.8	288.4	+18.6	★
<i>ED—Total*</i>	83.6	81.9	83.8	+1.9	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†</i>					
<i>Total Inpatient—Total</i>	8.8	8.4	8.3	-0.1	—
<i>Medicine—Total</i>	4.5	4.1	4.2	+0.1	—
<i>Surgery—Total</i>	1.6	1.4	1.5	+0.1	—
<i>Maternity—Total</i>	4.1	4.3	3.8	-0.5	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†</i>					
<i>Total Inpatient—Total</i>	4.1	4.0	4.1	+0.1	—
<i>Medicine—Total</i>	3.8	3.8	3.9	+0.1	—
<i>Surgery—Total</i>	7.6	7.3	7.2	-0.1	—
<i>Maternity—Total</i>	2.6	2.8	2.8	0.0	—

— in rating columns indicates data were not available or data element was not applicable for the measure.  
 † Statistical tests across years were not performed for this measure.  
 \* For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)  
 ^ For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.  
 £ Rate was calculated by HSAG.

Table C-4 HealthPlus Partners Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	81.8%	81.8%	80.7%	-1.1	★★★★
Combination 3	76.4%	76.4%	76.7%	+0.3	★★★★
Combination 4	31.4%	31.4%	32.4%	+1.0	★★★
Combination 5	37.0%	37.0%	50.6%	+13.6	★★★
Combination 6	23.4%	23.4%	24.7%	+1.3	★
Combination 7	19.0%	19.0%	23.7%	+4.7	★★★
Combination 8	10.7%	10.7%	13.9%	+3.2	★★
Combination 9	12.2%	12.2%	18.6%	+6.4	★
Combination 10	6.3%	6.3%	11.1%	+4.8	★★
Immunizations for Adolescents—Combination 1	40.1%	55.4%	76.1%	+20.7	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	65.3%	73.1%	75.6%	+2.5	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	71.7%	80.3%	75.6%	-4.7	★★★
Adolescent Well-Care Visits	57.9%	60.0%	56.5%	-3.5	★★★
Lead Screening in Children	72.8%	76.9%	79.9%	+3.0	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	79.6%	79.7%	79.4%	-0.3	★
Appropriate Testing for Children With Pharyngitis	48.2%	52.5%	65.4%	+12.9	★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	32.3%	34.8%	40.6%	+5.8	★★★
Continuation and Maintenance Phase	41.2%	47.2%	51.3%	+4.1	★★★
<b>Women-Adult Care</b>					
Breast Cancer Screening	57.1%	60.4%	62.1%	+1.7	★★★★
Cervical Cancer Screening	71.7%	75.7%	75.7%	Rotated	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	60.5%	55.9%	58.1%	+2.2	★★★
Ages 21 to 24 Years	69.0%	68.7%	72.1%	+3.4	★★★★
Total	63.6%	60.3%	62.9%	+2.6	★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.8%	96.4%	97.4%	+1.0	★★★
Ages 25 Months to 6 Years	88.1%	89.2%	90.0%	+0.8	★★★
Ages 7 to 11 Years	87.8%	89.8%	91.6%	+1.8	★★★

Table C-4 HealthPlus Partners Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	85.8%	88.7%	90.4%	+1.7	★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	82.8%	82.6%	83.8%	+1.2	★★★
Ages 45 to 64 Years	89.3%	89.7%	90.0%	+0.3	★★★★
Ages 65+ Years	NA	NA	97.7%	—	★★★★★
Total	84.5%	84.4%	85.5%	+1.1	★★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	24.4%	40.9%	67.6%	+26.7	★★★★
BMI Percentile—Ages 12 to 17 Years	26.5%	46.9%	62.0%	+15.1	★★★★
BMI Percentile—Total	25.1%	43.1%	65.5%	+22.4	★★★★
Nutrition—Ages 3 to 11 Years	31.9%	64.0%	69.6%	+5.6	★★★★
Nutrition—Ages 12 to 17 Years	37.9%	55.8%	65.8%	+10.0	★★★★
Nutrition—Total	33.8%	61.1%	68.1%	+7.0	★★★★
Physical Activity—Ages 3 to 11 Years	15.8%	40.2%	53.8%	+13.6	★★★★
Physical Activity—Ages 12 to 17 Years	29.5%	46.3%	63.3%	+17.0	★★★★★
Physical Activity—Total	20.2%	42.3%	57.4%	+15.1	★★★★
Adult BMI Assessment	23.5%	71.3%	82.5%	+11.2	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	89.1%	86.6%	87.3%	+0.7	★★★
Postpartum Care	69.8%	65.7%	71.8%	+6.1	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	32.6%	36.8%	40.1%	+3.3	—
1-12 Weeks	7.9%	7.3%	8.2%	+0.9	—
13-27 Weeks	34.4%	35.4%	32.9%	-2.5	—
28 or more Weeks	18.2%	14.8%	12.9%	-1.9	—
Unknown	6.9%	5.8%	5.9%	+0.1	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	11.4%	Rotated	—
21-40 Percent	—	—	18.2%	Rotated	—
41-60 Percent	—	—	9.5%	Rotated	—
61-80 Percent	—	—	11.9%	Rotated	—
≥81 Percent	—	—	48.9%	Rotated	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	83.4%	86.4%	85.8%	-0.6	★★★

Table C-4 HealthPlus Partners Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	33.7%	35.7%	33.6%	-2.1	★★★★
<i>HbA1c Control (&lt;8.0%)</i>	54.8%	54.5%	58.3%	+3.8	★★★★
<i>HbA1c Control (&lt;7.0%)</i>	39.6%	43.6%	40.9%	-2.7	★★★
<i>Eye Exam</i>	70.5%	70.5%	66.5%	-4.0	★★★★
<i>LDL-C Screening</i>	73.2%	77.5%	79.8%	+2.3	★★★
<i>LDL-C Control &lt;100 mg/dL</i>	37.1%	41.4%	43.1%	+1.7	★★★★
<i>Medical Attention for Nephropathy</i>	82.9%	84.6%	86.3%	+1.7	★★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	41.4%	38.9%	-2.5	★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	64.5%	64.4%	64.6%	+0.2	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	95.0%	95.8%	94.1%	-1.7	★★★
<i>Ages 12 to 18 Years</i>	—	—	86.6%	—	—
<i>Ages 19 to 50 Years</i>	—	—	78.2%	—	—
<i>Ages 51 to 64 Years</i>	—	—	75.8%	—	—
<i>Total</i> <sup>^</sup>	90.3%	90.2%	87.6%	-2.6	★★
<i>Controlling High Blood Pressure</i>	62.7%	62.9%	62.9%	Rotated	★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	72.7%	72.5%	74.9%	+2.4	—
<i>Discussing Cessation Medications</i>	44.0%	43.9%	46.9%	+3.0	—
<i>Discussing Cessation Strategies</i>	37.4%	40.2%	43.3%	+3.1	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	61.4%	60.4%	-1.0	—
<i>Black or African-American</i>	—	31.1%	31.0%	-0.1	—
<i>American-Indian and Alaska Native</i>	—	0.1%	0.1%	0.0	—
<i>Asian</i>	—	0.0%	0.3%	+0.3	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	<0.1%	0.0	—
<i>Some Other Race</i>	—	0.5%	0.1%	-0.4	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	7.0%	8.1%	+1.1	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic</i> <sup>£</sup>	4.5%	4.5%	4.5%	0.0	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	99.7%	99.9%	+0.2	—

Table C-4 HealthPlus Partners Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.1%	0.1%	0.0	—
<i>Spoken Language—Unknown</i>	—	0.2%	<0.1%	-0.2	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	347.5	318.2	335.4	+17.2	★★
<i>ED—Total</i> <sup>*</sup>	70.3	65.2	63.8	-1.4	★★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	7.8	6.5	6.7	+0.2	—
<i>Medicine—Total</i>	3.6	2.6	3.0	+0.4	—
<i>Surgery—Total</i>	1.2	1.0	1.0	0.0	—
<i>Maternity—Total</i>	5.1	4.8	4.4	-0.4	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	3.7	4.0	4.1	+0.1	—
<i>Medicine—Total</i>	4.0	4.5	4.5	0.0	—
<i>Surgery—Total</i>	5.8	6.9	6.3	-0.6	—
<i>Maternity—Total</i>	2.5	2.5	2.7	+0.2	—

— in rating columns indicates data were not available or data element was not applicable for the measure.  
<sup>†</sup> Statistical tests across years were not performed for this measure.  
<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)  
<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.  
<sup>£</sup> Rate was calculated by HSAG.

**Table C-5  
McLaren Health Plan Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	83.2%	86.6%	83.7%	-2.9	★★★★
Combination 3	83.2%	84.7%	83.0%	-1.7	★★★★★
Combination 4	33.1%	28.0%	39.2%	+11.2	★★★★
Combination 5	43.1%	47.0%	55.7%	+8.7	★★★★
Combination 6	33.1%	37.5%	40.4%	+2.9	★★★
Combination 7	20.2%	18.2%	30.7%	+12.5	★★★★
Combination 8	18.5%	14.1%	23.4%	+9.3	★★★★
Combination 9	23.4%	27.7%	30.2%	+2.5	★★★
Combination 10	12.9%	10.9%	18.2%	+7.3	★★★
Immunizations for Adolescents—Combination 1	28.0%	43.8%	67.6%	+23.8	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	67.4%	73.5%	78.3%	+4.8	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	67.2%	73.0%	78.3%	+5.3	★★★★
Adolescent Well-Care Visits	54.3%	57.4%	57.4%	0.0	★★★★
Lead Screening in Children	82.7%	75.7%	75.4%	-0.3	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	70.0%	75.5%	75.0%	-0.5	★
Appropriate Testing for Children With Pharyngitis	52.1%	52.5%	58.5%	+6.0	★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	39.8%	43.9%	43.2%	-0.7	★★★
Continuation and Maintenance Phase	52.1%	45.8%	56.4%	+10.6	★★★★
<b>Women-Adult Care</b>					
Breast Cancer Screening	52.5%	53.0%	50.1%	-2.9	★★
Cervical Cancer Screening	71.3%	74.7%	74.7%	Rotated	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	50.1%	50.3%	50.5%	+0.2	★★
Ages 21 to 24 Years	55.8%	61.6%	63.4%	+1.8	★★★
Total	52.3%	54.5%	55.3%	+0.8	★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	95.6%	94.5%	95.6%	+1.1	★★
Ages 25 Months to 6 Years	85.8%	86.2%	87.2%	+1.0	★★
Ages 7 to 11 Years	85.0%	87.4%	88.7%	+1.3	★★

**Table C-5  
McLaren Health Plan Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	84.3%	86.8%	87.1%	+0.3	★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	82.5%	82.1%	80.9%	-1.2	★★
Ages 45 to 64 Years	88.4%	88.9%	88.3%	-0.6	★★★
Ages 65+ Years	NA	NA	93.0%	—	★★★★★
Total	84.2%	84.0%	83.0%	-1.0	★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	28.7%	43.1%	61.2%	+18.1	★★★★
BMI Percentile—Ages 12 to 17 Years	32.9%	36.3%	60.9%	+24.6	★★★★
BMI Percentile—Total	30.2%	40.9%	61.1%	+20.2	★★★★
Nutrition—Ages 3 to 11 Years	35.1%	55.4%	61.9%	+6.5	★★★
Nutrition—Ages 12 to 17 Years	36.3%	43.0%	48.9%	+5.9	★★★
Nutrition—Total	35.5%	51.3%	57.7%	+6.4	★★★
Physical Activity—Ages 3 to 11 Years	31.7%	55.1%	60.8%	+5.7	★★★★★
Physical Activity—Ages 12 to 17 Years	35.6%	43.0%	48.9%	+5.9	★★★
Physical Activity—Total	33.1%	51.1%	56.9%	+5.8	★★★★
Adult BMI Assessment	38.7%	49.1%	66.4%	+17.3	★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	96.8%	95.4%	94.9%	-0.5	★★★★★
Postpartum Care	85.2%	83.0%	83.2%	+0.2	★★★★★
<b>Weeks of Pregnancy at Time of Enrollment†</b>					
≤0 Weeks	23.1%	24.9%	27.4%	+2.5	—
1-12 Weeks	7.8%	6.9%	9.7%	+2.8	—
13-27 Weeks	38.9%	43.1%	39.2%	-3.9	—
28 or more Weeks	23.5%	18.0%	17.7%	-0.3	—
Unknown	6.6%	7.0%	6.0%	-1.0	—
<b>Frequency of Ongoing Prenatal Care‡</b>					
<21 Percent	—	—	0.5%	—	—
21-40 Percent	—	—	1.2%	—	—
41-60 Percent	—	—	2.4%	—	—
61-80 Percent	—	—	6.1%	—	—
≥81 Percent	—	—	89.8%	—	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	85.3%	84.5%	86.9%	+2.4	★★★

Table C-5 McLaren Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	32.2%	31.6%	34.8%	+3.2	★★★★
<i>HbA1c Control (&lt;8.0%)</i>	56.7%	57.7%	54.1%	-3.6	★★★
<i>HbA1c Control (&lt;7.0%)</i>	37.7%	43.2%	40.7%	-2.5	★★★
<i>Eye Exam</i>	71.0%	71.0%	52.9%	-18.1	★★★
<i>LDL-C Screening</i>	76.5%	71.7%	80.9%	+9.2	★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	55.7%	60.2%	75.3%	+15.1	★★★★★
<i>Medical Attention for Nephropathy</i>	91.8%	89.2%	91.3%	+2.1	★★★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	50.6%	57.3%	+6.7	★★★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	73.3%	80.0%	80.1%	+0.1	★★★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	93.7%	93.7%	94.6%	+0.9	★★★★
<i>Ages 12 to 18 Years</i>	—	—	84.8%	—	—
<i>Ages 19 to 50 Years</i>	—	—	73.8%	—	—
<i>Ages 51 to 64 Years</i>	—	—	71.2%	—	—
<i>Total</i> <sup>^</sup>	88.5%	87.3%	86.3%	-1.0	★
<i>Controlling High Blood Pressure</i>					
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>	73.5%	77.9%	77.6%	-0.3	★★★★★
<i>Advising Smokers and Tobacco Users to Quit</i>					
<i>Discussing Cessation Medications</i>	42.6%	43.7%	42.9%	-0.8	—
<i>Discussing Cessation Strategies</i>	34.0%	34.8%	36.1%	+1.3	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	72.6%	71.6%	-1.0	—
<i>Black or African-American</i>	—	18.7%	18.1%	-0.6	—
<i>American-Indian and Alaska Native</i>	—	0.0%	0.2%	+0.2	—
<i>Asian</i>	—	0.0%	0.8%	+0.8	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.0%	0.0	—
<i>Some Other Race</i>	—	1.3%	0.2%	-1.1	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	7.4%	9.0%	+1.6	—
<i>Declined</i>	—	<0.1%	0.1%	+0.1	—
<i>Hispanic</i> <sup>£</sup>	3.9%	4.5%	4.5%	0.0	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	99.8%	99.7%	-0.1	—

Table C-5 McLaren Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.2%	0.3%	+0.1	—
<i>Spoken Language—Unknown</i>	—	0.0%	0.0%	0.0	—
<i>Spoken Language—Declined</i>	—	<0.1%	<0.1%	0.0	—
<i>Written Language—English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	173.2	331.5	327.8	-3.7	★★
<i>ED—Total</i> <sup>*</sup>	70.4	70.5	72.8	+2.3	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	6.9	9.0	8.4	-0.6	—
<i>Medicine—Total</i>	3.2	3.4	3.8	+0.4	—
<i>Surgery—Total</i>	1.2	2.0	1.3	-0.7	—
<i>Maternity—Total</i>	4.1	6.0	5.5	-0.5	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	3.9	3.6	3.7	+0.1	—
<i>Medicine—Total</i>	4.2	3.6	4.1	+0.5	—
<i>Surgery—Total</i>	5.5	5.5	5.4	-0.1	—
<i>Maternity—Total</i>	2.8	2.5	2.6	+0.1	—

— in rating columns indicates data were not available or data element was not applicable for the measure.  
<sup>†</sup> Statistical tests across years were not performed for this measure.  
<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)  
<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.  
<sup>£</sup> Rate was calculated by HSAG.

Table C-6 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	80.1%	79.5%	79.1%	-0.4	★★★★
Combination 3	75.2%	76.7%	76.3%	-0.4	★★★★
Combination 4	27.8%	34.0%	34.2%	+0.2	★★★★
Combination 5	47.0%	57.4%	56.7%	-0.7	★★★★
Combination 6	30.1%	39.3%	40.9%	+1.6	★★★★
Combination 7	19.4%	27.7%	28.8%	+1.1	★★★★
Combination 8	16.0%	20.9%	22.6%	+1.7	★★★★
Combination 9	21.3%	32.1%	33.5%	+1.4	★★★★
Combination 10	12.3%	17.7%	20.0%	+2.3	★★★★
Immunizations for Adolescents—Combination 1	44.4%	54.9%	79.6%	+24.7	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	69.0%	78.7%	77.3%	-1.4	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	79.1%	81.6%	78.2%	-3.4	★★★★
Adolescent Well-Care Visits	56.9%	62.7%	67.9%	+5.2	★★★★★
Lead Screening in Children	78.2%	82.3%	80.8%	-1.5	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	82.6%	86.6%	83.7%	-2.9	★★
Appropriate Testing for Children With Pharyngitis	60.4%	61.3%	65.2%	+3.9	★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	35.3%	41.6%	42.6%	+1.0	★★★★
Continuation and Maintenance Phase	41.6%	48.6%	50.3%	+1.7	★★★★
<b>Women-Adult Care</b>					
Breast Cancer Screening	62.3%	61.3%	62.8%	+1.5	★★★★
Cervical Cancer Screening	80.7%	78.1%	78.1%	Rotated	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	61.4%	60.8%	63.2%	+2.4	★★★★
Ages 21 to 24 Years	67.2%	67.2%	68.6%	+1.4	★★★★
Total	63.8%	63.5%	65.5%	+2.0	★★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.9%	96.9%	97.6%	+0.7	★★★★
Ages 25 Months to 6 Years	91.4%	91.6%	92.4%	+0.8	★★★★
Ages 7 to 11 Years	92.3%	92.8%	93.3%	+0.5	★★★★

Table C-6 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	92.3%	92.8%	93.3%	+0.5	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	84.4%	84.3%	86.1%	+1.8	★★★★
Ages 45 to 64 Years	90.1%	90.3%	91.4%	+1.1	★★★★★
Ages 65+ Years	NA	89.5%	87.9%	-1.6	★★★★
Total	85.8%	85.8%	87.4%	+1.6	★★★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	32.2%	42.8%	71.4%	+28.6	★★★★
BMI Percentile—Ages 12 to 17 Years	39.0%	50.7%	74.2%	+23.5	★★★★★
BMI Percentile—Total	34.5%	45.6%	72.3%	+26.7	★★★★★
Nutrition—Ages 3 to 11 Years	39.5%	47.8%	48.8%	+1.0	★★
Nutrition—Ages 12 to 17 Years	45.9%	48.7%	51.5%	+2.8	★★★★
Nutrition—Total	41.7%	48.1%	49.7%	+1.6	★★
Physical Activity—Ages 3 to 11 Years	30.4%	37.1%	34.0%	-3.1	★★
Physical Activity—Ages 12 to 17 Years	41.1%	47.4%	43.9%	-3.5	★★★★
Physical Activity—Total	34.0%	40.7%	37.1%	-3.6	★★
Adult BMI Assessment	63.0%	68.8%	77.4%	+8.6	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	89.6%	92.4%	93.9%	+1.5	★★★★★
Postpartum Care	75.5%	76.4%	71.1%	-5.3	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	19.3%	21.2%	25.1%	+3.9	—
1-12 Weeks	8.1%	8.6%	10.5%	+1.9	—
13-27 Weeks	45.5%	49.5%	48.0%	-1.5	—
28 or more Weeks	27.0%	20.6%	16.3%	-4.3	—
Unknown	0.0%	0.1%	0.1%	0.0	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	1.9%	—	—
21-40 Percent	—	—	2.3%	—	—
41-60 Percent	—	—	3.5%	—	—
61-80 Percent	—	—	4.2%	—	—
≥81 Percent	—	—	88.1%	—	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	88.7%	92.1%	90.9%	-1.2	★★★★★

Table C-6 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	24.9%	29.1%	31.3%	+2.2	★★★★
<i>HbA1c Control (&lt;8.0%)</i>	61.5%	60.1%	57.8%	-2.3	★★★★
<i>HbA1c Control (&lt;7.0%)</i>	49.4%	47.6%	45.2%	-2.4	★★★★★
<i>Eye Exam</i>	62.8%	59.1%	53.2%	-5.9	★★★
<i>LDL-C Screening</i>	81.0%	86.0%	81.5%	-4.5	★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	36.8%	45.6%	41.6%	-4.0	★★★★
<i>Medical Attention for Nephropathy</i>	80.3%	85.2%	79.9%	-5.3	★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	39.5%	48.6%	+9.1	★★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	55.3%	59.4%	68.5%	+9.1	★★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	93.6%	93.2%	94.2%	+1.0	★★★
<i>Ages 12 to 18 Years</i>	—	—	88.1%	—	—
<i>Ages 19 to 50 Years</i>	—	—	76.1%	—	—
<i>Ages 51 to 64 Years</i>	—	—	70.4%	—	—
<i>Total^</i>	90.2%	89.7%	86.8%	-2.9	★★
<i>Controlling High Blood Pressure</i>					
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>	65.3%	62.4%	69.5%	+7.1	★★★★★
<i>Advising Smokers and Tobacco Users to Quit</i>					
<i>Discussing Cessation Medications</i>	47.4%	50.5%	53.6%	+3.1	—
<i>Discussing Cessation Strategies</i>	40.6%	40.4%	42.4%	+2.0	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership†</i>					
<i>White</i>	—	68.0%	66.9%	-1.1	—
<i>Black or African-American</i>	—	22.1%	21.7%	-0.4	—
<i>American-Indian and Alaska Native</i>	—	0.1%	0.1%	0.0	—
<i>Asian</i>	—	0.0%	0.9%	+0.9	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.1%	+0.1	—
<i>Some Other Race</i>	—	1.1%	0.2%	-0.9	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	5.9%	5.8%	-0.1	—
<i>Declined</i>	—	2.8%	4.3%	+1.5	—
<i>Hispanic£</i>	5.7%	5.9%	5.8%	-0.1	—
<i>Language Diversity of Membership†</i>					
<i>Spoken Language—English</i>	—	99.0%	99.0%	0.0	—

Table C-6 Meridian Health Plan of Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	1.0%	1.0%	0.0	—
<i>Spoken Language—Unknown</i>	—	0.0%	0.0%	0.0	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	99.0%	99.0%	0.0	—
<i>Written Language—Non-English</i>	—	1.0%	1.0%	0.0	—
<i>Written Language—Unknown</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	99.0%	99.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	1.0%	1.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)†</i>					
<i>Outpatient—Total</i>	372.8	364.1	369.8	+5.7	★★★
<i>ED—Total*</i>	78.5	75.7	79.3	+3.6	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)†</i>					
<i>Total Inpatient—Total</i>	10.8	11.4	10.7	-0.7	—
<i>Medicine—Total</i>	2.9	2.7	6.0	+3.3	—
<i>Surgery—Total</i>	1.1	1.0	0.4	-0.6	—
<i>Maternity—Total</i>	7.6	7.8	7.1	-0.7	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)†</i>					
<i>Total Inpatient—Total</i>	4.0	3.8	3.9	+0.1	—
<i>Medicine—Total</i>	4.1	4.3	4.7	+0.4	—
<i>Surgery—Total</i>	5.1	5.1	3.8	-1.3	—
<i>Maternity—Total</i>	2.9	2.6	2.7	+0.1	—

— in rating columns indicates data were not available or data element was not applicable for the measure.  
 † Statistical tests across years were not performed for this measure.  
 \* For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)  
 ^ For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.  
 £ Rate was calculated by HSAG.

Table C-7 Midwest Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
<i>Combination 2</i>	81.8%	79.3%	77.9%	-1.4	★★★
<i>Combination 3</i>	76.4%	75.4%	73.5%	-1.9	★★★
<i>Combination 4</i>	36.5%	37.0%	40.4%	+3.4	★★★★
<i>Combination 5</i>	44.3%	53.0%	60.6%	+7.6	★★★★
<i>Combination 6</i>	23.8%	32.8%	37.2%	+4.4	★★★
<i>Combination 7</i>	23.4%	26.5%	33.8%	+7.3	★★★★
<i>Combination 8</i>	13.6%	17.3%	20.9%	+3.6	★★★
<i>Combination 9</i>	16.1%	24.6%	32.1%	+7.5	★★★
<i>Combination 10</i>	9.2%	13.4%	17.8%	+4.4	★★★
<i>Immunizations for Adolescents—Combination 1</i>	47.2%	63.5%	76.4%	+12.9	★★★★★
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	89.1%	81.5%	82.0%	+0.5	★★★★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	75.9%	84.7%	85.4%	+0.7	★★★★★
<i>Adolescent Well-Care Visits</i>	65.0%	67.2%	68.9%	+1.7	★★★★★
<i>Lead Screening in Children</i>	80.5%	77.9%	73.7%	-4.2	★★★
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	85.7%	86.1%	86.0%	-0.1	☆☆
<i>Appropriate Testing for Children With Pharyngitis</i>	41.4%	54.0%	68.6%	+14.6	★★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
<i>Initiation Phase</i>	37.6%	39.6%	39.7%	+0.1	★★★
<i>Continuation and Maintenance Phase</i>	42.0%	47.5%	50.0%	+2.5	★★★
<b>Women-Adult Care</b>					
<i>Breast Cancer Screening</i>	55.0%	58.3%	57.5%	-0.8	★★★★
<i>Cervical Cancer Screening</i>	74.2%	73.5%	80.8%	+7.3	★★★★★
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	64.0%	63.3%	63.1%	-0.2	★★★★
<i>Ages 21 to 24 Years</i>	70.7%	69.1%	71.2%	+2.1	★★★★
<i>Total</i>	66.1%	65.2%	66.0%	+0.8	★★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	98.4%	98.4%	98.4%	0.0	★★★★
<i>Ages 25 Months to 6 Years</i>	89.6%	90.9%	92.6%	+1.7	★★★★
<i>Ages 7 to 11 Years</i>	89.8%	91.6%	93.6%	+2.0	★★★★

Table C-7 Midwest Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Ages 12 to 19 Years</i>	87.4%	89.3%	92.1%	+2.8	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	84.6%	83.2%	87.7%	+4.5	★★★★
<i>Ages 45 to 64 Years</i>	90.6%	90.3%	91.3%	+1.0	★★★★★
<i>Ages 65+ Years</i>	87.9%	90.7%	93.1%	+2.4	★★★★★
<i>Total</i>	86.8%	85.6%	89.0%	+3.4	★★★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Percentile—Ages 3 to 11 Years</i>	82.7%	79.6%	81.4%	+1.8	★★★★★
<i>BMI Percentile—Ages 12 to 17 Years</i>	75.2%	84.5%	81.0%	-3.5	★★★★★
<i>BMI Percentile—Total</i>	80.0%	81.3%	81.3%	0.0	★★★★★
<i>Nutrition—Ages 3 to 11 Years</i>	71.1%	77.0%	81.1%	+4.1	★★★★★
<i>Nutrition—Ages 12 to 17 Years</i>	63.4%	76.8%	84.4%	+7.6	★★★★★
<i>Nutrition—Total</i>	68.4%	76.9%	82.2%	+5.3	★★★★★
<i>Physical Activity—Ages 3 to 11 Years</i>	66.2%	71.0%	80.3%	+9.3	★★★★★
<i>Physical Activity—Ages 12 to 17 Years</i>	62.1%	73.9%	81.0%	+7.1	★★★★★
<i>Physical Activity—Total</i>	64.7%	72.0%	80.5%	+8.5	★★★★★
<i>Adult BMI Assessment</i>	61.3%	68.4%	76.4%	+8.0	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	94.4%	94.9%	95.1%	+0.2	★★★★★
<i>Postpartum Care</i>	73.7%	70.8%	72.3%	+1.5	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
<i>≤0 Weeks</i>	16.2%	21.0%	20.0%	-1.0	—
<i>1-12 Weeks</i>	7.8%	6.8%	8.0%	+1.2	—
<i>13-27 Weeks</i>	38.9%	39.3%	48.7%	+9.4	—
<i>28 or more Weeks</i>	30.7%	27.0%	23.4%	-3.6	—
<i>Unknown</i>	6.5%	5.9%	0.0%	-5.9	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<i>&lt;21 Percent</i>	—	—	5.8%	—	—
<i>21-40 Percent</i>	—	—	4.6%	—	—
<i>41-60 Percent</i>	—	—	3.6%	—	—
<i>61-80 Percent</i>	—	—	2.9%	—	—
<i>≥81 Percent</i>	—	—	83.0%	—	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	82.1%	88.5%	92.7%	+4.2	★★★★★

Table C-7 Midwest Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	25.5%	35.2%	35.0%	-0.2	★★★
<i>HbA1c Control (&lt;8.0%)</i>	44.9%	54.0%	54.6%	+0.6	★★★
<i>HbA1c Control (&lt;7.0%)</i>	NR	42.4%	41.6%	-0.8	★★★★
<i>Eye Exam</i>	59.7%	61.3%	61.5%	+0.2	★★★
<i>LDL-C Screening</i>	79.2%	83.4%	84.7%	+1.3	★★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	32.3%	39.1%	40.5%	+1.4	★★★
<i>Medical Attention for Nephropathy</i>	86.5%	92.3%	97.8%	+5.5	★★★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	53.3%	46.7%	-6.6	★★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	59.9%	65.3%	67.9%	+2.6	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	90.1%	96.0%	96.9%	+0.9	★★★★★
<i>Ages 12 to 18 Years</i>	—	—	98.8%	—	—
<i>Ages 19 to 50 Years</i>	—	—	98.0%	—	—
<i>Ages 51 to 64 Years</i>	—	—	98.7%	—	—
<i>Total</i> <sup>^</sup>	89.8%	91.3%	97.8%	+6.5	★★★★★
<i>Controlling High Blood Pressure</i>	67.9%	67.6%	67.6%	0.0	★★★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	70.1%	74.3%	78.0%	+3.7	—
<i>Discussing Cessation Medications</i>	47.7%	46.2%	45.5%	-0.7	—
<i>Discussing Cessation Strategies</i>	38.7%	40.3%	40.5%	+0.2	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	40.6%	31.0%	-9.6	—
<i>Black or African-American</i>	—	29.2%	22.3%	-6.9	—
<i>American-Indian and Alaska Native</i>	—	<0.1%	<0.1%	0.0	—
<i>Asian</i>	—	0.0%	0.0%	0.0	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.0%	0.0	—
<i>Some Other Race</i>	—	6.3%	5.0%	-1.3	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	23.8%	41.8%	+18.0	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic</i> <sup>£</sup>	1.5%	4.0%	3.2%	-0.8	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	96.7%	97.8%	+1.1	—

Table C-7 Midwest Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.4%	0.4%	0.0	—
<i>Spoken Language—Unknown</i>	—	2.9%	1.8%	-1.1	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	96.7%	97.8%	+1.1	—
<i>Written Language—Non-English</i>	—	0.4%	0.4%	0.0	—
<i>Written Language—Unknown</i>	—	2.9%	1.8%	-1.1	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	96.7%	97.8%	+1.1	—
<i>Other Language Needs—Non-English</i>	—	0.4%	0.4%	0.0	—
<i>Other Language Needs—Unknown</i>	—	2.9%	1.8%	-1.1	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	411.7	377.3	388.7	+11.4	★★★
<i>ED—Total</i> <sup>*</sup>	63.7	59.1	64.0	+4.9	★★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	8.6	8.8	8.9	+0.1	—
<i>Medicine—Total</i>	3.8	3.8	4.4	+0.6	—
<i>Surgery—Total</i>	1.7	1.8	1.3	-0.5	—
<i>Maternity—Total</i>	5.0	5.4	5.1	-0.3	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	3.8	3.8	3.8	0.0	—
<i>Medicine—Total</i>	3.7	3.5	4.1	+0.6	—
<i>Surgery—Total</i>	6.1	6.9	5.7	-1.2	—
<i>Maternity—Total</i>	2.6	2.6	2.6	0.0	—

— indicates data were not available or data element was not applicable for the measure.

<sup>†</sup> Statistical tests across years were not performed for this measure.

<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)

<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

<sup>£</sup> Rate was calculated by HSAG.

Table C-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	74.4%	74.1%	78.0%	+3.9	★★★
Combination 3	68.9%	69.2%	73.4%	+4.2	★★★
Combination 4	27.1%	27.0%	30.6%	+3.6	★★
Combination 5	32.5%	43.1%	48.6%	+5.5	★★★
Combination 6	26.7%	28.6%	31.5%	+2.9	★★
Combination 7	15.2%	18.6%	21.5%	+2.9	★★
Combination 8	13.0%	13.5%	15.3%	+1.8	★★
Combination 9	15.0%	19.7%	22.2%	+2.5	★★
Combination 10	8.0%	9.9%	11.6%	+1.7	★★
Immunizations for Adolescents—Combination 1	42.9%	52.4%	74.7%	+22.3	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	54.6%	54.6%	60.4%	+5.8	★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.7%	74.3%	76.4%	+2.1	★★★
Adolescent Well-Care Visits	51.9%	51.9%	57.6%	+5.7	★★★★
Lead Screening in Children	71.6%	74.3%	74.3%	0.0	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	83.0%	84.5%	84.1%	-0.4	★★
Appropriate Testing for Children With Pharyngitis	52.0%	52.1%	57.8%	+5.7	★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	37.6%	31.8%	35.6%	+3.8	★★
Continuation and Maintenance Phase	41.7%	33.8%	43.3%	+9.5	★★
<b>Women-Adult Care</b>					
Breast Cancer Screening	51.9%	54.1%	53.7%	-0.4	★★★
Cervical Cancer Screening	70.9%	71.5%	72.9%	+1.4	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	60.7%	60.5%	61.6%	+1.1	★★★★
Ages 21 to 24 Years	66.7%	67.2%	68.5%	+1.3	★★★
Total	62.7%	62.7%	63.9%	+1.2	★★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.6%	96.8%	96.4%	-0.4	★★
Ages 25 Months to 6 Years	88.5%	90.1%	90.1%	0.0	★★★
Ages 7 to 11 Years	88.7%	90.9%	92.1%	+1.2	★★★

Table C-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	85.4%	87.8%	89.1%	+1.3	★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	82.0%	81.6%	81.7%	+0.1	★★
Ages 45 to 64 Years	86.9%	87.3%	88.0%	+0.7	★★★
Ages 65+ Years	93.3%	89.1%	88.3%	-0.8	★★★
Total	83.6%	83.5%	83.8%	+0.3	★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	44.1%	37.5%	57.0%	+19.5	★★★
BMI Percentile—Ages 12 to 17 Years	47.5%	37.1%	56.9%	+19.8	★★★★
BMI Percentile—Total	45.2%	37.4%	56.9%	+19.5	★★★
Nutrition—Ages 3 to 11 Years	51.7%	55.0%	57.7%	+2.7	★★★
Nutrition—Ages 12 to 17 Years	46.8%	50.7%	56.3%	+5.6	★★★
Nutrition—Total	50.1%	53.6%	57.2%	+3.6	★★★
Physical Activity—Ages 3 to 11 Years	39.3%	38.1%	45.7%	+7.6	★★★
Physical Activity—Ages 12 to 17 Years	44.7%	48.6%	49.1%	+0.5	★★★
Physical Activity—Total	41.1%	41.5%	47.0%	+5.5	★★★
Adult BMI Assessment	53.5%	64.4%	72.9%	+8.5	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	79.4%	80.4%	80.4%	Rotated	★★
Postpartum Care	61.3%	64.1%	64.1%	Rotated	★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	NR	NR	NR	—	—
1-12 Weeks	NR	NR	NR	—	—
13-27 Weeks	NR	NR	NR	—	—
28 or more Weeks	NR	NR	NR	—	—
Unknown	NR	NR	NR	—	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	19.1%	Rotated	—
21-40 Percent	—	—	11.7%	Rotated	—
41-60 Percent	—	—	7.0%	Rotated	—
61-80 Percent	—	—	15.6%	Rotated	—
≥81 Percent	—	—	46.6%	Rotated	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.8%	81.8%	80.9%	-0.9	★★

Table C-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	38.6%	38.6%	36.8%	-1.8	★★★
<i>HbA1c Control (&lt;8.0%)</i>	51.2%	51.2%	55.0%	+3.8	★★★★
<i>HbA1c Control (&lt;7.0%)</i>	NR	NR	NR	—	NR
<i>Eye Exam</i>	51.4%	51.4%	47.5%	-3.9	★★
<i>LDL-C Screening</i>	81.5%	81.5%	78.7%	-2.8	★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	39.1%	39.1%	39.0%	-0.1	★★★★
<i>Medical Attention for Nephropathy</i>	80.8%	80.8%	77.5%	-3.3	★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	NR	46.7%	—	★★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	62.8%	62.8%	64.9%	+2.1	★★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	89.0%	88.7%	88.1%	-0.6	★
<i>Ages 12 to 18 Years</i>	—	—	78.9%	—	—
<i>Ages 19 to 50 Years</i>	—	—	67.9%	—	—
<i>Ages 51 to 64 Years</i>	—	—	50.0%	—	—
<i>Total</i> <sup>^</sup>	85.0%	84.2%	77.1%	-7.1	★
<i>Controlling High Blood Pressure</i>					
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>	59.0%	59.2%	63.5%	+4.3	★★★★
<i>Advising Smokers and Tobacco Users to Quit</i>					
<i>Discussing Cessation Medications</i>	45.8%	48.9%	52.6%	+3.7	—
<i>Discussing Cessation Strategies</i>	39.4%	41.5%	41.8%	+0.3	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	50.7%	49.5%	-1.2	—
<i>Black or African-American</i>	—	38.4%	37.7%	-0.7	—
<i>American-Indian and Alaska Native</i>	—	0.1%	0.1%	0.0	—
<i>Asian</i>	—	1.3%	1.2%	-0.1	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.0%	0.0	—
<i>Some Other Race</i>	—	0.0%	0.0%	0.0	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	9.4%	11.4%	+2.0	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic</i> <sup>£</sup>	6.4%	7.0%	7.2%	+0.2	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	99.2%	99.2%	0.0	—

Table C-8 Molina Healthcare of Michigan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.7%	0.8%	+0.1	—
<i>Spoken Language—Unknown</i>	—	0.1%	<0.1%	-0.1	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	99.2%	99.2%	0.0	—
<i>Written Language—Non-English</i>	—	0.7%	0.8%	+0.1	—
<i>Written Language—Unknown</i>	—	0.1%	<0.1%	-0.1	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	99.2%	99.2%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.7%	0.8%	+0.1	—
<i>Other Language Needs—Unknown</i>	—	0.1%	<0.1%	-0.1	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	355.4	357.7	375.2	+17.5	★★★★
<i>ED—Total</i> <sup>*</sup>	75.6	72.9	74.6	+1.7	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	8.1	7.9	7.2	-0.7	—
<i>Medicine—Total</i>	3.5	3.3	3.0	-0.3	—
<i>Surgery—Total</i>	1.6	1.5	1.4	-0.1	—
<i>Maternity—Total</i>	5.0	5.1	4.6	-0.5	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	3.8	3.8	3.9	+0.1	—
<i>Medicine—Total</i>	3.6	3.7	3.9	+0.2	—
<i>Surgery—Total</i>	6.7	6.5	6.7	+0.2	—
<i>Maternity—Total</i>	2.5	2.6	2.5	-0.1	—

— indicates data were not available or data element was not applicable for the measure.

<sup>†</sup> Statistical tests across years were not performed for this measure.

<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)

<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

<sup>£</sup> Rate was calculated by HSAG.

Table C-9 Physicians Health Plan—FamilyCare Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
<i>Combination 2</i>	77.1%	77.1%	74.0%	-3.1	☆☆
<i>Combination 3</i>	73.2%	73.2%	68.1%	-5.1	☆☆
<i>Combination 4</i>	25.3%	25.3%	24.8%	-0.5	★
<i>Combination 5</i>	41.6%	41.6%	48.4%	+6.8	☆☆☆
<i>Combination 6</i>	44.3%	44.3%	31.1%	-13.2	☆☆
<i>Combination 7</i>	17.0%	17.0%	20.4%	+3.4	☆☆
<i>Combination 8</i>	18.7%	18.7%	12.4%	-6.3	★
<i>Combination 9</i>	27.7%	27.7%	22.9%	-4.8	☆☆
<i>Combination 10</i>	12.7%	12.7%	9.7%	-3.0	★
<i>Immunizations for Adolescents—Combination 1</i>	41.6%	50.1%	77.4%	+27.3	☆☆☆☆
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	52.1%	58.0%	53.4%	-4.6	☆☆
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	61.1%	61.1%	65.3%	+4.2	★
<i>Adolescent Well-Care Visits</i>	46.0%	48.7%	46.2%	-2.5	☆☆☆
<i>Lead Screening in Children</i>	84.0%	85.6%	82.9%	-2.7	☆☆☆☆
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	86.7%	88.7%	80.1%	-8.6	★
<i>Appropriate Testing for Children With Pharyngitis</i>	62.1%	55.0%	53.7%	-1.3	★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
<i>Initiation Phase</i>	NR	NB	37.0%	—	☆☆
<i>Continuation and Maintenance Phase</i>	NR	NB	47.2%	—	☆☆☆
<b>Women-Adult Care</b>					
<i>Breast Cancer Screening</i>	50.4%	46.0%	43.5%	-2.5	★
<i>Cervical Cancer Screening</i>	71.2%	69.3%	68.6%	-0.7	☆☆
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	63.5%	56.7%	58.7%	+2.0	☆☆☆
<i>Ages 21 to 24 Years</i>	75.6%	69.8%	70.6%	+0.8	☆☆☆☆
<i>Total</i>	68.2%	61.3%	63.2%	+1.9	☆☆☆
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	93.7%	94.9%	94.2%	-0.7	★
<i>Ages 25 Months to 6 Years</i>	85.0%	84.5%	85.6%	+1.1	★
<i>Ages 7 to 11 Years</i>	87.9%	88.4%	86.9%	-1.5	★

Table C-9 Physicians Health Plan—FamilyCare Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Ages 12 to 19 Years</i>	86.6%	87.4%	85.5%	-1.9	★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	80.5%	80.7%	78.7%	-2.0	☆☆
<i>Ages 45 to 64 Years</i>	88.3%	87.7%	84.9%	-2.8	☆☆
<i>Ages 65+ Years</i>	NA	NA	NA	—	NA
<i>Total</i>	82.8%	82.8%	80.6%	-2.2	☆☆
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Percentile—Ages 3 to 11 Years</i>	34.6%	47.0%	68.5%	+21.5	☆☆☆☆
<i>BMI Percentile—Ages 12 to 17 Years</i>	33.8%	34.7%	59.7%	+25.0	☆☆☆☆
<i>BMI Percentile—Total</i>	34.3%	42.6%	65.5%	+22.9	☆☆☆☆
<i>Nutrition—Ages 3 to 11 Years</i>	41.8%	52.3%	63.3%	+11.0	☆☆☆
<i>Nutrition—Ages 12 to 17 Years</i>	43.9%	45.6%	47.2%	+1.6	☆☆☆
<i>Nutrition—Total</i>	42.6%	49.9%	57.7%	+7.8	☆☆☆
<i>Physical Activity—Ages 3 to 11 Years</i>	23.2%	34.1%	47.2%	+13.1	☆☆☆
<i>Physical Activity—Ages 12 to 17 Years</i>	39.2%	46.9%	47.9%	+1.0	☆☆☆
<i>Physical Activity—Total</i>	29.0%	38.7%	47.4%	+8.7	☆☆☆
<i>Adult BMI Assessment</i>	31.4%	47.7%	66.7%	+19.0	☆☆☆☆
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	85.4%	91.5%	92.7%	+1.2	☆☆☆☆
<i>Postpartum Care</i>	68.6%	66.4%	70.6%	+4.2	☆☆☆☆
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
<i>≤0 Weeks</i>	15.9%	28.0%	3.3%	-24.7	—
<i>1-12 Weeks</i>	4.0%	6.6%	0.5%	-6.1	—
<i>13-27 Weeks</i>	24.7%	40.8%	3.9%	-36.9	—
<i>28 or more Weeks</i>	51.3%	19.6%	86.2%	+66.6	—
<i>Unknown</i>	4.1%	4.9%	6.1%	+1.2	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<i>&lt;21 Percent</i>	—	—	6.8%	—	—
<i>21-40 Percent</i>	—	—	2.2%	—	—
<i>41-60 Percent</i>	—	—	3.9%	—	—
<i>61-80 Percent</i>	—	—	18.0%	—	—
<i>≥81 Percent</i>	—	—	69.1%	—	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	81.8%	81.8%	78.1%	-3.7	☆☆

Table C-9 Physicians Health Plan—FamilyCare Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	38.7%	38.9%	37.7%	-1.2	★★★
<i>HbA1c Control (&lt;8.0%)</i>	49.9%	50.4%	51.8%	+1.4	★★★
<i>HbA1c Control (&lt;7.0%)</i>	NR	NR	33.1%	—	★★
<i>Eye Exam</i>	67.4%	67.4%	48.4%	-19.0	★★
<i>LDL-C Screening</i>	74.2%	74.2%	67.2%	-7.0	★
<i>LDL-C Control &lt;100 mg/dL</i>	42.3%	42.3%	36.7%	-5.6	★★★
<i>Medical Attention for Nephropathy</i>	80.8%	83.5%	76.4%	-7.1	★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	41.8%	39.0%	-2.8	★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	64.5%	64.5%	64.4%	-0.1	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	99.2%	93.5%	95.0%	+1.5	★★★★
<i>Ages 12 to 18 Years</i>	—	—	88.1%	—	—
<i>Ages 19 to 50 Years</i>	—	—	75.0%	—	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—	—
<i>Total</i> <sup>^</sup>	95.0%	93.2%	88.5%	-4.7	★★
<i>Controlling High Blood Pressure</i>					
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>	57.5%	56.3%	55.8%	-0.5	★★
<i>Advising Smokers and Tobacco Users to Quit</i>					
<i>Discussing Cessation Medications</i>	76.8%	77.4%	78.5%	+1.1	—
<i>Discussing Cessation Strategies</i>	52.1%	52.1%	51.6%	-0.5	—
<i>Discussing Cessation Strategies</i>	44.2%	42.9%	45.6%	+2.7	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	54.0%	53.2%	-0.8	—
<i>Black or African-American</i>	—	26.5%	25.6%	-0.9	—
<i>American-Indian and Alaska Native</i>	—	0.2%	0.2%	0.0	—
<i>Asian</i>	—	0.0%	0.0%	0.0	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	4.0%	0.8%	-3.2	—
<i>Some Other Race</i>	—	9.3%	9.3%	0.0	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	6.0%	10.9%	+4.9	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic</i> <sup>£</sup>	9.9%	0.0%	9.3%	+9.3	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	98.3%	98.3%	0.0	—

Table C-9 Physicians Health Plan—FamilyCare Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.8%	0.9%	+0.1	—
<i>Spoken Language—Unknown</i>	—	0.9%	0.8%	-0.1	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	98.3%	98.3%	0.0	—
<i>Written Language—Non-English</i>	—	0.8%	0.9%	+0.1	—
<i>Written Language—Unknown</i>	—	0.9%	0.8%	-0.1	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	98.3%	98.3%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.8%	0.9%	+0.1	—
<i>Other Language Needs—Unknown</i>	—	0.9%	0.8%	-0.1	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	337.3	322.2	328.3	+6.1	★★
<i>ED—Total</i> <sup>*</sup>	72.0	67.0	74.6	+7.6	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	9.6	9.2	8.7	-0.5	—
<i>Medicine—Total</i>	4.2	3.7	4.1	+0.4	—
<i>Surgery—Total</i>	1.8	2.0	1.4	-0.6	—
<i>Maternity—Total</i>	6.0	6.0	5.4	-0.6	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	3.1	3.4	3.7	+0.3	—
<i>Medicine—Total</i>	2.9	3.1	3.8	+0.7	—
<i>Surgery—Total</i>	5.0	5.4	5.3	-0.1	—
<i>Maternity—Total</i>	2.4	2.7	2.7	0.0	—

— indicates data were not available or data element was not applicable for the measure.

<sup>†</sup> Statistical tests across years were not performed for this measure.

<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)

<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

<sup>£</sup> Rate was calculated by HSAG.

Table C-10 Priority Health Government Programs, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	87.0%	87.0%	88.1%	+1.1	★★★★★
Combination 3	83.3%	83.3%	85.4%	+2.1	★★★★★
Combination 4	48.5%	48.5%	45.0%	-3.5	★★★★★
Combination 5	55.9%	55.9%	70.8%	+14.9	★★★★★
Combination 6	51.5%	51.5%	58.2%	+6.7	★★★★★
Combination 7	34.4%	34.4%	38.9%	+4.5	★★★★★
Combination 8	36.3%	36.3%	34.1%	-2.2	★★★★★
Combination 9	38.1%	38.1%	51.1%	+13.0	★★★★★
Combination 10	27.4%	27.4%	30.9%	+3.5	★★★★★
Immunizations for Adolescents—Combination 1	51.8%	63.9%	86.3%	+22.4	★★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	62.4%	64.7%	70.0%	+5.3	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	71.6%	70.7%	80.8%	+10.1	★★★★
Adolescent Well-Care Visits	51.3%	59.4%	58.2%	-1.2	★★★★
Lead Screening in Children	73.6%	72.0%	71.3%	-0.7	★★★
Appropriate Treatment for Children With Upper Respiratory Infection	91.1%	91.5%	93.0%	+1.5	★★★★
Appropriate Testing for Children With Pharyngitis	67.5%	66.9%	74.1%	+7.2	★★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	33.5%	38.3%	38.1%	-0.2	★★★
Continuation and Maintenance Phase	38.8%	43.4%	45.5%	+2.1	★★★
<b>Women-Adult Care</b>					
Breast Cancer Screening	63.2%	64.2%	62.8%	-1.4	★★★★
Cervical Cancer Screening	80.6%	72.7%	72.2%	-0.5	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	67.2%	66.5%	66.7%	+0.2	★★★★★
Ages 21 to 24 Years	73.0%	71.0%	74.1%	+3.1	★★★★★
Total	69.5%	68.2%	69.4%	+1.2	★★★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.3%	97.6%	97.2%	-0.4	★★★
Ages 25 Months to 6 Years	86.5%	86.7%	88.7%	+2.0	★★★
Ages 7 to 11 Years	88.9%	90.3%	91.1%	+0.8	★★★

Table C-10 Priority Health Government Programs, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	86.9%	88.5%	90.0%	+1.5	★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	84.5%	84.4%	83.7%	-0.7	★★★
Ages 45 to 64 Years	90.7%	89.2%	89.3%	+0.1	★★★
Ages 65+ Years	NA	NA	94.5%	—	★★★★★
Total	85.9%	85.4%	85.2%	-0.2	★★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	50.2%	68.5%	70.3%	+1.8	★★★★
BMI Percentile—Ages 12 to 17 Years	50.7%	63.0%	72.0%	+9.0	★★★★★
BMI Percentile—Total	50.4%	66.7%	70.8%	+4.1	★★★★★
Nutrition—Ages 3 to 11 Years	55.7%	71.0%	65.9%	-5.1	★★★★
Nutrition—Ages 12 to 17 Years	37.1%	62.2%	63.6%	+1.4	★★★★
Nutrition—Total	49.4%	68.1%	65.2%	-2.9	★★★★
Physical Activity—Ages 3 to 11 Years	32.5%	47.1%	50.5%	+3.4	★★★★
Physical Activity—Ages 12 to 17 Years	42.9%	60.7%	61.4%	+0.7	★★★★
Physical Activity—Total	36.0%	51.6%	54.0%	+2.4	★★★★
Adult BMI Assessment	74.9%	81.5%	85.8%	+4.3	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	87.1%	83.8%	91.2%	+7.4	★★★★
Postpartum Care	74.4%	75.4%	71.3%	-4.1	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	21.9%	29.2%	29.2%	Rotated	—
1-12 Weeks	10.5%	9.0%	9.0%	Rotated	—
13-27 Weeks	46.7%	42.6%	42.6%	Rotated	—
28 or more Weeks	20.9%	19.2%	19.2%	Rotated	—
Unknown	0.0%	0.0%	0.0%	Rotated	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	7.8%	Rotated	—
21-40 Percent	—	—	3.7%	Rotated	—
41-60 Percent	—	—	6.3%	Rotated	—
61-80 Percent	—	—	12.9%	Rotated	—
≥81 Percent	—	—	69.3%	Rotated	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	93.2%	93.2%	87.0%	-6.2	★★★

Table C-10 Priority Health Government Programs, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	27.6%	27.0%	29.6%	+2.6	★★★★
<i>HbA1c Control (&lt;8.0%)</i>	62.0%	60.6%	59.1%	-1.5	★★★★★
<i>HbA1c Control (&lt;7.0%)</i>	45.8%	47.5%	43.5%	-4.0	★★★★
<i>Eye Exam</i>	63.5%	62.4%	67.7%	+5.3	★★★★
<i>LDL-C Screening</i>	82.7%	80.8%	78.5%	-2.3	★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	44.7%	43.8%	44.3%	+0.5	★★★★
<i>Medical Attention for Nephropathy</i>	87.0%	87.8%	81.4%	-6.4	★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	51.3%	43.8%	-7.5	★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	73.4%	72.1%	63.5%	-8.6	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	97.4%	95.4%	96.3%	+0.9	★★★★★
<i>Ages 12 to 18 Years</i>	—	—	92.5%	—	—
<i>Ages 19 to 50 Years</i>	—	—	82.2%	—	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—	—
<i>Total<sup>^</sup></i>	94.8%	94.3%	91.7%	-2.6	★★★★
<i>Controlling High Blood Pressure</i>					
<i>64.0%</i>	64.0%	63.7%	62.0%	-1.7	★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	80.1%	80.8%	79.7%	-1.1	—
<i>Discussing Cessation Medications</i>	53.2%	51.1%	47.9%	-3.2	—
<i>Discussing Cessation Strategies</i>	41.8%	40.4%	41.2%	+0.8	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership<sup>†</sup></i>					
<i>White</i>	—	61.9%	60.2%	-1.7	—
<i>Black or African-American</i>	—	19.2%	18.1%	-1.1	—
<i>American-Indian and Alaska Native</i>	—	0.1%	0.1%	0.0	—
<i>Asian</i>	—	0.0%	0.1%	+0.1	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	<0.1%	0.0	—
<i>Some Other Race</i>	—	1.4%	0.3%	-1.1	—
<i>Two or More Races</i>	—	1.4%	0.0%	-1.4	—
<i>Unknown</i>	—	16.1%	21.1%	+5.0	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic<sup>£</sup></i>	9.6%	11.0%	10.8%	-0.2	—
<i>Language Diversity of Membership<sup>†</sup></i>					
<i>Spoken Language—English</i>	—	99.2%	0.0%	-99.2	—

Table C-10 Priority Health Government Programs, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.7%	0.0%	-0.7	—
<i>Spoken Language—Unknown</i>	—	0.1%	100.0%	+99.9	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)<sup>†</sup></i>					
<i>Outpatient—Total</i>	337.5	327.1	326.9	-0.2	★★
<i>ED—Total*</i>	75.6	73.6	77.2	+3.6	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)<sup>†</sup></i>					
<i>Total Inpatient—Total</i>	6.8	6.6	6.7	+0.1	—
<i>Medicine—Total</i>	2.3	2.2	2.4	+0.2	—
<i>Surgery—Total</i>	1.1	1.0	1.0	0.0	—
<i>Maternity—Total</i>	6.2	6.1	5.8	-0.3	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)<sup>†</sup></i>					
<i>Total Inpatient—Total</i>	3.1	3.1	3.3	+0.2	—
<i>Medicine—Total</i>	3.6	3.7	3.8	+0.1	—
<i>Surgery—Total</i>	4.3	4.1	4.5	+0.4	—
<i>Maternity—Total</i>	2.4	2.5	2.6	+0.1	—

— indicates data were not available or data element was not applicable for the measure.

<sup>†</sup> Statistical tests across years were not performed for this measure.

\* For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)

<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

<sup>£</sup> Rate was calculated by HSAG.

Table C-11 ProCare Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
<i>Combination 2</i>	NA	32.9%	26.8%	-6.1	★
<i>Combination 3</i>	NA	31.7%	19.5%	-12.2	★
<i>Combination 4</i>	NA	15.9%	12.2%	-3.7	★
<i>Combination 5</i>	NA	11.0%	14.6%	+3.6	★
<i>Combination 6</i>	NA	12.2%	4.9%	-7.3	★
<i>Combination 7</i>	NA	3.7%	9.8%	+6.1	★
<i>Combination 8</i>	NA	8.5%	4.9%	-3.6	★
<i>Combination 9</i>	NA	4.9%	4.9%	0.0	★
<i>Combination 10</i>	NA	2.4%	4.9%	+2.5	★
<i>Immunizations for Adolescents—Combination 1</i>	NA	NA	NA	—	NA
<i>Well-Child Visits in the First 15 Months of Life—6 or More Visits</i>	NA	13.2%	NA	—	NA
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	56.5%	49.5%	56.8%	+7.3	★
<i>Adolescent Well-Care Visits</i>	30.4%	27.7%	24.3%	-3.4	★
<i>Lead Screening in Children</i>	NA	57.3%	70.7%	+13.4	☆☆
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	NA	NA	88.4%	—	☆☆☆
<i>Appropriate Testing for Children With Pharyngitis</i>	NA	NA	NA	—	NA
<i>F/U Care for Children Prescribed ADHD Meds</i>					
<i>Initiation Phase</i>	NA	NA	NA	—	NA
<i>Continuation and Maintenance Phase</i>	NA	NA	NA	—	NA
<b>Women-Adult Care</b>					
<i>Breast Cancer Screening</i>	NA	NA	NA	—	NA
<i>Cervical Cancer Screening</i>	37.1%	45.2%	41.7%	-3.5	★
<i>Chlamydia Screening in Women</i>					
<i>Ages 16 to 20 Years</i>	NA	NA	NA	—	NA
<i>Ages 21 to 24 Years</i>	NA	NA	NA	—	NA
<i>Total</i>	NA	68.4%	58.3%	-10.1	☆☆☆
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
<i>Ages 12 to 24 Months</i>	50.0%	75.9%	77.2%	+1.3	★
<i>Ages 25 Months to 6 Years</i>	45.2%	55.7%	60.8%	+5.1	★
<i>Ages 7 to 11 Years</i>	NA	NA	NA	—	NA

Table C-11 ProCare Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Ages 12 to 19 Years</i>	NA	60.0%	NA	—	NA
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
<i>Ages 20 to 44 Years</i>	39.6%	42.3%	49.2%	+6.9	★
<i>Ages 45 to 64 Years</i>	71.2%	70.4%	78.3%	+7.9	★
<i>Ages 65+ Years</i>	NA	NA	NA	—	NA
<i>Total</i>	50.3%	54.4%	61.6%	+7.2	★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
<i>BMI Percentile—Ages 3 to 11 Years</i>	21.9%	36.1%	53.1%	+17.0	☆☆☆
<i>BMI Percentile—Ages 12 to 17 Years</i>	NA	NA	43.8%	—	☆☆☆
<i>BMI Percentile—Total</i>	21.8%	34.3%	51.2%	+16.9	☆☆☆
<i>Nutrition—Ages 3 to 11 Years</i>	71.9%	68.1%	65.4%	-2.7	★★★★
<i>Nutrition—Ages 12 to 17 Years</i>	NA	NA	50.0%	—	☆☆☆
<i>Nutrition—Total</i>	58.2%	64.6%	62.3%	-2.3	★★★★
<i>Physical Activity—Ages 3 to 11 Years</i>	62.5%	61.1%	63.1%	+2.0	★★★★★
<i>Physical Activity—Ages 12 to 17 Years</i>	NA	NA	40.6%	—	☆☆
<i>Physical Activity—Total</i>	49.1%	59.6%	58.6%	-1.0	★★★★
<i>Adult BMI Assessment</i>	NA	61.7%	NA	—	NA
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
<i>Timeliness of Prenatal Care</i>	NA	NA	NA	—	NA
<i>Postpartum Care</i>	NA	NA	NA	—	NA
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
<i>≤0 Weeks</i>	13.8%	24.2%	4.5%	-19.7	—
<i>1-12 Weeks</i>	0.0%	3.0%	15.9%	+12.9	—
<i>13-27 Weeks</i>	27.6%	33.3%	40.9%	+7.6	—
<i>28 or more Weeks</i>	55.2%	36.4%	38.6%	+2.2	—
<i>Unknown</i>	3.4%	3.0%	0.0%	-3.0	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<i>&lt;21 Percent</i>	—	—	NA	—	—
<i>21-40 Percent</i>	—	—	NA	—	—
<i>41-60 Percent</i>	—	—	NA	—	—
<i>61-80 Percent</i>	—	—	NA	—	—
<i>≥81 Percent</i>	—	—	NA	—	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
<i>HbA1c Testing</i>	NA	81.3%	63.4%	-17.9	★

Table C-11 ProCare Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	NA	53.1%	73.2%	+20.1	★
<i>HbA1c Control (&lt;8.0%)</i>	NA	31.3%	19.5%	-11.8	★
<i>HbA1c Control (&lt;7.0%)</i>	NA	NA	19.4%	—	★
<i>Eye Exam</i>	NA	31.3%	34.1%	+2.8	★
<i>LDL-C Screening</i>	NA	65.6%	58.5%	-7.1	★
<i>LDL-C Control &lt;100 mg/dL</i>	NA	34.4%	12.2%	-22.2	★
<i>Medical Attention for Nephropathy</i>	NA	75.0%	73.2%	-1.8	★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	40.6%	19.5%	-21.1	★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	NA	56.3%	36.6%	-19.7	★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	NA	NA	NA	—	NA
<i>Ages 12 to 18 Years</i>	—	—	NA	—	—
<i>Ages 19 to 50 Years</i>	—	—	NA	—	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—	—
<i>Total</i> <sup>^</sup>	NA	NA	NA	—	NA
<i>Controlling High Blood Pressure</i>					
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	NA	NA	NA	—	—
<i>Discussing Cessation Medications</i>	NA	NA	NA	—	—
<i>Discussing Cessation Strategies</i>	NA	NA	NA	—	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	29.1%	27.2%	-1.9	—
<i>Black or African-American</i>	—	59.6%	58.2%	-1.4	—
<i>American-Indian and Alaska Native</i>	—	0.0%	<0.1%	0.0	—
<i>Asian</i>	—	0.0%	0.0%	0.0	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.0%	0.0	—
<i>Some Other Race</i>	—	2.3%	0.8%	-1.5	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	9.0%	13.7%	+4.7	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic</i> <sup>£</sup>	3.2%	4.2%	4.7%	+0.5	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	100.0%	100.0%	0.0	—

Table C-11 ProCare Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Spoken Language—Unknown</i>	—	0.0%	0.0%	0.0	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	158.0	196.0	180.4	-15.6	★
<i>ED—Total</i> <sup>*</sup>	61.8	71.2	70.5	-0.7	★★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	2.2	6.5	8.1	+1.6	—
<i>Medicine—Total</i>	1.3	4.1	4.5	+0.4	—
<i>Surgery—Total</i>	0.2	0.5	1.5	+1.0	—
<i>Maternity—Total</i>	1.4	3.7	4.0	+0.3	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	1.2	3.0	4.1	+1.1	—
<i>Medicine—Total</i>	1.2	3.3	3.9	+0.6	—
<i>Surgery—Total</i>	1.7	3.9	6.8	+2.9	—
<i>Maternity—Total</i>	1.1	2.0	2.5	+0.5	—

— indicates data were not available or data element was not applicable for the measure.

<sup>†</sup> Statistical tests across years were not performed for this measure.

<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)

<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

<sup>£</sup> Rate was calculated by HSAG.

Table C-12 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	85.8%	85.8%	80.7%	-5.1	★★★★
Combination 3	83.5%	83.5%	79.6%	-3.9	★★★★
Combination 4	25.8%	25.8%	36.7%	+10.9	★★★
Combination 5	36.0%	36.0%	48.3%	+12.3	★★★
Combination 6	15.8%	15.8%	19.0%	+3.2	★
Combination 7	13.7%	13.7%	22.0%	+8.3	★★
Combination 8	9.0%	9.0%	10.9%	+1.9	★
Combination 9	9.0%	9.0%	13.0%	+4.0	★
Combination 10	5.8%	5.8%	7.7%	+1.9	★
Immunizations for Adolescents—Combination 1	40.5%	47.0%	70.8%	+23.8	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	84.4%	84.4%	73.1%	-11.3	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	80.5%	83.1%	82.9%	-0.2	★★★★★
Adolescent Well-Care Visits	62.0%	63.8%	67.1%	+3.3	★★★★★
Lead Screening in Children	69.9%	72.8%	65.9%	-6.9	★★
Appropriate Treatment for Children With Upper Respiratory Infection	82.9%	85.5%	84.0%	-1.5	★★
Appropriate Testing for Children With Pharyngitis	60.5%	62.0%	62.1%	+0.1	★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	36.5%	20.0%	46.9%	+26.9	★★★★
Continuation and Maintenance Phase	46.2%	14.7%	NA	—	NA
<b>Women-Adult Care</b>					
Breast Cancer Screening	51.6%	54.5%	58.0%	+3.5	★★★★
Cervical Cancer Screening	74.1%	76.0%	76.0%	Rotated	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	67.8%	68.4%	69.0%	+0.6	★★★★★
Ages 21 to 24 Years	76.7%	76.6%	79.1%	+2.5	★★★★★
Total	70.6%	71.0%	72.2%	+1.2	★★★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	96.9%	98.2%	98.6%	+0.4	★★★★★
Ages 25 Months to 6 Years	89.7%	96.3%	91.4%	-4.9	★★★★
Ages 7 to 11 Years	91.3%	94.0%	93.4%	-0.6	★★★★

Table C-12 Total Health Care, Inc. Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	87.8%	93.6%	92.7%	-0.9	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	81.6%	93.1%	89.4%	-3.7	★★★★★
Ages 45 to 64 Years	87.8%	95.1%	94.6%	-0.5	★★★★★
Ages 65+ Years	NA	NA	93.4%	—	★★★★★
Total	83.6%	93.8%	91.1%	-2.7	★★★★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	14.1%	48.7%	62.3%	+13.6	★★★★
BMI Percentile—Ages 12 to 17 Years	14.7%	42.1%	62.3%	+20.2	★★★★
BMI Percentile—Total	14.4%	46.3%	62.3%	+16.0	★★★★
Nutrition—Ages 3 to 11 Years	37.9%	53.5%	64.5%	+11.0	★★★★
Nutrition—Ages 12 to 17 Years	28.2%	44.0%	61.6%	+17.6	★★★★
Nutrition—Total	34.3%	50.0%	63.4%	+13.4	★★★★
Physical Activity—Ages 3 to 11 Years	25.7%	50.9%	50.9%	0.0	★★★★
Physical Activity—Ages 12 to 17 Years	20.2%	42.1%	55.3%	+13.2	★★★★
Physical Activity—Total	23.6%	47.7%	52.5%	+4.8	★★★★
Adult BMI Assessment	46.5%	55.0%	63.4%	+8.4	★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	86.2%	88.5%	88.5%	Rotated	★★★
Postpartum Care	64.4%	70.2%	70.2%	Rotated	★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	41.4%	44.3%	44.9%	+0.6	—
1-12 Weeks	7.5%	6.3%	5.5%	-0.8	—
13-27 Weeks	26.0%	27.3%	27.2%	-0.1	—
28 or more Weeks	18.8%	16.4%	16.5%	+0.1	—
Unknown	6.3%	5.7%	6.0%	+0.3	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	4.1%	Rotated	—
21-40 Percent	—	—	11.1%	Rotated	—
41-60 Percent	—	—	10.3%	Rotated	—
61-80 Percent	—	—	3.8%	Rotated	—
≥81 Percent	—	—	70.7%	Rotated	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	85.2%	86.6%	88.3%	+1.7	★★★★

**Table C-12  
Total Health Care, Inc. Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	40.9%	41.5%	38.8%	-2.7	★★★
<i>HbA1c Control (&lt;8.0%)</i>	29.9%	48.5%	48.2%	-0.3	★★★
<i>HbA1c Control (&lt;7.0%)</i>	21.6%	35.7%	35.0%	-0.7	★★
<i>Eye Exam</i>	64.0%	54.7%	55.0%	+0.3	★★★
<i>LDL-C Screening</i>	83.2%	85.1%	85.5%	+0.4	★★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	42.6%	40.9%	41.5%	+0.6	★★★★
<i>Medical Attention for Nephropathy</i>	83.2%	88.0%	88.1%	+0.1	★★★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	33.6%	39.4%	+5.8	★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	38.5%	61.9%	63.3%	+1.4	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	80.4%	93.2%	92.0%	-1.2	★★
<i>Ages 12 to 18 Years</i>	—	—	85.6%	—	—
<i>Ages 19 to 50 Years</i>	—	—	90.0%	—	—
<i>Ages 51 to 64 Years</i>	—	—	83.3%	—	—
<i>Total</i> <sup>^</sup>	80.0%	91.8%	89.2%	-2.6	★★★
<i>Controlling High Blood Pressure</i>	60.0%	65.1%	65.1%	Rotated	★★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>					
<i>Advising Smokers and Tobacco Users to Quit</i>	78.6%	77.7%	77.9%	+0.2	—
<i>Discussing Cessation Medications</i>	44.4%	45.9%	48.4%	+2.5	—
<i>Discussing Cessation Strategies</i>	31.9%	35.8%	42.1%	+6.3	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	29.6%	29.3%	-0.3	—
<i>Black or African-American</i>	—	64.7%	63.9%	-0.8	—
<i>American-Indian and Alaska Native</i>	—	0.1%	0.1%	0.0	—
<i>Asian</i>	—	0.0%	1.0%	+1.0	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.1%	+0.1	—
<i>Some Other Race</i>	—	3.4%	2.3%	-1.1	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	2.3%	3.3%	+1.0	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic</i> <sup>£</sup>	1.7%	1.8%	1.9%	+0.1	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	99.7%	99.7%	0.0	—

**Table C-12  
Total Health Care, Inc. Trend Table**

Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	0.3%	0.3%	0.0	—
<i>Spoken Language—Unknown</i>	—	0.1%	<0.1%	-0.1	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	99.7%	99.7%	0.0	—
<i>Written Language—Non-English</i>	—	0.3%	0.3%	0.0	—
<i>Written Language—Unknown</i>	—	0.1%	<0.1%	-0.1	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	99.7%	+99.7	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.3%	+0.3	—
<i>Other Language Needs—Unknown</i>	—	100.0%	<0.1%	-100	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	323.6	228.6	291.0	+62.4	★
<i>ED—Total</i> <sup>*</sup>	70.4	68.0	72.0	+4.0	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	16.1	8.5	8.9	+0.4	—
<i>Medicine—Total</i>	9.7	4.5	4.7	+0.2	—
<i>Surgery—Total</i>	1.7	1.5	1.6	+0.1	—
<i>Maternity—Total</i>	7.3	3.9	4.0	+0.1	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	2.6	3.8	3.9	+0.1	—
<i>Medicine—Total</i>	2.3	3.6	3.6	0.0	—
<i>Surgery—Total</i>	6.5	6.5	6.7	+0.2	—
<i>Maternity—Total</i>	2.0	2.7	2.7	0.0	—

— indicates data were not available or data element was not applicable for the measure.

<sup>†</sup> Statistical tests across years were not performed for this measure.

<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)

<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

<sup>£</sup> Rate was calculated by HSAG.

Table C-13 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	73.2%	72.5%	77.4%	+4.9	★★★
Combination 3	68.9%	68.9%	72.3%	+3.4	★★★
Combination 4	28.0%	29.7%	35.5%	+5.8	★★★
Combination 5	45.7%	46.2%	54.5%	+8.3	★★★
Combination 6	26.5%	32.1%	33.3%	+1.2	★★
Combination 7	21.9%	20.4%	27.5%	+7.1	★★★
Combination 8	13.6%	16.3%	19.7%	+3.4	★★★
Combination 9	19.7%	20.9%	26.5%	+5.6	★★
Combination 10	11.7%	11.4%	16.1%	+4.7	★★★
Immunizations for Adolescents—Combination 1	41.1%	53.0%	71.6%	+18.6	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	90.5%	89.1%	93.2%	+4.1	★★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	85.1%	82.2%	82.4%	+0.2	★★★★
Adolescent Well-Care Visits	66.0%	60.6%	66.1%	+5.5	★★★★★
Lead Screening in Children	78.6%	79.6%	82.2%	+2.6	★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	81.3%	85.0%	85.3%	+0.3	★★
Appropriate Testing for Children With Pharyngitis	43.2%	48.8%	52.6%	+3.8	★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	36.7%	40.3%	41.6%	+1.3	★★★
Continuation and Maintenance Phase	44.9%	51.2%	54.9%	+3.7	★★★★
<b>Women-Adult Care</b>					
Breast Cancer Screening	57.6%	57.5%	57.2%	-0.3	★★★
Cervical Cancer Screening	70.3%	74.7%	77.3%	+2.6	★★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	61.3%	60.4%	61.1%	+0.7	★★★★
Ages 21 to 24 Years	67.7%	68.5%	68.8%	+0.3	★★★★
Total	63.6%	63.3%	64.0%	+0.7	★★★★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.9%	97.6%	98.0%	+0.4	★★★★
Ages 25 Months to 6 Years	91.8%	91.1%	91.1%	0.0	★★★
Ages 7 to 11 Years	92.0%	93.5%	92.8%	-0.7	★★★

Table C-13 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	89.8%	91.9%	92.3%	+0.4	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	84.3%	83.7%	83.6%	-0.1	★★★
Ages 45 to 64 Years	90.8%	90.3%	90.9%	+0.6	★★★★
Ages 65+ Years	93.7%	91.9%	93.7%	+1.8	★★★★★
Total	86.5%	85.9%	86.1%	+0.2	★★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	39.3%	42.3%	48.5%	+6.2	★★★
BMI Percentile—Ages 12 to 17 Years	35.3%	48.6%	49.7%	+1.1	★★★
BMI Percentile—Total	38.0%	44.5%	48.9%	+4.4	★★★
Nutrition—Ages 3 to 11 Years	42.5%	47.9%	57.1%	+9.2	★★★
Nutrition—Ages 12 to 17 Years	37.5%	47.3%	57.2%	+9.9	★★★★
Nutrition—Total	40.9%	47.7%	57.2%	+9.5	★★★
Physical Activity—Ages 3 to 11 Years	25.8%	38.9%	42.9%	+4.0	★★★
Physical Activity—Ages 12 to 17 Years	26.5%	43.8%	41.4%	-2.4	★★
Physical Activity—Total	26.0%	40.6%	42.3%	+1.7	★★★
Adult BMI Assessment	42.8%	58.2%	67.6%	+9.4	★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	94.4%	88.5%	92.5%	+4.0	★★★★
Postpartum Care	74.4%	67.0%	70.9%	+3.9	★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	23.4%	23.8%	26.1%	+2.3	—
1-12 Weeks	6.5%	7.5%	8.7%	+1.2	—
13-27 Weeks	40.1%	41.7%	42.3%	+0.6	—
28 or more Weeks	23.7%	20.1%	16.6%	-3.5	—
Unknown	6.4%	6.9%	6.3%	-0.6	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	5.1%	—	—
21-40 Percent	—	—	5.4%	—	—
41-60 Percent	—	—	6.6%	—	—
61-80 Percent	—	—	14.1%	—	—
≥81 Percent	—	—	68.9%	—	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	81.0%	80.3%	84.5%	+4.2	★★★

Table C-13 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	42.4%	40.0%	36.2%	-3.8	★★★
<i>HbA1c Control (&lt;8.0%)</i>	50.3%	50.8%	54.7%	+3.9	★★★
<i>HbA1c Control (&lt;7.0%)</i>	37.7%	41.0%	39.5%	-1.5	★★★
<i>Eye Exam</i>	59.9%	61.4%	61.8%	+0.4	★★★
<i>LDL-C Screening</i>	81.5%	79.0%	79.6%	+0.6	★★★
<i>LDL-C Control &lt;100 mg/dL</i>	37.2%	36.5%	41.0%	+4.5	★★★
<i>Medical Attention for Nephropathy</i>	80.7%	75.8%	80.9%	+5.1	★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	38.0%	37.8%	-0.2	★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	61.6%	63.2%	66.4%	+3.2	★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	85.2%	87.3%	90.4%	+3.1	★★
<i>Ages 12 to 18 Years</i>	—	—	79.4%	—	—
<i>Ages 19 to 50 Years</i>	—	—	68.5%	—	—
<i>Ages 51 to 64 Years</i>	—	—	58.2%	—	—
<i>Total</i> <sup>^</sup>	82.2%	82.4%	78.8%	-3.6	★
<i>Controlling High Blood Pressure</i>					
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>	52.4%	63.7%	59.6%	-4.1	★★★
<i>Advising Smokers and Tobacco Users to Quit</i>					
<i>Discussing Cessation Medications</i>	49.8%	51.4%	54.8%	+3.4	—
<i>Discussing Cessation Strategies</i>	43.1%	44.9%	47.8%	+2.9	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	52.4%	50.4%	-2.0	—
<i>Black or African-American</i>	—	36.7%	36.2%	-0.5	—
<i>American-Indian and Alaska Native</i>	—	0.1%	0.1%	0.0	—
<i>Asian</i>	—	0.0%	0.0%	0.0	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.0%	0.0	—
<i>Some Other Race</i>	—	2.4%	2.3%	-0.1	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	8.4%	10.9%	+2.5	—
<i>Declined</i>	—	0.0%	0.0%	0.0	—
<i>Hispanic</i> <sup>£</sup>	5.1%	5.3%	5.2%	-0.1	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	83.6%	83.1%	-0.5	—

Table C-13 UnitedHealthcare Community Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	3.9%	4.1%	+0.2	—
<i>Spoken Language—Unknown</i>	—	12.5%	12.7%	+0.2	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	83.6%	0.0%	-83.6	—
<i>Written Language—Non-English</i>	—	3.9%	0.0%	-3.9	—
<i>Written Language—Unknown</i>	—	12.5%	100.0%	+87.5	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	392.3	366.4	370.9	+4.5	★★★
<i>ED—Total</i> <sup>*</sup>	80.1	72.0	74.3	+2.3	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	8.7	8.4	7.9	-0.5	—
<i>Medicine—Total</i>	3.5	3.2	3.1	-0.1	—
<i>Surgery—Total</i>	1.7	1.6	1.4	-0.2	—
<i>Maternity—Total</i>	5.8	6.0	5.6	-0.4	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	3.8	3.7	3.8	+0.1	—
<i>Medicine—Total</i>	3.9	3.9	3.9	0.0	—
<i>Surgery—Total</i>	6.5	6.3	6.4	+0.1	—
<i>Maternity—Total</i>	2.5	2.5	2.5	0.0	—

— indicates data were not available or data element was not applicable for the measure.

<sup>†</sup> Statistical tests across years were not performed for this measure.

<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)

<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

<sup>£</sup> Rate was calculated by HSAG.

Table C-14 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<b>Child and Adolescent Care</b>					
<i>Childhood Immunization Status</i>					
Combination 2	79.3%	79.8%	83.4%	+3.6	★★★★
Combination 3	76.4%	77.9%	83.0%	+5.1	★★★★★
Combination 4	27.5%	32.6%	62.4%	+29.8	★★★★★
Combination 5	38.3%	44.8%	62.0%	+17.2	★★★★
Combination 6	37.4%	40.9%	50.5%	+9.6	★★★★
Combination 7	16.8%	20.4%	49.7%	+29.3	★★★★★
Combination 8	17.1%	20.2%	41.6%	+21.4	★★★★★
Combination 9	23.1%	28.0%	41.0%	+13.0	★★★★★
Combination 10	12.1%	14.1%	35.0%	+20.9	★★★★★
Immunizations for Adolescents—Combination 1	23.2%	40.4%	75.4%	+35.0	★★★★
Well-Child Visits in the First 15 Months of Life—6 or More Visits	72.2%	77.1%	72.3%	-4.8	★★★★
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	72.9%	72.9%	68.5%	-4.4	★★
Adolescent Well-Care Visits	36.6%	48.7%	50.7%	+2.0	★★★
Lead Screening in Children	88.7%	88.7%	90.2%	+1.5	★★★★★
Appropriate Treatment for Children With Upper Respiratory Infection	83.3%	87.3%	83.1%	-4.2	★
Appropriate Testing for Children With Pharyngitis	65.0%	66.7%	73.2%	+6.5	★★★
<i>F/U Care for Children Prescribed ADHD Meds</i>					
Initiation Phase	48.3%	53.0%	45.9%	-7.1	★★★★
Continuation and Maintenance Phase	55.1%	50.3%	50.0%	-0.3	★★★
<b>Women-Adult Care</b>					
Breast Cancer Screening	59.5%	56.9%	55.5%	-1.4	★★★
Cervical Cancer Screening	75.9%	72.0%	72.0%	Rotated	★★★
<i>Chlamydia Screening in Women</i>					
Ages 16 to 20 Years	48.6%	47.3%	48.4%	+1.1	★
Ages 21 to 24 Years	53.4%	57.7%	54.9%	-2.8	★
Total	50.3%	50.9%	50.8%	-0.1	★
<b>Access to Care</b>					
<i>Children's and Adolescents' Access to Primary Care Practitioners</i>					
Ages 12 to 24 Months	97.9%	98.6%	97.5%	-1.1	★★★
Ages 25 Months to 6 Years	89.8%	91.2%	89.2%	-2.0	★★
Ages 7 to 11 Years	89.3%	91.0%	90.7%	-0.3	★★

Table C-14 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
Ages 12 to 19 Years	89.8%	90.4%	92.1%	+1.7	★★★★
<i>Adults' Access to Preventive/Ambulatory Health Services</i>					
Ages 20 to 44 Years	87.3%	87.4%	85.7%	-1.7	★★★
Ages 45 to 64 Years	90.8%	91.0%	89.3%	-1.7	★★★
Ages 65+ Years	NA	NA	NA	—	NA
Total	88.4%	88.5%	86.8%	-1.7	★★★
<b>Obesity</b>					
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>					
BMI Percentile—Ages 3 to 11 Years	0.1%	48.4%	59.6%	+11.2	★★★
BMI Percentile—Ages 12 to 17 Years	0.1%	50.7%	54.2%	+3.5	★★★
BMI Percentile—Total	0.1%	49.1%	57.5%	+8.4	★★★
Nutrition—Ages 3 to 11 Years	0.3%	58.2%	54.3%	-3.9	★★★
Nutrition—Ages 12 to 17 Years	0.7%	49.3%	46.4%	-2.9	★★
Nutrition—Total	0.4%	55.2%	51.3%	-3.9	★★★
Physical Activity—Ages 3 to 11 Years	0.0%	35.3%	47.9%	+12.6	★★★
Physical Activity—Ages 12 to 17 Years	0.0%	55.9%	53.0%	-2.9	★★★
Physical Activity—Total	0.0%	42.1%	49.9%	+7.8	★★★
Adult BMI Assessment	2.6%	61.8%	71.1%	+9.3	★★★★★
<b>Pregnancy Care</b>					
<i>Prenatal and Postpartum Care</i>					
Timeliness of Prenatal Care	93.2%	93.7%	93.7%	Rotated	★★★★★
Postpartum Care	73.2%	81.5%	81.5%	Rotated	★★★★★
<i>Weeks of Pregnancy at Time of Enrollment†</i>					
≤0 Weeks	19.9%	24.7%	17.5%	-7.2	—
1-12 Weeks	11.9%	14.3%	12.5%	-1.8	—
13-27 Weeks	47.4%	41.9%	29.9%	-12.0	—
28 or more Weeks	16.6%	14.2%	36.3%	+22.1	—
Unknown	4.2%	4.9%	3.8%	-1.1	—
<i>Frequency of Ongoing Prenatal Care‡</i>					
<21 Percent	—	—	NR	—	—
21-40 Percent	—	—	NR	—	—
41-60 Percent	—	—	NR	—	—
61-80 Percent	—	—	NR	—	—
≥81 Percent	—	—	NR	—	—
<b>Living With Illness</b>					
<i>Comprehensive Diabetes Care</i>					
HbA1c Testing	93.0%	93.0%	88.9%	-4.1	★★★★

Table C-14 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>HbA1c Poor Control (&gt;9.0%)*</i>	24.2%	24.2%	29.3%	+5.1	★★★★
<i>HbA1c Control (&lt;8.0%)</i>	64.9%	64.9%	62.5%	-2.4	★★★★★
<i>HbA1c Control (&lt;7.0%)</i>	49.1%	49.1%	38.8%	-10.3	★★★
<i>Eye Exam</i>	72.1%	72.1%	67.7%	-4.4	★★★★
<i>LDL-C Screening</i>	85.4%	85.4%	82.1%	-3.3	★★★★
<i>LDL-C Control &lt;100 mg/dL</i>	40.9%	40.9%	36.3%	-4.6	★★★
<i>Medical Attention for Nephropathy</i>	81.6%	81.6%	93.3%	+11.7	★★★★★
<i>Blood Pressure Control &lt;140/80 mm Hg</i>	—	NR	52.5%	—	★★★★
<i>Blood Pressure Control &lt;140/90 mm Hg</i>	76.4%	76.4%	73.5%	-2.9	★★★★
<i>Use of Appropriate Medications for People With Asthma</i>					
<i>Ages 5 to 11 Years</i>	91.7%	94.4%	93.8%	-0.6	★★★
<i>Ages 12 to 18 Years</i>	—	—	84.0%	—	—
<i>Ages 19 to 50 Years</i>	—	—	73.0%	—	—
<i>Ages 51 to 64 Years</i>	—	—	NA	—	—
<i>Total</i> <sup>^</sup>	86.8%	90.5%	84.2%	-6.3	★
<i>Controlling High Blood Pressure</i>					
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>	73.6%	65.9%	69.1%	+3.2	★★★★★
<i>Advising Smokers and Tobacco Users to Quit</i>					
<i>Discussing Cessation Medications</i>	80.7%	78.3%	77.1%	-1.2	—
<i>Discussing Cessation Strategies</i>	50.4%	47.5%	45.8%	-1.7	—
<i>Discussing Cessation Strategies</i>	41.2%	39.6%	39.1%	-0.5	—
<b>Health Plan Diversity</b>					
<i>Race/Ethnicity Diversity of Membership</i> <sup>†</sup>					
<i>White</i>	—	93.0%	92.9%	-0.1	—
<i>Black or African-American</i>	—	1.4%	1.4%	0.0	—
<i>American-Indian and Alaska Native</i>	—	1.6%	1.8%	+0.2	—
<i>Asian</i>	—	0.0%	0.3%	+0.3	—
<i>Native Hawaiian and Other Pacific Islanders</i>	—	0.0%	0.1%	+0.1	—
<i>Some Other Race</i>	—	1.4%	1.0%	-0.4	—
<i>Two or More Races</i>	—	0.0%	0.0%	0.0	—
<i>Unknown</i>	—	2.6%	<0.1%	-2.6	—
<i>Declined</i>	—	0.0%	2.5%	+2.5	—
<i>Hispanic</i> <sup>£</sup>	0.0%	0.7%	0.7%	0.0	—
<i>Language Diversity of Membership</i> <sup>†</sup>					
<i>Spoken Language—English</i>	—	99.9%	99.9%	0.0	—

Table C-14 Upper Peninsula Health Plan Trend Table					
Measure	HEDIS 2010	HEDIS 2011	HEDIS 2012	Trend	Star Rating
<i>Spoken Language—Non-English</i>	—	<0.1%	<0.1%	0.0	—
<i>Spoken Language—Unknown</i>	—	<0.1%	<0.1%	0.0	—
<i>Spoken Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Written Language—English</i>	—	0.0%	99.9%	+99.9	—
<i>Written Language—Non-English</i>	—	0.0%	<0.1%	0.0	—
<i>Written Language—Unknown</i>	—	100.0%	<0.1%	-100	—
<i>Written Language—Declined</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Non-English</i>	—	0.0%	0.0%	0.0	—
<i>Other Language Needs—Unknown</i>	—	100.0%	100.0%	0.0	—
<i>Other Language Needs—Declined</i>	—	0.0%	0.0%	0.0	—
<b>Utilization</b>					
<i>Ambulatory Care: Total (Visits per 1,000 Member Months)</i> <sup>†</sup>					
<i>Outpatient—Total</i>	362.7	364.7	347.8	-16.9	★★
<i>ED—Total</i> <sup>*</sup>	63.1	64.0	71.7	+7.7	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Discharges per 1,000 Member Months)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	8.1	7.7	6.7	-1.0	—
<i>Medicine—Total</i>	2.9	2.9	2.9	0.0	—
<i>Surgery—Total</i>	1.4	1.4	1.1	-0.3	—
<i>Maternity—Total</i>	6.4	5.7	4.4	-1.3	—
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay)</i> <sup>†</sup>					
<i>Total Inpatient—Total</i>	3.1	3.1	3.1	0.0	—
<i>Medicine—Total</i>	3.5	3.5	3.4	-0.1	—
<i>Surgery—Total</i>	4.2	4.0	3.9	-0.1	—
<i>Maternity—Total</i>	2.5	2.4	2.4	0.0	—

— indicates data were not available or data element was not applicable for the measure.

<sup>†</sup> Statistical tests across years were not performed for this measure.

<sup>\*</sup> For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)* and *Ambulatory Care: Total—ED Visits—Total*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control or ED visits indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed.)

<sup>^</sup> For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

<sup>£</sup> Rate was calculated by HSAG.

## Appendix D. Performance Summary Stars

This appendix presents the MHP’s percentile ranking for each measure for the following dimensions of care:

- ◆ Child and Adolescent Care
- ◆ Women—Adult Care
- ◆ Access to Care
- ◆ Obesity
- ◆ Pregnancy Care
- ◆ Living With Illness
- ◆ Utilization

Each MHP’s percentile ranking result is based on its rate as compared to the NCQA’s national HEDIS 2011 Medicaid percentiles.

Symbol	Description
★★★★★★	The MHP’s rate is at or above the 90th percentile.
★★★★★	The MHP’s rate is at or above the 75th percentile but below the 90th percentile.
★★★★	The MHP’s rate is at or above the 50th percentile but below the 75th percentile.
★★★	The MHP’s rate is at or above the 25th percentile but below the 50th percentile.
★★	The MHP’s rate is below the 25th percentile.
★	The MHP’s rate is below the 25th percentile.
<b>NA</b>	Not Applicable (i.e., denominator size too small)
<b>NR</b>	Not Report (i.e., biased, or MHP chose not to report)
<b>NB</b>	No Benefit
<b>NC</b>	Not Comparable (i.e., measure not comparable to national percentiles or national percentiles not available)

Table D-1—Child and Adolescent Care Performance Summary

MHP Name	Childhood Immunization, Combo 2	Childhood Immunization, Combo 3	Childhood Immunization, Combo 4	Childhood Immunization, Combo 5	Childhood Immunization, Combo 6	Childhood Immunization, Combo 7	Childhood Immunization, Combo 8
Blue Cross Complete of Michigan	★★★★	★★★★★	★	★★★★★	★★★★★	★★	★★
CareSource Michigan	★★★	★★	★★★★★	★★★★	★★★	★★★★★	★★★★★
CoventryCares of Michigan, Inc.	★★★	★★★	★★★	★★	★	★★	★
HealthPlus Partners	★★★★	★★★★	★★★	★★★	★	★★★	★★
McLaren Health Plan	★★★★	★★★★★	★★★★	★★★★	★★★	★★★★	★★★★
Meridian Health Plan of Michigan	★★★	★★★	★★★	★★★★	★★★	★★★★	★★★★
Midwest Health Plan	★★★	★★★	★★★★	★★★★	★★★	★★★★	★★★
Molina Healthcare of Michigan	★★★	★★★	★★	★★★	★★	★★	★★
Physicians Health Plan—FamilyCare	★★	★★	★	★★★	★★	★★	★
Priority Health Government Programs, Inc.	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
ProCare Health Plan	★	★	★	★	★	★	★
Total Health Care, Inc.	★★★★	★★★★	★★★	★★★	★	★★	★
UnitedHealthcare Community Plan	★★★	★★★	★★★	★★★	★★	★★★	★★★
Upper Peninsula Health Plan	★★★★	★★★★★	★★★★★	★★★★	★★★★	★★★★★	★★★★★

Table D-2—Child and Adolescent Care Performance Summary (continued)

MHP Name	Childhood Immunization, Combo 9	Childhood Immunization, Combo 10	Immunizations for Adolescents, Combo 1	Well-Child 1st 15 Months, 6+ Visits	Well-Child 3rd–6th Years of Life	Adolescent Well-Care Visits
Blue Cross Complete of Michigan	★★★★★	★★	★★★★★	★★★★	★★★★	★★★★
CareSource Michigan	★★★★	★★★★★	★★★★	★	★	★★
CoventryCares of Michigan, Inc.	★	★	★★★★	★★★	★★★★	★★★★
HealthPlus Partners	★	★★	★★★★★	★★★★	★★★	★★★
McLaren Health Plan	★★★	★★★	★★★★	★★★★★	★★★★	★★★★
Meridian Health Plan of Michigan	★★★	★★★★	★★★★★	★★★★★	★★★★	★★★★★
Midwest Health Plan	★★★	★★★	★★★★★	★★★★★	★★★★★	★★★★★
Molina Healthcare of Michigan	★★	★★	★★★★	★★	★★★	★★★★
Physicians Health Plan—FamilyCare	★★	★	★★★★★	★★	★	★★★
Priority Health Government Programs, Inc.	★★★★★	★★★★★	★★★★★	★★★★	★★★★	★★★★
ProCare Health Plan	★	★	NA	NA	★	★
Total Health Care, Inc.	★	★	★★★★	★★★★	★★★★★	★★★★★
UnitedHealthcare Community Plan	★★	★★★	★★★★	★★★★★	★★★★	★★★★★
Upper Peninsula Health Plan	★★★★★	★★★★★	★★★★	★★★★	★★	★★★

Table D-3—Child and Adolescent Care Performance Summary (continued)					
MHP Name	Lead Screening in Children	Appropriate Treatment URI	Children with Pharyngitis	F/U Care for ADHD Meds, Initiation	F/U Care for ADHD Meds, Continuation
Blue Cross Complete of Michigan	★★★	★★★★	★★★★★★	★★★	★★★★
CareSource Michigan	★★★	★	★	★★	★★★
CoventryCares of Michigan, Inc.	★★★	★★	★	★	★
HealthPlus Partners	★★★	★	★★	★★★	★★★
McLaren Health Plan	★★★	★	★★	★★★	★★★★
Meridian Health Plan of Michigan	★★★★	★★	★★	★★★	★★★
Midwest Health Plan	★★★	★★	★★★	★★★	★★★
Molina Healthcare of Michigan	★★★	★★	★★	★★	★★
Physicians Health Plan—FamilyCare	★★★★	★	★	★★	★★★
Priority Health Government Programs, Inc.	★★	★★★★	★★★	★★	★★★
ProCare Health Plan	★★	★★★	NA	NA	NA
Total Health Care, Inc.	★★	★★	★★	★★★★	NA
UnitedHealthcare Community Plan	★★★★	★★	★	★★★	★★★★
Upper Peninsula Health Plan	★★★★★★	★	★★★	★★★★	★★★

**Table D-4—Women-Adult Care Performance Summary**

MHP Name	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening, 16–20 Years	Chlamydia Screening, 21–24 Years	Chlamydia Screening, Total
Blue Cross Complete of Michigan	★★★★	★★★★★★	★★★	★★★	★★★
CareSource Michigan	★★	★★	★★★	★★★	★★★
CoventryCares of Michigan, Inc.	★★★★	★★★	★★★★★★	★★★★★★	★★★★★★
HealthPlus Partners	★★★★	★★★★	★★★	★★★★	★★★
McLaren Health Plan	★★	★★★★	★★	★★★	★★
Meridian Health Plan of Michigan	★★★★	★★★★	★★★★	★★★	★★★★
Midwest Health Plan	★★★★	★★★★★★	★★★★	★★★★	★★★★
Molina Healthcare of Michigan	★★★	★★★	★★★★	★★★	★★★★
Physicians Health Plan—FamilyCare	★	★★	★★★	★★★★	★★★
Priority Health Government Programs, Inc.	★★★★	★★★	★★★★★★	★★★★★★	★★★★★★
ProCare Health Plan	NA	★	NA	NA	★★★
Total Health Care, Inc.	★★★★	★★★★	★★★★★★	★★★★★★	★★★★★★
UnitedHealthcare Community Plan	★★★	★★★★	★★★★	★★★★	★★★★
Upper Peninsula Health Plan	★★★	★★★	★	★	★

Table D-5—Access to Care Performance Summary

MHP Name	Children's Access, 12-24 Months	Children's Access, 25 Months to 6 Years	Children's Access, 7-11 Years	Adolescents' Access, 12-19 Years	Adults' Access, 20-44 Years	Adults' Access, 45-64 Years	Adults' Access, 65+ Years	Adults' Access, Total
Blue Cross Complete of Michigan	★★★	★★★★★	★★★★	★★★★★	★★★	★★	★★★	★★★
CareSource Michigan	★	★	★★	★★	★	★	★★★★★	★
CoventryCares of Michigan, Inc.	★	★	★	★	★	★★	★★★★	★
HealthPlus Partners	★★★	★★★	★★★	★★★	★★★	★★★★	★★★★★	★★★
McLaren Health Plan	★★	★★	★★	★★	★★	★★★	★★★★★	★★
Meridian Health Plan of Michigan	★★★	★★★★	★★★★	★★★★	★★★	★★★★★	★★★	★★★
Midwest Health Plan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★★	★★★★★	★★★★
Molina Healthcare of Michigan	★★	★★★	★★★	★★	★★	★★★	★★★	★★
Physicians Health Plan—FamilyCare	★	★	★	★	★★	★★	NA	★★
Priority Health Government Programs, Inc.	★★★	★★	★★	★★★	★★★	★★★	★★★★★	★★★
ProCare Health Plan	★	★	NA	NA	★	★	NA	★
Total Health Care, Inc.	★★★★★	★★★★	★★★★	★★★★	★★★★★	★★★★★	★★★★★	★★★★★
UnitedHealthcare Community Plan	★★★★	★★★	★★★	★★★★	★★★	★★★★	★★★★★	★★★
Upper Peninsula Health Plan	★★★	★★	★★	★★★★	★★★	★★★	NA	★★★

Table D-6—Obesity Performance Summary						
MHP Name	Weight Assessment BMI Percentile, 3–11 Years	Weight Assessment BMI Percentile, 12–17 Years	Weight Assessment BMI Percentile, Total	Counseling for Nutrition, 3–11 Years	Counseling for Nutrition, 12–17 Years	Counseling for Nutrition, Total
Blue Cross Complete of Michigan	★★★★★	★★★★★	★★★★★	★★★★	★★★★	★★★★
CareSource Michigan	★★	★★	★★	★★	★★	★★
CoventryCares of Michigan, Inc.	★★★	★★★	★★★	★★★	★★★	★★★
HealthPlus Partners	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
McLaren Health Plan	★★★★	★★★★	★★★★	★★★	★★★	★★★
Meridian Health Plan of Michigan	★★★★	★★★★★	★★★★★	★★	★★★	★★
Midwest Health Plan	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
Molina Healthcare of Michigan	★★★	★★★★	★★★	★★★	★★★	★★★
Physicians Health Plan—FamilyCare	★★★★	★★★★	★★★★	★★★	★★★	★★★
Priority Health Government Programs, Inc.	★★★★	★★★★★	★★★★★	★★★★	★★★★	★★★★
ProCare Health Plan	★★★	★★★	★★★	★★★★	★★★	★★★★
Total Health Care, Inc.	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
UnitedHealthcare Community Plan	★★★	★★★	★★★	★★★	★★★★	★★★
Upper Peninsula Health Plan	★★★	★★★	★★★	★★★	★★	★★★

Table D-7—Obesity Performance Summary (continued)

MHP Name	Counseling for Physical Activity, 3–11 Years	Counseling for Physical Activity, 12–17 Years	Counseling for Physical Activity, Total	Adult BMI Assessment
Blue Cross Complete of Michigan	★★★★	★★★★	★★★★	★★★★★
CareSource Michigan	★	★	★	★★★
CoventryCares of Michigan, Inc.	★★★	★★	★★★	★★★★★
HealthPlus Partners	★★★★	★★★★★	★★★★	★★★★★
McLaren Health Plan	★★★★★	★★★	★★★★	★★★★
Meridian Health Plan of Michigan	★★	★★★	★★	★★★★★
Midwest Health Plan	★★★★★	★★★★★	★★★★★	★★★★★
Molina Healthcare of Michigan	★★★	★★★	★★★	★★★★★
Physicians Health Plan—FamilyCare	★★★	★★★	★★★	★★★★
Priority Health Government Programs, Inc.	★★★★	★★★★	★★★★	★★★★★
ProCare Health Plan	★★★★★	★★	★★★★	NA
Total Health Care, Inc.	★★★★	★★★★	★★★★	★★★★
UnitedHealthcare Community Plan	★★★	★★	★★★	★★★★
Upper Peninsula Health Plan	★★★	★★★	★★★	★★★★★

Table D-8—Pregnancy Care Performance Summary		
MHP Name	Timeliness of Prenatal Care	Postpartum Care
Blue Cross Complete of Michigan	★★★★	★★★★
CareSource Michigan	★	★★★
CoventryCares of Michigan, Inc.	★★★	★
HealthPlus Partners	★★★	★★★★
McLaren Health Plan	★★★★★	★★★★★
Meridian Health Plan of Michigan	★★★★★	★★★★
Midwest Health Plan	★★★★★	★★★★
Molina Healthcare of Michigan	★★	★★
Physicians Health Plan—FamilyCare	★★★★	★★★★
Priority Health Government Programs, Inc.	★★★★	★★★★
ProCare Health Plan	NA	NA
Total Health Care, Inc.	★★★	★★★
UnitedHealthcare Community Plan	★★★★	★★★★
Upper Peninsula Health Plan	★★★★★	★★★★★

Table D-9—Living with Illness Performance Summary

MHP Name	Diabetes Care, HbA1c Testing	Diabetes Care, HbA1c Poor Control (>9.0%)*	Diabetes Care, HbA1c Control (<8.0%)	Diabetes Care, HbA1c Control (<7.0%)	Diabetes Care, Eye Exam	Diabetes Care, LDL-C Screening	Diabetes Care, LDL-C Level<100
Blue Cross Complete of Michigan	★★★★★	★★★★★	★★★★	★★★★	★★★★★	★★★★	★★★★★
CareSource Michigan	★★	★★	★★★	★★★	★★	★★	★★
CoventryCares of Michigan, Inc.	★★★	★★	★★★	★★★	★★★	★★★★	★★★
HealthPlus Partners	★★★	★★★★	★★★★	★★★	★★★★	★★★	★★★★
McLaren Health Plan	★★★	★★★★	★★★	★★★	★★★	★★★★	★★★★★
Meridian Health Plan of Michigan	★★★★★	★★★★	★★★★	★★★★★	★★★	★★★★	★★★★
Midwest Health Plan	★★★★★	★★★	★★★	★★★★	★★★	★★★★★	★★★
Molina Healthcare of Michigan	★★	★★★	★★★★	NR	★★	★★★	★★★
Physicians Health Plan—FamilyCare	★★	★★★	★★★	★★	★★	★	★★★
Priority Health Government Programs, Inc.	★★★	★★★★	★★★★★	★★★★	★★★★	★★★	★★★★
ProCare Health Plan	★	★	★	★	★	★	★
Total Health Care, Inc.	★★★★	★★★	★★★	★★	★★★	★★★★★	★★★★
UnitedHealthcare Community Plan	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Upper Peninsula Health Plan	★★★★	★★★★	★★★★★	★★★	★★★★	★★★★	★★★

\* For measure *Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*, a lower rate indicates better performance (i.e., low rates of poor HbA1c control indicate better care). Therefore, the percentiles were reversed to align with performance (e.g., if the *HbA1c Poor Control* rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

Table D-10—Living with Illness Performance Summary (continued)

MHP Name	Diabetes Care, Nephropathy	Diabetes Care, Blood Pressure Control <140/80 mmHg	Diabetes Care, Blood Pressure Control <140/90 mmHg	Asthma, 5–11 Years	Asthma, Total*	Controlling High Blood Pressure
Blue Cross Complete of Michigan	★★★★★	★★★★	★★★★	★★★★	★★★	★★★★
CareSource Michigan	★★★	★★	★★	★	★	★
CoventryCares of Michigan, Inc.	★★★★★	★★	★	★	★	★★★
HealthPlus Partners	★★★★	★★★	★★★	★★★	★★	★★★
McLaren Health Plan	★★★★★	★★★★★	★★★★★	★★★★	★	★★★★★
Meridian Health Plan of Michigan	★★★	★★★★	★★★★	★★★	★★	★★★★★
Midwest Health Plan	★★★★★	★★★★	★★★	★★★★★	★★★★★	★★★★★
Molina Healthcare of Michigan	★★	★★★★	★★★	★	★	★★★
Physicians Health Plan—FamilyCare	★★	★★★	★★★	★★★★	★★	★★
Priority Health Government Programs, Inc.	★★★	★★★	★★★	★★★★★	★★★★	★★★
ProCare Health Plan	★	★	★	NA	NA	★
Total Health Care, Inc.	★★★★★	★★★	★★★	★★	★★★	★★★★
UnitedHealthcare Community Plan	★★★	★★	★★★	★★	★	★★★
Upper Peninsula Health Plan	★★★★★	★★★★	★★★★	★★★	★	★★★★★

Three sub-measures for the *Use of Appropriate Medications for People With Asthma* measure and the *Medical Assistance With Smoking and Tobacco Use Cessation* measure were not listed in the performance table because the HEDIS 2011 Medicaid percentiles were not available.

\* For HEDIS 2012, the upper age limit for the *Use of Appropriate Medications for People With Asthma* measure was extended from 50 to 64; therefore, please use caution when comparing with the HEDIS 2011 Medicaid percentiles for the *Total* age group.

Table D-11—Utilization Performance Summary		
MHP Name	Ambulatory Care, Outpatient Visits	Ambulatory Care, Emergency Department Visits*
Blue Cross Complete of Michigan	☆☆	☆☆
CareSource Michigan	★	★
CoventryCares of Michigan, Inc.	★	★
HealthPlus Partners	☆☆	☆☆
McLaren Health Plan	☆☆	★
Meridian Health Plan of Michigan	★★★	★
Midwest Health Plan	★★★	☆☆
Molina Healthcare of Michigan	★★★	★
Physicians Health Plan—FamilyCare	☆☆	★
Priority Health Government Programs, Inc.	☆☆	★
ProCare Health Plan	★	☆☆
Total Health Care, Inc.	★	★
UnitedHealthcare Community Plan	★★★	★
Upper Peninsula Health Plan	☆☆	★

\* For this measure, a lower rate indicates better performance (i.e., low rates of emergency department visits indicate better utilization of services). Therefore, the percentiles were reversed to align with performance (e.g., if the ED Visits rate was between the 25th and 50th percentiles, it would be inverted to be between the 50th and 75th percentiles with a three-star performance displayed).

## Introduction

The Mental Health dimension encompasses the following MDCH measures:

- ◆ *Antidepressant Medication Management—Effective Acute Phase Treatment*
- ◆ *Antidepressant Medication Management—Effective Continuation Phase Treatment*
- ◆ *Mental Health Utilization: Total—Any Service*
- ◆ *Mental Health Utilization: Total—Inpatient*
- ◆ *Mental Health Utilization: Total—Intensive Outpatient/Partial Hospitalization*
- ◆ *Mental Health Utilization: Total—Outpatient/ED*

## Purpose

The *Antidepressant Medication Management (AMM)* measure consists of two indicators, while the *Mental Health Utilization: Total (MPT)* measure has four indicators. Both measures examine mental health services using only administrative data. For the AMM measure in particular, the administrative data include pharmacy data, mental health data (inpatient and outpatient), and physical health or medical data.

The purpose of examining these two measures was to determine if the administrative data for the MHPs were sufficiently complete to enable the MHPs to report these two measures without a significant bias in the rates.

## Methodology

The methodology for AMM and MPT used the *HEDIS 2012 Technical Specifications for Health Plans, Volume 2*. HSAG created a reporting template for the MHPs to submit their data and rates. The reporting template collected all information required for reporting the measures, including the eligible population, member months, numerators, and denominators. The actual rates were then calculated by formulas within the reporting template.

The analysis of the data focuses on data completeness rather than actual rates by comparing the eligible population to national eligible population percentiles. These percentiles, or benchmarks, provide reasonableness comparisons based on a given population (i.e., the percentiles show what the normal expected number of eligible members is based on the member months for a given MHP).

## Antidepressant Medication Management

### Measure Definition

The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates were reported.

- ◆ *Effective Acute Phase Treatment*: the percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
- ◆ *Effective Continuation Phase Treatment*: the percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (six months).

The eligible population consists of all newly diagnosed members who met at least one of the following criteria:

- ◆ At least one principal diagnosis of major depression in an outpatient, emergency department (ED), intensive outpatient, or partial hospitalization setting, or
- ◆ At least two visits in an outpatient, ED, intensive outpatient, or partial hospitalization setting on different dates of service with any diagnosis of major depression, or
- ◆ At least one inpatient claim/encounter with any diagnosis of major depression.

In addition, these newly diagnosed members must have met specific continuous enrollment criteria and must have had a negative diagnosis history for depression that included the following:

- ◆ A period of at least 90 days prior to the diagnosis when the member had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.
- ◆ No claims or encounters for any diagnosis of major depression or prior episodes of depression 120 days prior to the diagnosis.

Missing or incomplete data can result in the eligible population being underreported, due to the fact this measure relies on claims, encounters, pharmacy data, and mental health data. MHPs that do not obtain complete mental health data and MHPs that cannot obtain the physical health data may not be able to report this measure.

### Eligible Population

Table E-1 shows the eligible population rates per 1,000 members for the AMM measure for each of the MHPs. This rate is compared to national benchmarks to determine whether the PIHPs have sufficient mental health data completeness for calculating and reporting this measure. MHPs with rates above the 90th percentile are usually considered to have good data completeness, while those above the 75th percentile usually have sufficient data. Eligible population rates between the 75th and 50th percentiles may have a biased population, and those below the 50th percentile are generally considered to be biased for reporting purposes.

Two of the eligible population rates for the MHPs exceeded the 90th percentile, demonstrating good data completeness for this measure’s denominator. An additional two MHPs ranked at or above the 75th percentile, and four rates were between the 50th and 75th percentiles.

Six of the MHPs had eligible population rates below the 50th percentile and therefore did not have sufficient mental health data completeness. Three of the MHPs were unable to identify any eligible cases using their administrative data, and one MHP only identified three eligible cases.

**Table E-1—Eligible Population**

Plan	Eligible Population from AMM Measure	Member Months from MPT Measure	Eligible Population per 1,000 MM
Blue Cross Complete of Michigan	127	228,585	0.6
CareSource Michigan	231	423,689	0.5
CoventryCares of Michigan, Inc.	166	581,216	0.3
HealthPlus Partners	437	823,912	0.5
McLaren Health Plan	592	922,190	0.6
Meridian Health Plan of Michigan	1,603	3,290,514	0.5
Midwest Health Plan	280	878,935	0.3
Molina Healthcare of Michigan	0	2,549,616	0.0
Physicians Health Plan—FamilyCare	0	220,061	0.0
Priority Health Government Programs, Inc.	381	756,854	0.5
ProCare Health Plan	75	23,284	3.2
Total Health Care, Inc.	3	628,538	<0.1
UnitedHealthcare Community Plan	0	2,873,386	0.0
Upper Peninsula Health Plan	300	353,952	0.8

Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90
--------	------	----------------	----------------	----------------	----------------	------

### AMM Rate Results

The rates for both AMM indicators are presented in Table E-2. These rates are for the AMM measure rather than the eligible population; therefore, even rates below the 10th percentiles may be accurate and not necessarily indicate an issue with data completeness. In general, rates below the 10th percentiles and above the 90th percentiles should be examined in conjunction with the eligible population rate percentiles.

Table E-2—Antidepressant Medication Management			
Plan	Eligible Population	Effective Acute Phase Treatment Rate	Effective Continuation Phase Treatment Rate
Blue Cross Complete of Michigan	127	56.7%	39.4%
CareSource Michigan	231	48.1%	29.0%
CoventryCares of Michigan, Inc.	166	35.5%	21.7%
HealthPlus Partners	437	45.5%	27.7%
McLaren Health Plan	592	33.6%	15.4%
Meridian Health Plan of Michigan	1,603	88.4%	65.6%
Midwest Health Plan	280	56.4%	36.8%
Molina Healthcare of Michigan	0	NA	NA
Physicians Health Plan—FamilyCare	0	NA	NA
Priority Health Government Programs, Inc.	381	71.4%	54.9%
ProCare Health Plan	75	28.0%	17.3%
Total Health Care, Inc.	3	NA	NA
UnitedHealthcare Community Plan	0	NA	NA
Upper Peninsula Health Plan	300	56.3%	35.7%

NA indicates that the health plan followed the specifications but the denominator was too small (<30) to report a valid rate, resulting in a *Not Applicable (NA)* audit designation.

Legend    <P10    ≥P10 and < P25    ≥P25 and < P50    ≥P50 and < P75    ≥P75 and < P90    ≥P90

The results show eight rates had fewer than 30 eligible cases and were reported as NA. The results in Table E-2, in conjunction with Table E-1, provide the following findings:

- ◆ Four MHPs had an eligible population rate and both AMM rates were above the 50th percentiles.
- ◆ Four MHPs had an eligible population rate and both AMM rates were below the 50th percentiles.
- ◆ Four MHPs had an eligible population rate below the 50th percentile, and both AMM rates were NA due to the low eligible population.
- ◆ Two MHPs had an eligible population rate below the 50th percentile, with one having both AMM rates above the 50th percentiles and the other with both AMM rates below the 50th percentiles.

## Mental Health Utilization

Utilization measures are designed to capture the frequency of certain services provided by an organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.

### **Measure Definition**

The number and percentage of members receiving services in the following mental health categories during the measurement year:

- ◆ Any Service
- ◆ Inpatient
- ◆ Intensive Outpatient or Partial Hospitalization
- ◆ Outpatient or ED

The MPT measures count members who received inpatient, intensive outpatient, partial hospitalization, outpatient, and ED mental health services during the measurement period. Members are only counted once in each category (i.e., Any Service, Inpatient, Intensive Outpatient or Partial Hospitalization, or Outpatient or ED), regardless of the number of visits. Members were counted in the Any Service category only if they had at least one inpatient, intensive outpatient, partial hospitalization, or outpatient or ED claim/encounter during the measurement year.

## Results

This measure already uses the Medicaid member months in the rate calculation; therefore, there are no eligible population benchmarks. The rates are presented in Table E-3 and the percentiles for the rates are presented in Table E-4. For the intensive outpatient or partial hospitalization rates, the national benchmarks for the 10th and 25th percentiles are the same, at 0.0 (zero) percent. This indicates intensive outpatient/partial hospitalizations are not common at the national level, and therefore the difference between the 10th and 25th percentile is negligible.

The results from Table E-3 show that only five rates were above the 50th percentiles, with one of those rates above the 75th percentile. A total of 15 rates were below the 10th percentiles, and 11 rates were between the 10th and 25th percentiles. The rates indicate that, in general, mental health utilization was below the national 50th percentiles (Table E-4) and appear to have data completeness issues—especially for the inpatient services.

Plan	Member Months	Any Service	Inpatient	Intensive Outpatient/Partial Hospitalization*	Outpatient/ED	
Blue Cross Complete of Michigan	228,585	10.0%	<0.1%	<0.1%	10.0%	
CareSource Michigan	423,689	4.9%	<0.1%	0.0%	4.9%	
CoventryCares of Michigan, Inc.	581,216	1.8%	<0.1%	0.0%	1.8%	
HealthPlus Partners	823,912	9.6%	<0.1%	0.0%	9.6%	
McLaren Health Plan	922,190	9.2%	0.2%	<0.1%	9.1%	
Meridian Health Plan of Michigan	3,290,514	9.3%	0.1%	<0.1%	9.2%	
Midwest Health Plan	878,935	5.0%	<0.1%	<0.1%	5.0%	
Molina Healthcare of Michigan	2,549,616	4.0%	<0.1%	<0.1%	4.0%	
Physicians Health Plan—FamilyCare	220,061	6.3%	<0.1%	0.0%	6.3%	
Priority Health Government Programs, Inc.	756,854	10.8%	0.1%	<0.1%	10.8%	
ProCare Health Plan	23,284	0.8%	0.0%	0.0%	0.8%	
Total Health Care, Inc.	628,538	5.2%	<0.1%	0.0%	5.1%	
UnitedHealthcare Community Plan	2,873,386	8.0%	<0.1%	<0.1%	8.0%	
Upper Peninsula Health Plan	353,952	11.5%	<0.1%	0.0%	11.5%	
Legend	<P10	≥P10 and < P25	≥P25 and < P50	≥P50 and < P75	≥P75 and < P90	≥P90

\*For *Intensive Outpatient/Partial Hospitalization*, all rates were below P50 (0.1 percent). However, rankings cannot be assigned according to the above legend since both P10 and P25 were 0.0 percent.

### HEDIS 2011 Medicaid Percentiles

Table E-4—HEDIS 2011 Medicaid Percentiles					
Measure	P10	P25	P50	P75	P90
<b>Antidepressant Medication Management</b>					
<i>Effective Acute Phase Treatment Rate</i>	43.0%	46.4%	50.1%	53.6%	59.9%
<i>Effective Continuation Phase Treatment Rate</i>	25.7%	29.2%	32.7%	37.5%	44.2%
<i>Eligible Population per 1000 MM</i>	0.1	0.2	0.5	0.6	0.8
<b>Mental Health Utilization: Total Medicaid</b>					
<i>Any Service—Total</i>	3.7%	6.1%	10.1%	12.2%	17.7%
<i>Inpatient—Total</i>	0.1%	0.4%	0.7%	1.0%	1.3%
<i>Intensive Outpatient/Partial Hospitalization—Total</i>	0.0%	0.0%	0.1%	0.4%	1.6%
<i>Outpatient/ED—Total</i>	2.8%	5.6%	9.7%	11.5%	17.2%

### Summary of Findings

In conjunction with data completeness and the AMM measure, it appears the majority of MHPs would have biased rates for the AMM and MPT measures at this time:

- ◆ Six of the MHPs had eligible population rates below the 50th percentile and therefore did not have sufficient mental health data completeness. In addition, four MHPs had eligible population rates between the 50th and 75th percentiles.
- ◆ Eight MHPs had eligible population rates above the 50th percentile. Of these eight with potentially sufficient AMM denominators, only four had rates for the both the *Acute Phase* and *Continuation Phase* above the 50th percentiles.
- ◆ Two MHPs had eligible population rates above the 90th percentile for AMM, indicating good data completeness. However, both the *Acute Phase* and *Continuation Phase* rates for one of the MHPs were below the 10th percentiles, indicating either poor numerator compliance, or incomplete encounter data for the numerator.
- ◆ Eleven of the MHPs had mental health utilization inpatient rates below the 10th percentile, while the remaining three MHPs had rates between the 10th and 25th percentiles. This indicates a potential data completeness issue with inpatient data.

Although the MHPs have some data completeness issues, at least four MHPs have sufficient data to report on the AMM measure: Blue Cross Complete of Michigan, Upper Peninsula Health Plan, Meridian Health Plan of Michigan, and Priority Health Government Programs, Inc. In addition, CareSource Michigan and HealthPlus Partners appear to have sufficient data for AMM, although their reported rates were low.

Appendix F includes terms, acronyms, and abbreviations commonly used in HEDIS and NCQA literature and text. This glossary can be used as a reference and guide to identify common HEDIS language used throughout the report.

## Terms, Acronyms, and Abbreviations

### ***Administrative Data***

Any automated data within a health plan (e.g., claims/encounter data, member data, provider data, hospital billing data, pharmacy data, and laboratory data).

### ***Administrative Method***

The administrative method requires health plans to identify the eligible population (i.e., the denominator) using administrative data. In addition, the numerator(s), or services provided to the members who are in the eligible population, are solely derived from administrative data. Medical records cannot be used to retrieve information. When using the administrative method, the entire eligible population becomes the denominator, and sampling is not allowed.

The administrative method is cost-efficient but can produce lower rates due to incomplete data submission by capitated providers. For example, a MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The health plan chooses to perform the administrative method and finds that 4,000 members out of the 10,000 had evidence of a postpartum visit using administrative data. The final rate for this measure, using the administrative method, would be 4,000/10,000, or 40 percent.

### ***Audit Designation***

The auditor's final determination, based on audit findings, of the appropriateness of the health plan publicly reporting its HEDIS measure rates. Each measure included in the HEDIS audit receives a *Report, Not Applicable, No Benefit, or Not Report* audit designation.

### ***BMI***

Body mass index.

### ***CAHPS***

Consumer Assessment of Healthcare Providers and Systems is a set of standardized surveys that assess patient satisfaction with the experience of care.

### ***Capitation***

A method of payment for providers. Under a capitated payment arrangement, providers are reimbursed on a per-member per-month (PMPM) basis. The provider receives payment each month, regardless of whether the member is provided services or not. Therefore, there is little incentive for providers to submit individual encounters, knowing that payment is not dependent upon such submission.

### ***Certified HEDIS Software Vendor***

A third party, with source code certified by NCQA, that contracts with a health plan to write source code for HEDIS measures. For a vendor's software to be certified by NCQA, all of the vendor's programmed HEDIS measures must be submitted to NCQA for automated testing of program logic, and a minimum percentage of the measures must receive a "Pass" or "Pass with Qualifications" designation.

### ***Claims-Based Denominator***

The eligible population for a measure is obtained from claims data. For hybrid measures with claims-based denominators, health plans may not identify their eligible population and draw their sample earlier than January of the year following the measurement year to ensure that all claims incurred through December 31 of the measurement year are captured in their systems.

### ***CMS***

The Centers for Medicare & Medicaid Services (CMS) is a federal agency within the U.S. Department of Health & Human Services (DHHS) that regulates requirements and procedures for external quality review of managed care organizations. CMS provides health insurance to individuals through Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP). In addition, CMS regulates laboratory testing through Clinical Laboratory Improvement Amendments (CLIA), develops coverage policies, and initiates quality-of-care improvement activities. CMS also maintains oversight of nursing homes and continuing-care providers. This includes home health agencies, intermediate care facilities for the mentally retarded, and hospitals.

### ***CMS 1500***

A type of health insurance claim form used to bill professional services (formerly HCFA 1500).

### ***Cohorts***

Population components of a measure based on the age of the member at a particular point in time. A separate HEDIS rate is calculated for each cohort in a measure. For example, the *Children's and Adolescents' Access to Primary Care Practitioners* measure has four cohorts: Cohort 1, children 12 to 24 months of age as of December 31 of the measurement year; Cohort 2, children 25 months to 6 years of age as of December 31 of the measurement year; Cohort 3, children 7 to 11 years of age as of December 31 of the measurement year; and Cohort 4, adolescents 12 to 19 years of age as of December 31 of the measurement year.

### ***Computer Logic***

A programmed, step-by-step sequence of instructions to perform a given task.

### ***Continuous Enrollment Requirement***

The minimum amount of time that a member must be enrolled in a health plan to be eligible for inclusion in a measure to ensure that the health plan has a sufficient amount of time to be held accountable for providing services to that member.

**CPT**

Current Procedural Terminology (CPT<sup>®</sup>) is a listing of billing codes generated by the American Medical Association (AMA) to report the provision of medical services and procedures.<sup>D-1</sup>

**CVO**

Credentials verification organization.

**Data Completeness**

The degree to which occurring services/diagnoses appear in the health plan's administrative data systems.

**Data Completeness Study**

An internal assessment developed and performed by a health plan using a statistically sound methodology, to quantify the degree to which occurring services/diagnoses appear or do not appear in the health plan's administrative data systems.

**Denominator**

The number of members who meet all criteria specified in the measure for inclusion in the eligible population. When using the administrative method, the entire eligible population becomes the denominator. When using the hybrid method, a sample of the eligible population becomes the denominator.

**DRG Coding**

Diagnostic-Related Group coding sorts diagnoses and procedures for inpatient encounters by groups under major diagnostic categories with defined reimbursement limits.

**DTaP**

Diphtheria and tetanus toxoids and acellular pertussis vaccine.

**EDI**

Electronic data interchange is the direct computer-to-computer transfer of data.

**Electronic Data**

Data maintained in a computer environment versus a paper environment.

**Encounter Data**

Billing data received from a capitated provider. Although the health plan does not reimburse the provider for each encounter, submission of encounter data to the health plan allows the health plan to collect the data for future HEDIS reporting.

---

<sup>D-1</sup> American Medical Association. *CPT-Current Procedural Terminology*. Available at: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.shtml>. Accessed on: September 13, 2010.

**Exclusions**

Conditions outlined in HEDIS measure specifications that describe when a member should not be included in the denominator.

**FFS**

Fee-for-service: A reimbursement mechanism in which the provider is paid for services billed.

**Final Audit Report**

Following the health plan's completion of any corrective actions, the final audit report is completed by the auditor and documents all final findings and results of the HEDIS audit. The final report includes the summary report, IS capabilities assessment, medical record review validation findings, measure designations, and audit opinion (final audit statement).

**Global Billing Practices**

The practice of billing multiple services provided over a period of time in one inclusive bill, commonly used by obstetrics providers to bill prenatal and postpartum care.

**HbA1c**

The HbA1c test (hemoglobin A1c test or glycosylated hemoglobin test) is a lab test that reveals average blood glucose over a period of two to three months.

**HCPCS**

Healthcare Common Procedure Coding System: A standardized alphanumeric coding system that maps to certain CPT codes (see also CPT).

**HEDIS**

The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by NCQA, is a set of performance measures used to assess the quality of care provided by managed health care organizations.

*Formerly the Health Plan Employer Data and Information Set.*

**HEDIS Measure Determination Standards**

The standards that auditors use during the audit process to assess a health plan's adherence to HEDIS measure specifications.

**HEDIS Repository**

The data warehouse where all data used for HEDIS reporting are stored.

**HEDIS Warehouse**

See HEDIS repository.

***HiB Vaccine***

Haemophilus influenzae type B vaccine.

***HPL***

High performance level: MDCH has defined the HPL as the most recent national HEDIS Medicaid 90th percentile, except for two measures (*Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—Poor HbA1c Control*) for which lower rates indicate better performance. For these two measures, the 10th percentile (rather than the 90th) shows excellent performance.

***HSAG***

Health Services Advisory Group, Inc.

***Hybrid Measures***

Measures that can be reported using the hybrid method.

***Hybrid Method***

The hybrid method requires health plans to identify the eligible population using administrative data, and then extract a systematic sample of members from the eligible population, which becomes the denominator. Administrative data are then used to identify services provided to the sampled members. Medical records must then be reviewed for those members who do not have evidence of a service being provided using administrative data.

The hybrid method generally produces higher rates but is considerably more labor intensive. For example, a MHP has 10,000 members who qualify for the *Prenatal and Postpartum Care* measure. The health plan chooses to perform the hybrid method. After randomly selecting 411 eligible members, the health plan finds that 161 members have evidence of a postpartum visit using administrative data. The health plan then obtains and reviews medical records for the 250 members who do not have evidence of a postpartum visit using administrative data. Of those 250 members, 54 are found to have a postpartum visit recorded in the medical record. The final rate for this measure, using the hybrid method, would be  $(161 + 54) / 411$ , or 52 percent.

***ICD-9-CM***

ICD-9-CM, the acronym for the International Classification of Diseases, Ninth Revision, Clinical Modification, is the classification of diseases and injuries into groups according to established criteria used for reporting morbidity, mortality, and utilization rates, as well as for billing purposes.

***IDSS***

Interactive Data Submission System: A tool used to submit data to NCQA.

***Inpatient Data***

Data derived from an inpatient hospital stay.

**IPV**

Inactivated polio vaccine.

**IRR**

Interrater reliability: The degree of agreement exhibited when a measurement is repeated under the same conditions by different raters.

**IS**

Information system: An automated system for collecting, processing, and transmitting data.

**IS Standards**

Information system (IS) standards: An NCQA-defined set of standards that measure how an organization collects, stores, analyzes, and reports medical, customer service, member, practitioner, and vendor data.

**IT**

Information technology: The technology used to create, store, exchange, and use information in its various forms.

**Key Data Elements**

The data elements that must be captured to report HEDIS measures.

**Key Measures**

The HEDIS measures selected by MDCH that health plans are required to report for HEDIS.

**LDL-C**

Low-density lipoprotein cholesterol.

**Logic Checks**

Evaluations of programming logic to determine its accuracy.

**LPL**

Low performance level: For most key measures, MDCH has defined the LPL as the most recent national HEDIS Medicaid 25th percentile. For two key measures (*Well-Child Visits in the First 15 Months of Life—Zero Visits* and *Comprehensive Diabetes Care—Poor HbA1c Control*) lower rates indicate better performance. The LPL for these measures is the 75th percentile rather than the 25th percentile.

**Manual Data Collection**

Collection of data through a paper versus an automated process.

***Mapping Codes***

The process of translating a health plan's propriety or nonstandard billing codes to industry standard codes specified in HEDIS measures. Mapping documentation should include a crosswalk of relevant codes, descriptions, and clinical information, as well as the policies and procedures for implementing the codes.

***Material Bias***

For most measures reported as a rate (which includes all of the key measures except *Medical Assistance with Smoking and Tobacco Use Cessation*), any error that causes a  $\pm 5$  percent difference in the reported rate is considered materially biased. For non-rate measures or measures collected via the CAHPS survey, (such as the key measure *Medical Assistance with Smoking and Tobacco Use Cessation* measure), any error that causes a  $\pm 10$  percent difference in the reported rate or calculation.

***MCIR***

Michigan Care Improvement Registry.

***MCO***

Managed care organization.

***MDCH***

Michigan Department of Community Health.

***Medicaid Percentiles***

The NCQA national percentiles for each HEDIS measure for the Medicaid product line, used to compare health plan performance and assess the reliability of a health plan's HEDIS rates.

***Medical Record Validation***

The process that auditors follow to verify that a health plan's medical record abstraction meets industry standards and that abstracted data are accurate.

***Membership Data***

Electronic health plan files containing information about members, such as name, date of birth, gender, current address, and enrollment (i.e., when the member joined the health plan).

***Mg/dL***

Milligrams per deciliter.

***MHP***

Medicaid health plan.

### ***Modifier Codes***

Two- or five-digit extensions added to CPT<sup>®</sup> codes to provide additional information about services/procedures.

### ***MMR***

Measles, mumps, and rubella vaccine.

### ***MUPC Codes***

Michigan Uniform Procedure Codes: Procedure codes developed by the State of Michigan for billing services performed.

### ***NA***

Not Applicable: If a health plan's denominator for a measure was too small to report a valid rate, the result/rate is NA.

### ***NCQA***

The National Committee for Quality Assurance (NCQA) is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems; reports results of those assessments to employers, consumers, public purchasers, and regulators; and ultimately seeks to improve the health care provided within the managed care industry.

### ***NDC***

National Drug Codes used for billing pharmacy services.

### ***NR***

The *Not Report* HEDIS audit designation.

A measure will have an NR audit designation for one of three reasons:

1. The health plan chose not to report the measure.
2. The health plan calculated the measure but the result was materially biased.
3. The health plan was not required to report.

### ***Numerator***

The number of members in the denominator who received all the services as specified in the measure.

### ***Over-Read Process***

The process of re-reviewing a sample of medical records by a different abstractor to assess the degree of agreement between two different abstractors and ensure the accuracy of abstracted data. The over-read process should be conducted by a health plan as part of its medical record review process, and auditors over-read a sample of a health plan's medical records as part of the audit process.

***PCV***

Pneumococcal conjugate vaccine.

***Pharmacy Data***

Data derived from the provision of pharmacy services.

***Primary Source Verification***

The practice of reviewing the processes and procedures to input, transmit, and track data from its originating source to the HEDIS repository to verify that the originating information matches the output information for HEDIS reporting.

***Proprietary Codes***

Unique billing codes developed by a health plan that have to be mapped to industry standard codes for HEDIS reporting.

***Provider Data***

Electronic files containing information about physicians, such as the type of physician, specialty, reimbursement arrangement, and office location.

***Record of Administration, Data Management and Processes (Roadmap)***

The Roadmap, completed by each MCP undergoing the HEDIS audit process, provides information to auditors regarding an MCP's systems for collecting and processing data for HEDIS reporting. Auditors review the Roadmap prior to the scheduled on-site visit to gather preliminary information for planning/targeting on-site visit assessment activities; determining the core set of measures to be reviewed; determining which hybrid measures will be included in medical record review validation; requesting core measures' source code, as needed; identifying areas that require additional clarification during the on-site visit; and determining whether the core set of measures needs to be expanded.

*Previously the Baseline Assessment Tool (BAT).*

***Retroactive Enrollment***

The effective date of a member's enrollment in a health plan occurs prior to the date that the health plan is notified of that member's enrollment. Medicaid members who are retroactively enrolled in a health plan must be excluded from a HEDIS measure denominator if the time period from the date of enrollment to the date of notification exceeds the measure's allowable gap specifications.

***Revenue Codes***

Cost codes for facilities to bill by category; services, procedures, supplies, and materials.

***Sample Frame***

The eligible population that meets all criteria specified in the measure from which a systematic sample is drawn.

***Source Code***

The written computer programming logic for determining the eligible population and the denominators/numerators for calculating the rate for each measure.

***Standard Codes***

Industry standard billing codes such as ICD-9-CM, CPT<sup>®</sup>, DRG, Revenue, and UB-92 codes used for billing inpatient and outpatient health care services.

***T test Validation***

A statistical validation of a health plan's positive medical record numerator events.

***UB-04 Claims***

A type of claim form used to bill hospital-based inpatient, outpatient, emergency room and clinic drugs, supplies, and/or services. UB-04 codes are primarily Type of Bill and Revenue codes. The UB-04 replaced the UB-92.

***Vendor***

Any third party that contracts with a health plan to perform services. The most common delegated services from vendors are pharmacy services, vision care services, laboratory services, claims processing, HEDIS software services, and provider credentialing.

***VZV***

Varicella-zoster virus (chicken pox) vaccine.